

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

Date Completed: 12/22/2016 11:59 AM EST

Confirmation Number: 2069

Amended Confirmation Number:

Employer Information

Name: METAL FORMS CORPORATION

Address: 3334 N. BOOTH STREET

City: MILWAUKEE State: WI Zip Code: 53212

Plan Administrator Information

Name: THOMAS MILLER

Address: 3334 N. BOOTH STREET

City: MILWAUKEE State: WI Zip Code: 53212

Phone: 4149644550

Email: temiller@metalforms.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:	METAL FORMS CORPORATION	Number of
		SUPPLEMENTAL EXECUTIVE RETIREMENT	Employees: 2
		PLAN	

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 2069. 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.