

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

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Confirmation Number: 2117
Amended Confirmation Number:

Employer Information

Name: Timothy M. Talbott, D.D.S., M.S., P.A.
Address: 4521 Executive Drive, Suite 201
City: Naples State: FL Zip Code: 34119

Plan Administrator Information

Name: Timothy M. Talbott, D.D.S., M.S., P.A.
Address: 4521 Executive Drive, Suite 201
City: Naples State: FL Zip Code: 34119
Phone: 2395938844
Email: timalbott@prodigy.net

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 Compensation Agreement for Timothy M. Talbott, D.D.S., M.S.	Number of Employees: 1
ID:2	Plan Name:	Deferred Compensation Agreement for Scott D. Shwedel, D.D.S.	Number of Employees: 1

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 2117. 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.