

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

Date Completed: 8/21/2019 8:30 PM EST

Confirmation Number: 5432

Amended Confirmation Number:

Employer Information

Name: NIAGARA BOTTLING, LLC  
Address: 1440 BRIDGEGATE DRIVE  
City: DIAMOND BAR  
State: CA  
Zip Code: 91765

Plan Administrator Information

Name: NIAGARA BOTTLING, LLC  
Address: 1440 BRIDGEGATE DRIVE  
City: DIAMOND BAR  
State: CA  
Zip Code: 91765  
Phone: 9497352980  
Email: KENT@NIAGARAWATER.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: Niagara Bottling Deferrrend Compensation Plan Number of  
Employees: 4000

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 5432. 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.