

Information submitted via Top Hat Plan Statement Online Filing System to U. S.
Department of Labor under 29 CFR 2520.104-23

Date Completed: 10/6/2022 11:26 AM EST

Confirmation Number: 10505
Amended Confirmation Number: 10475

Employer Information

Name: Hood River Distillers, Inc.
Address: P.O. Box 240
City: Hood River
State: OR
Zip Code: 97031

Plan Administrator Information

Name: Hood River Distillers, Inc.
Address: P.O. Box 240
City: Hood River
State: OR
Zip Code: 97031
Phone: 5413861588
Email: EricaM@hrdsprits.com

Plan Information

Employer maintains the plan or plans below primarily for the purpose of providing deferred compensation for a select group of management or highly compensated employees.

ID:1 Plan Name: Hood River Distillers, Inc. Long Term Incentive Number of
Plan Employees: 4

Additional Information:



U. S. Department of Labor
Employee Benefits Security Administration
Washington, DC 20210

This message confirms that the Department of Labor's (DOL's) Employee Benefits Security Administration (EBSA) has received the filing of your Top Hat Plan Statement. The confirmation code for your filing is 10505. When correcting errors to your filing, please use this code in your amended statement. This communication does not mean that DOL has made a determination that you are eligible to file under DOL regulation 29 CFR 2520.104-23.