

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: 8944

Amended Confirmation Number:

Employer Information

Name: Performance Contracting Group, Inc.  
Address: 11145 Thompson Ave  
City: Lenexa  
State: KS  
Zip Code: 66219

Plan Administrator Information

Name: Performance Contracting Group, Inc.  
Address: 11145 Thompson Ave  
City: Lenexa  
State: KS  
Zip Code: 66219  
Phone: 9138888600  
Email: scott.beckley@pcg.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:	Number of Employees: 40
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Additional Information:

Performance Contracting, Inc., a member of the same controlled group as Performance Contracting Group, Inc., is a participating employer in the plan." Number of employees listed is number of potentially eligible employees identified at time of submission.



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 8944. 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.