

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

Date Completed: 12/28/2016 4:36 PM EST

Confirmation Number: 2098

Amended Confirmation Number:

Employer Information

Name: Magnetic Shield Corporation  
Address: 740 North Thomas Drive  
City: Bensenville State: IL Zip Code: 60106

Plan Administrator Information

Name: Mark Wickler/President  
Address: 740 North Thomas Drive  
City: Bensenville State: IL Zip Code: 60106  
Phone: 6307667800  
Email: kmartinez@huckbouma.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:	Magnetic Shield Corporation Non-Qualified Deferred Compensation Plan	Number of Employees: 1
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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 2098. 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.