

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

Date Completed: 11/9/2017 4:57 PM EST

Confirmation Number: 3070

Amended Confirmation Number:

Employer Information

Name: Badger Logistics LLC
Address: 181 Quality Ct
City: Fall River State: WI Zip Code: 53932

Plan Administrator Information

Name: Badger Logistics Board of Managers
Address: 181 Quality Ct
City: Fall River State: WI Zip Code: 53932
Phone: 9204845808
Email: jim.esser@badgerexpress.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: Badger Logistics LLC Appreciation Rights Plan Number of Employees: 6

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 3070. 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.