

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

Date Completed: 2/27/2017 8:44 AM EST

Confirmation Number: 2310

Amended Confirmation Number:

Employer Information

Name: FLUIDION US, Inc.  
Address: 396 S. San Marino Avenue  
City: Pasadena State: CA Zip Code: 91107

Plan Administrator Information

Name: Edward J Dailey, Esq., SUNSTEIN  
Address: 125 Summer Street - 11th Floor  
City: Boston State: MA Zip Code: 02110  
Phone: 6174439292  
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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:	FLUIDION US NDQCP 2017	Number of Employees: 1
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Additional Information:

The name of the Plan is FLUIDION US, Inc. 2017 Non Qualified Deferred Compensation Plan



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 2310. 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.