

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

Date Completed: 12/9/2016 8:53 AM EST

Confirmation Number: 2010

Amended Confirmation Number:

Employer Information

Name: McKenzie County Healthcare Systems, Inc.  
Address: 516 North Main Street  
City: Watford City State: ND Zip Code: 58854

Plan Administrator Information

Name: McKenzie County Healthcare Systems, Inc.  
Address: 516 North Main Street  
City: Watford City State: ND Zip Code: 58854  
Phone: 7018423000  
Email: dkelly@mchsnd.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: | McKenzie County Healthcare Systems, Inc.<br>457(f) Plan for Dan Kelly | Number of<br>Employees: 1 |
|------|------------|---|---------------------------|

Additional Information:

Total eligible 1 / Total participating 1 Effective date: 10/31/2016 Plan Sponsor also maintains McKenzie County Healthcare Systems, Inc. 457(b) Plan for Dan Kelly - prior submission



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 2010. 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.