

~~SPECIMEN~~ DEPARTMENT OF LABOR NOTICE LETTER

[EXPLANATORY NOTE: IT IS THE EMPLOYER'S RESPONSIBILITY TO LIMIT PARTICIPATION IN THE PLAN TO A SELECT GROUP OF MANAGEMENT AND HIGHLY COMPENSATED EMPLOYEES AND TO FILE THIS LETTER WITH THE U.S. DEPARTMENT OF LABOR WITHIN 120 DAYS AFTER ESTABLISHING THE PLAN.

U.S. Department of Labor
Employee Benefits Security Administration
Top Hat Plan Exemption
200 Constitution Avenue, N.W., Suite N-1513
Washington, D.C. 20210

The following employer hereby supplies the following information pursuant to Department of Labor Regulations Section 2520.104-23:

Name and Address of Employer:

Trojan Professional Services
4410 Cerritos Avenue
Los Alamitos, CA 90720

Employer Identification Number: 33-0355439

The Employer identified above maintains the following plan(s) for a select group of management or highly compensated employees:

[Name of Plan] The Trojan Professional Services Non-Qualified Deferred Compensation Plan

Number of Participants: 2

[Name of Plan] _____

Number of Participants: _____

[Name of Plan] _____

Number of Participants: _____

Very truly yours,
Trojan Professional Services

By 

Title CEO

Date: MARCH 23, 2011

EBSA/PUBLIC DISCLOSURE
2011 APR -7 PM 12:51



P.O. Box 1270
Los Alamitos, CA 90720



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U.S. Department of Labor
Employee Benefits Security Administration
Top Hat Plan Exemption
200 Constitution Avenue, NW, Suite 513
Washington, DC 20210



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