

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

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Confirmation Number: 7017

Amended Confirmation Number:

Employer Information

Name: Language Services Associates, Inc.  
Address: 455 Business Center Dr. STE 100  
City: Horsham  
State: PA  
Zip Code: 19044

Plan Administrator Information

Name: Francis J. Convery / CFO Language Services, Assoc, Inc.  
Address: 455 Business Center Drive STE 100  
City: Horsham  
State: PA  
Zip Code: 19044  
Phone: 2153236583  
Email: fconvery@lsaweb.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: LSA NQDC Plan	Number of Employees: 13
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Additional Information:

There are 13 Initial Employee Plan Participants



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 7017. 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.