

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

Date Completed: 6/20/2023 4:15 PM EST

Confirmation Number: 11702
Amended Confirmation Number: 11698

Employer Information

Name: Summitwest Care
Address: 2800 Printers Way, Suite 200
City: Grand Junction
State: CO
Zip Code: 81506

Plan Administrator Information

Name: Charleen Raaum
Address: 2800 Printers Way
City: Grand Junction
State: CO
Zip Code: 81506
Phone: 9706833291
Email: Charleenr@summitwestcare.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: SummitWest Care 457(b)	Number of Employees: 2
------	-----------------------------------	------------------------

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 11702. 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.