

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

Date Completed: 9/12/2017 3:53 PM EST

Confirmation Number: 2895

Amended Confirmation Number:

Employer Information

Name: Wildfire Credit Union  
Address: 6640 Bay Road  
City: Saginaw State: MI Zip Code: 48604

Plan Administrator Information

Name: Wildfire Credit Union Board of Directors  
Address: 6640 Bay Road  
City: Saginaw State: MI Zip Code: 48604  
Phone: 9892498284  
Email: rtrumble@wildfire.org

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:	Wildfire Credit Union Deferred Compensation Plan for Tracy Kaufman	Number of Employees: 1
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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 2895. 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.