

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

Date Completed: 3/17/2026 10:39 AM EST

Confirmation Number: 16213

Amended Confirmation Number:

Employer Information

Name: Community Health Clinics Inc  
Address: 211 16th Ave N  
City: Nampa  
State: ID  
Zip Code: 83687

Plan Administrator Information

Name: Heidi Hart  
Address: 211 16th Ave N  
City: Nampa  
State: ID  
Zip Code: 83687  
Phone: 2084674431  
Email: hhart@trhs.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:	TRHS 457(b) Plan	Number of Employees: 64
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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 16213. 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.