

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: 8843

Amended Confirmation Number:

Employer Information

Name: Healthcare Highways, Inc.  
Address: 3001 Dallas Pkwy., Ste. 700  
City: Frisco  
State: TX  
Zip Code: 75034

Plan Administrator Information

Name: Healthcare Highways, Inc. - Wynne Marko-Lebron  
Address: 3001 Dallas Pkwy., Ste. 700  
City: Frisco  
State: TX  
Zip Code: 75034  
Phone: 4692981288  
Email: wynne.marko@healthcarehighways.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:	Healthcare Highways NQDC Plan	Number of Employees: 17
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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 8843. 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.