

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

Date Completed: 2/11/2021 12:07 PM EST

Confirmation Number: 7649  
Amended Confirmation Number: 3300

Employer Information

Name: Biniker Family Dental, Inc.  
Address: 1351 Ford Street  
City: Maumee  
State: OH  
Zip Code: 43537

Plan Administrator Information

Name: Biniker Family Dental, Inc.  
Address: 1351 Ford Street  
City: Maumee  
State: OH  
Zip Code: 43537  
Phone: 4198658886  
Email: mmccarty@wickenslaw.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:	Amended and Restated Deferred Compensation Agreement for Jordan M. Biniker, D.D.S.	Number of Employees: 1
------	------------	--	------------------------

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 7649. 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.