

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

Date Completed: 3/23/2026 12:18 PM EST

Confirmation Number: 16245

Amended Confirmation Number:

Employer Information

Name: DREAMPAK LLC
Address: 7901 Jones Branch Drive, Suite 420
City: McLean
State: VA
Zip Code: 22102

Plan Administrator Information

Name: Waleed Gamay
Address: 7901 Jones Branch Drive, Suite 420
City: McLean
State: VA
Zip Code: 22102
Phone: 7034478802
Email: wgamay@dreampak.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:	COO	Number of Employees: 1
ID:2	Plan Name:	President	Number of Employees: 1

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 16245. 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.