

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

Date Completed: 6/24/2017 2:01 PM EST

Confirmation Number: 2659

Amended Confirmation Number:

Employer Information

Name: Mattress Firm  
Address: 10201 South Main Street  
City: Houston State: TX Zip Code: 77025

Plan Administrator Information

Name: Mattress Firm  
Address: 1000 South Oyster Bay Road  
City: Hicksville State: NY Zip Code: 11763  
Phone: 5168617874  
Email: colleen.lelay-small@mfrm.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: Number of Employees: 28

Additional Information:

Participant count is 28.



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 2659. 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.