

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

Date Completed: 2/3/2016 12:50 PM EST

Confirmation Number: 993

Amended Confirmation Number:

Employer Information

Name: Active Feed Company

Address: 7564 Pigeon Road

City: Pigeon State: MI Zip Code: 48755

Plan Administrator Information

Name: Diane Maust, President

Address: 7564 Pigeon Road

City: Pigeon State: MI Zip Code: 48755

Phone: 9894532472

Email: dmaust@activefeed.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: Active Feed Company Deferred Compensation Number of
Plan 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 993. 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.