

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

Date Completed: 3/4/2020 12:23 PM EST

Confirmation Number: 6348  
Amended Confirmation Number: 6343

Employer Information

Name: Larry H. Miller Corporation  
Address: 9350 S. 150 E., Suite 900  
City: Sandy  
State: UT  
Zip Code: 84070

Plan Administrator Information

Name: Susie Ballard  
Address: 9350 S. 150 E., Suite 900  
City: Sandy  
State: UT  
Zip Code: 84070  
Phone: 8015634126  
Email: sballard@lhm.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: | Larry H. Miller Group of Companies Deferred Compensation Plan | Number of Employees: 21 |
|------|------------|---|-------------------------|

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 6348. 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.