

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: 8655

Amended Confirmation Number:

Employer Information

Name: Montana Health Cooperative
Address: 810 Hialeah Court
City: Helena
State: MT
Zip Code: 59601

Plan Administrator Information

Name: Montana Health Cooperative; ATTN: Human Resources
Address: 810 Hialeah Court
City: Helena
State: MT
Zip Code: 59601
Phone: 4064479510
Email: accounting@mhc.coop

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:	Montana Health Cooperative 457 (b) Plan	Number of Employees: 3
ID:2	Plan Name:	Montana Health Cooperative 457 (f) Plan	Number of Employees: 3

Additional Information:

As a 501 (c) (29) Corporation, the Company is establishing a 457(b) plan and a 457(f) plan for a select group of management.



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 8655. 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.