

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

Date Completed: 5/15/2018 11:19 AM EST

Confirmation Number: 3793

Amended Confirmation Number:

Employer Information

Name: SUNRIDGE NURSERIES, INC

Address: 441 VINELAND RD

City: BAKERSFIELD State: CA Zip Code: 93307

Plan Administrator Information

Name: BARBARA MARTINEZ

Address: 441 VINELAND RD

City: BAKERSFIELD State: CA Zip Code: 93307

Phone: 6613638463

Email: BARBARA@SRIDGE.NET

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: SUNRIDGE NURSERIES SERP	Number of Employees: 3
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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 3793. 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.