

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: 1256

Amended Confirmation Number:

Employer Information

Name: Rose Medical Groups, PC
Address: 18 NW 20th Ave., Suite 102
City: Battle Ground State: WA Zip Code: 98604

Plan Administrator Information

Name: Changhua Wang /Rose Medical Groups
Address: 18 NW 20th Ave., Suite 102
City: Battle Ground State: WA Zip Code: 98604
Phone: 5038033696
Email: cwang@rosemedicalgroups.org

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: Number of Employees: 40

Additional Information:

This plan is designed to retain medical providers (Doctors and Nurse Practitioners).



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 1256. 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.