

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

Date Completed: 10/11/2018 11:23 AM EST

Confirmation Number: 4243

Amended Confirmation Number:

Employer Information

Name: SBM Management Services LP

Address: 5241 Arnold Avenue

City: McClellan State: CA Zip Code: 95652

Plan Administrator Information

Name: Cynthia Brewer - Pacific West Site Services, Inc.

Address: 5241 Arnold Avenue

City: McClellan State: CA Zip Code: 95652

Phone: 9165653674

Email: cbrewer@sbmcorp.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: Supplemental Retirement Plan | Number of Employees: 114 |
|------|-----------------------------------------|--------------------------|

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 4243. 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.