

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: 14235

Amended Confirmation Number:

Employer Information

Name: Cascade Eye & Skin Centers, P.C.
Address: 5225 Cirque Drive W., Suite 200
City: University Place
State: WA
Zip Code: 98467

Plan Administrator Information

Name: Devitt D. Barnett
Address: 909A Street, Suite 600
City: Tacoma
State: WA
Zip Code: 98402
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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:	Cascade Eye & Skin Deferred Compensation Plan for Dermatology Employees (409A)	Number of Employees: 12
ID:2	Plan Name:	Cascade Eye & Skin Deferred Compensation Plan for Eye Center Employees (409A)	Number of Employees: 10

Additional Information:

All Participants are classified as Top-Hat Employees and are therefore exempt from ERISA requirements. The Plan is subject to Code Section 409A and all exceptions under Treasury Regulations pursuant to 1.409A-1 et. seq. Devitt D. Barnett JD, LLM



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 14235. 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.