

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

Date Completed: 1/4/2024 10:12 AM EST

Confirmation Number: 12532

Amended Confirmation Number:

Employer Information

Name: Perfect Delivery, Inc.
Address: 401 Vardry Street
City: Greenville
State: SC
Zip Code: 29601

Plan Administrator Information

Name: Kim V. Knapp
Address: 401 Vardry Street
City: Greenville
State: SC
Zip Code: 29601
Phone: 8649014901
Email: kvk54@aol.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:	Perfect Delivery, Inc. Phantom Units Plan	Number of Employees: 700
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Additional Information:

200 full time employees; 500 part time employees 1 plan participant



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 12532. 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.