

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

Date Completed: 11/14/2017 1:35 PM EST

Confirmation Number: 3081

Amended Confirmation Number:

Employer Information

Name: CODAC Health, Recovery & Wellness

Address: 1650 E. Fort Lowell Rd

City: Tucson State: AZ Zip Code: 85719

Plan Administrator Information

Name: Laura J. Kolb

Address: 1650 E. Fort Lowell Rd

City: Tucson State: AZ Zip Code: 85719

Phone: 5202021756

Email: lkolb@codac.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: CODAC 457 plan	Number of Employees: 1
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Additional Information:

457 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 3081. 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.