

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: 2239

Amended Confirmation Number:

Employer Information

Name: John C. Oswald, D.D.S. & Jodie Siedlecki, D.D.S., Inc.
Address: 5885 State Road
City: Parma State: OH Zip Code: 44134

Plan Administrator Information

Name: John C. Oswald, D.D.S. & Jodie Siedlecki, D.D.S., Inc.
Address: 5885 State Road
City: Parma State: OH Zip Code: 44134
Phone: 4408861916
Email: jcoddsinc@yahoo.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 Compensation, Purchase and Non-Competition Agreement	Number of Employees: 1
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Additional Information:

The Deferred Compensation, Purchase and Non-Competition Agreement with Jodie Siedlecki, D.D.S. (dated April 1, 2006) referenced above has been terminated.



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 2239. 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.