

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

Date Completed: 3/7/2025 11:46 AM EST

Confirmation Number: 14583

Amended Confirmation Number:

Employer Information

Name: Sky Lakes Medical Center, Inc.  
Address: 2865 Daggett Avenue  
City: Klamath Falls  
State: OR  
Zip Code: 97601

Plan Administrator Information

Name: Sky Lakes Medical Center, Inc. Retirement Plans Committee  
Address: 2865 Daggett Avenue  
City: Klamath Falls  
State: OR  
Zip Code: 97601  
Phone: 5412746723  
Email: bryan.fix@skylakes.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:	Sky Lakes Medical Center 457(f) Deferred Compensation Plan	Number of Employees: 6
------	------------	--	------------------------

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 14583. 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.