

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

Date Completed: 9/21/2018 10:54 AM EST

Confirmation Number: 4187

Amended Confirmation Number:

Employer Information

Name: Metro Walls, Inc.  
Address: 49 Hancock Street  
City: Manchester State: NH Zip Code: 03101

Plan Administrator Information

Name: John Hughes/McLane Middleton  
Address: 900 Elm Street, PO Box 326  
City: Manchester State: NH Zip Code: 03101  
Phone: 6036256464  
Email: sheryl.coombs@mclane.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: 1
ID:2	Plan Name:	Number of Employees: 1
ID:3	Plan Name:	Number of Employees: 1
ID:4	Plan Name:	Number of Employees: 1
ID:5	Plan Name:	Number of Employees: 1
ID:6	Plan Name:	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 4187. 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.