

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

Date Completed: 10/29/2019 12:21 PM EST

Confirmation Number: 5702

Amended Confirmation Number:

Employer Information

Name: Shape Corp.
Address: 1900 Hayes
City: Grand Haven
State: MI
Zip Code: 49417

Plan Administrator Information

Name: Mike Lieto
Address: 1900 Hayes
City: Grand Haven
State: MI
Zip Code: 49417
Phone: 6165023991
Email: LietoM@ShapeCorp.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: Shape Corp NQDC Plan	Number of Employees: 50
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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 5702. 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.