

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

Date Completed: 2/28/2018 6:23 PM EST

Confirmation Number: 3497

Amended Confirmation Number:

Employer Information

Name: SISKIYOU COMMUNITY HEALTH CENTER INC
Address: 1701 NW HAWTHORNE AVE
City: GRANTS PASS State: OR Zip Code: 97526

Plan Administrator Information

Name: RICHARD BOOTH
Address: 1701 NW HAWTHORNE AVE
City: GRANTS PASS State: OR Zip Code: 97526
Phone: 5414724745
Email: rbooth@siskiyouhealthcenter.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: Siskiyou Community Health Center, Inc. 457(b) Number of
Plan Employees: 22

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 3497. 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.