

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

Date Completed: 1/8/2021 2:50 PM EST

Confirmation Number: 7463

Amended Confirmation Number:

Employer Information

Name: Carestream Dental LLC
Address: 3625 Cumberland Blvd., Suite 700
City: Atlanta
State: GA
Zip Code: 30339

Plan Administrator Information

Name: Carestream Dental LLC
Address: 3625 Cumberland Blvd., Suite 700
City: Atlanta
State: GA
Zip Code: 30339
Phone:
Email: taylor.bracewell@ogletree.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:	Carestream Dental LLC Deferred Compensation Plan	Number of Employees: 5
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Additional Information:

This is the only top-hat program currently maintained by the Employer.



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 7463. 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.