

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

Date Completed: 3/8/2019 11:14 AM EST

Confirmation Number: 4848

Amended Confirmation Number:

Employer Information

Name: Phoenix Counseling
Address: 839 MAJESTIC CT STE 1
City: GASTONIA State: NC Zip Code: 28054-5152

Plan Administrator Information

Name: Denise Oliver
Address: 631 BRAWLEY SCHOOL ROAD Ste 300 PMB 301
City: Mooresville State: NC Zip Code: 28117
Phone: 7044582027
Email: denise@phoenixcc.us

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:	Phoenix Counseling Center 457b Plan	Number of Employees: 2
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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 4848. 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.