

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

Date Completed: 12/1/2022 11:34 AM EST

Confirmation Number: 10740

Amended Confirmation Number:

Employer Information

Name: C.R. England, Inc.  
Address: 4701 W. 2100 S.  
City: Salt Lake City  
State: UT  
Zip Code: 84120

Plan Administrator Information

Name: C.R. England, Inc.  
Address: 4701 W. 2100 S.  
City: Salt Lake City  
State: UT  
Zip Code: 84120  
Phone: 8019743515  
Email: TJ.England@crengland.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:	Akers	Number of Employees: 1
ID:2	Plan Name:	Allred	Number of Employees: 1
ID:3	Plan Name:	J. Beardall	Number of Employees: 1
ID:4	Plan Name:	S. Beardall	Number of Employees: 1
ID:5	Plan Name:	Blankenship	Number of Employees: 1
ID:6	Plan Name:	Brown	Number of Employees: 1
ID:7	Plan Name:	Bunnell	Number of Employees: 1
ID:8	Plan Name:	Callister	Number of Employees: 1
ID:9	Plan Name:	Cannon	Number of Employees: 1
ID:10	Plan Name:	Cederholm	Number of Employees: 1
ID:11	Plan Name:	Dessert	Number of Employees: 1
ID:12	Plan Name:	Eakins	Number of Employees: 1
ID:13	Plan Name:	Chad England	Number of Employees: 1
ID:14	Plan Name:	Corey England	Number of Employees: 1
ID:15	Plan Name:	Daniel England	Number of Employees: 1
ID:16	Plan Name:	Dean England	Number of Employees: 1
ID:17	Plan Name:	Dustin England	Number of Employees: 1
ID:18	Plan Name:	J. England	Number of Employees: 1
ID:19	Plan Name:	M. England	Number of Employees: 1
ID:20	Plan Name:	TJ England	Number of

ID:21	Plan Name:	T. England	Employees: 1 Number of Employees: 1
ID:22	Plan Name:	Z. England	Number of Employees: 1
ID:23	Plan Name:	Farr	Number of Employees: 1
ID:24	Plan Name:	Freimuth	Number of Employees: 1
ID:25	Plan Name:	Hall	Number of Employees: 1
ID:26	Plan Name:	Harrison	Number of Employees: 1
ID:27	Plan Name:	Hayes	Number of Employees: 1
ID:28	Plan Name:	Jacobs	Number of Employees: 1
ID:29	Plan Name:	Kading	Number of Employees: 1
ID:30	Plan Name:	Kong	Number of Employees: 1
ID:31	Plan Name:	Lavigne	Number of Employees: 1
ID:32	Plan Name:	Leonard	Number of Employees: 1
ID:33	Plan Name:	McGeean	Number of Employees: 1
ID:34	Plan Name:	Olsen	Number of Employees: 1
ID:35	Plan Name:	Ottenwess	Number of Employees: 1
ID:36	Plan Name:	Wallace	Number of Employees: 1

**Additional Information:**

DFVCP late filing fee of \$750 has been paid online.



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 10740. 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.