

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: 1631

Amended Confirmation Number:

Employer Information

Name: Coastal Beverage Company, Inc.
Address: 301 Harley Road
City: Wilmington State: NC Zip Code: 28405

Plan Administrator Information

Name: Tee Nunnelee
Address: 301 Harley Road
City: Wilmington State: NC Zip Code: 28405
Phone: 9107993011
Email: nunneleeiv@coastal-bev.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:	Audrey Robbins- Bledsoe	Number of Employees: 1
ID:2	Plan Name:	James Southern	Number of Employees: 1
ID:3	Plan Name:	Timothy Eldridge	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 1631. 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.