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

Date Completed: 7/29/2026 6:18 PM EST

Confirmation Number: 16795
Amended Confirmation Number: 16794

Employer Information

Name: KorTerra, Inc.
Address: 1851 Lake Drive West
City: Chanhassen
State: MN
Zip Code: 55317

Plan Administrator Information

Name: Chris Stendal, CEO
Address: 1851 Lake Drive West
City: Chanhassen
State: MN
Zip Code: 55317
Phone: 9523681911
Email: chris.stendal@korterra.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: Deferred Incentive Plan Number of Employees: 2

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 16795. 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.