

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

Date Completed: 7/16/2018 3:13 PM EST

Confirmation Number: 3977

Amended Confirmation Number:

Employer Information

Name: Salina Vortex Corp.  
Address: 1725 Vortex Ave  
City: Salina State: KS Zip Code: 67401

Plan Administrator Information

Name: Jessica Sander, Controller  
Address: 1725 Vortex Ave  
City: Salina State: KS Zip Code: 67401  
Phone: 7858257177  
Email: jsander@vortexglobal.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:	Salina Vortex Corp. Nonqualified Deferred Compensation Plan	Number of Employees: 1
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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 3977. 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.