

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

Date Completed: 10/24/2019 2:22 PM EST

Confirmation Number: 5681
Amended Confirmation Number: 5617

Employer Information

Name: Bopp-Busch Manufacturing Co.
Address: P.O. Box 589
City: Au Gres
State: MI
Zip Code: 48703

Plan Administrator Information

Name: Chairman of the Board
Address: P.O. Box 589
City: Au Gres
State: MI
Zip Code: 48703
Phone: 9898767121
Email: robert.busch@boppbusch.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: Bopp-Busch Manufacturing Company Deferred Number of
Compensation Plan Employees: 1

Additional Information:

Amended to revise the plan administrator title.



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 5681. 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.