

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

Date Completed: 3/1/2016 10:03 AM EST

Confirmation Number: 1078

Amended Confirmation Number:

Employer Information

Name: Hand Surgery of Northern Michigan, PLC  
Address: 701 W Front St, Ste 100  
City: Traverse City State: MI Zip Code: 49684

Plan Administrator Information

Name: Christine Lee/Hand Surgery of Northern Michigan  
Address: 701 W Front St, Ste. 100  
City: Traverse City State: MI Zip Code: 49684  
Phone: 2313464045  
Email: christine.lee@hsnmi.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:	Munson Medical Center Deferred Compensation Plan	Number of Employees: 3
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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 1078. 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.