

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

Date Completed: 5/23/2018 3:34 PM EST

Confirmation Number: 3813
Amended Confirmation Number: 1156

Employer Information

Name: Dr. Kates Premier Smiles Orthodontics, Inc.
Address: 26110 Emery Road, Suite 100
City: Warrensville Heights State: OH Zip Code: 44128

Plan Administrator Information

Name: Dr. Kates Premier Smiles Orthodontics, Inc.
Address: 26110 Emery Road, Suite 100
City: City State: OH Zip Code: 44128
Phone: 2164647700
Email: mmccarty@wickenslaw.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: Garrison E. Copeland, D.D.S. Number of Employees: 1

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 3813. 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.