

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

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Confirmation Number: 329

Amended Confirmation Number:

Employer Information

Name: David Evans Enterprises, Inc.
Address: 2100 SW River Parkway
City: Portland State: OR Zip Code: 97201

Plan Administrator Information

Name: David Evans Enterprises, Inc./Cindi Polychronis
Address: 2100 SW River Parkway
City: Portland State: OR Zip Code: 97201
Phone: 5034990318
Email: cpolychronis@deainc.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:	David Evans Enterprises, Inc. Supplemental Executive Retirement Benefit Plan (Tier 1)	Number of Employees: 1
ID:2	Plan Name:	David Evans Enterprises, Inc. Supplemental Executive Retirement Benefit Plan (Tier 2)	Number of Employees: 3

Additional Information:

1. David Evans Enterprises, Inc. Supplemental Executive Retirement Benefit Plan (Tier 1) 2. David Evans Enterprises, Inc. Supplemental Executive Retirement Benefit Plan (Tier 2)



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 329. 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.