

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

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Confirmation Number: 1143

Amended Confirmation Number:

Employer Information

Name: Durga Madala MD Inc
Address: 2516 Samaritan Drive Suite A
City: San Jose State: CA Zip Code: 95124

Plan Administrator Information

Name: Srinu Madala
Address: 18310 Chadbourne Lane
City: Monte Sereno State: CA Zip Code: 95030
Phone: 5106733332
Email: MadalaMD@gmail.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:	Physicians Advantage Plan	Number of Employees: 1
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Additional Information:

Good Samaritan Hospital three party plan.



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 1143. 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.