

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

Date Completed: 6/11/2026 8:33 AM EST

Confirmation Number: 16606

Amended Confirmation Number:

Employer Information

Name: Element 78 Experiences LLC
Address: 9715 Kincaid Drive Suite 1280
City: Fishers
State: IN
Zip Code: 46037

Plan Administrator Information

Name: Lawton Logan
Address: 5564 Holyoke Lane
City: Charlotte
State: NC
Zip Code: 28226
Phone: 4043073378
Email: lawton.logan@lehholdco.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:	Partnership Equity Plan	Number of Employees: 4
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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 16606. 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.