

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: 3686

Amended Confirmation Number:

Employer Information

Name: Recovery Innovations Inc 457b

Address: 2701 N 16 St

City: phoenix State: AZ Zip Code: 85006

Plan Administrator Information

Name: CFO Thomas Castellanos

Address: 2701 N 16 St.

City: Phoenix State: AZ Zip Code: 85006

Phone: 6026364554

Email: thomas.castellanos@riinternational.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: Number of Employees: 6

Additional Information:

This is a plan for deferred compensation under 457b provisions.



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 3686. 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.