

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

Date Completed: 9/7/2023 10:40 AM EST

Confirmation Number: 12005

Amended Confirmation Number:

Employer Information

Name: Bailey Nurseries, Inc.  
Address: 1325 Bailey Rd.  
City: Newport  
State: MN  
Zip Code: 55055

Plan Administrator Information

Name: Terri McEnaney  
Address: 1325 Bailey Rd.  
City: Newport  
State: MN  
Zip Code: 55055  
Phone: 6512537814  
Email: terri.mcenaney@baileynursery.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:	Bailey Nurseries Deferred Compensation Plan	Number of Employees: 14
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Additional Information:

14 eligible participants for period 10/1-12/31/23



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 12005. 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.