

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

Date Completed: 3/20/2017 6:36 PM EST

Confirmation Number: 2369

Amended Confirmation Number:

Employer Information

Name: Party Reflections, Inc  
Address: 3412 Monroe Rd  
City: Charlotte State: NC Zip Code: 28205

Plan Administrator Information

Name: Party Reflections, Inc.  
Address: 3412 Monroe Rd.  
City: Charlotte State: NC Zip Code: 28205  
Phone: 7043328176  
Email: dhooks@partyreflections.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:	Party Reflections - Deferred Compensation Plan	Number of Employees: 10
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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 2369. 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.