

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

Date Completed: 4/18/2018 2:44 PM EST

Confirmation Number: 3689

Amended Confirmation Number:

Employer Information

Name: Petersen Incorporated
Address: 1527 N. 2000 W.
City: Farr West State: UT Zip Code: 84404

Plan Administrator Information

Name: Casey Jones
Address: 1527 N. 2000 W.
City: Farr West State: UT Zip Code: 84404
Phone: 8017322095
Email: Casey.jones@peterseninc.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: Petersen Incorporated Deferred Compensation Number of
Plan Employees: 1

Additional Information:

Petersen Incorporated has entered into a non-qualified deferred compensation plan that has one (1) executive participating in it, who is a member of a select group of management or who is highly compensated. In addition, the plan arrangement is unfunded.



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 3689. 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.