

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: 3778
Amended Confirmation Number: 3777

Employer Information

Name: Continuing Life LLC
Address: 1940 Levante Street
City: Carlsbad State: CA Zip Code: 92009

Plan Administrator Information

Name: Warren Spieker
Address: 1940 Levante Street
City: Carlsbad State: CA Zip Code: 92009
Phone: 7607046300
Email: jbaugh@continuinglife.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: 14

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 3778. 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.