



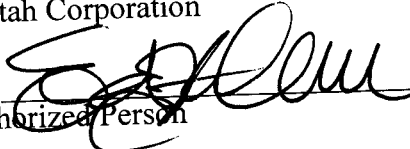
To: Top Hat Plan Exemption
 Employee Benefits Security Administration
 Room N 1513
 U.S. Department of Labor
 200 Constitution Ave. N.W.
 Washington, DC 20210

2013 JUL 29 PM 4:11
 03A/PM/10/1000

In compliance with the requirements of the alternative method of reporting and disclosure under Part I of Title I of the Employee Retirement Income Security Act of 1974 for un-funded or insured pension plans for a select group of management or highly compensated employees, specified in Department of Labor Regulations, 29 CFR Sec. 2520.104-23, the following information is provided by the undersigned administrator:

1. The name of the Employer is: B.H. Inc.
2. The mailing address of the Employer is: 826 South 1500 East
Vernal, UT 84078
3. The Employer Identification Number is: 87-0561920
4. The above named Employer maintains a Plan (or Plans) primarily for the purpose of providing deferred compensation benefits for a select group of management or highly compensated employees.
5. Number of Plans and Eligible Employees in each Plan:
One Plan(s) covering 24 Eligible Employees.
6. The Employer will provide a copy of the agreement(s) to the office of Employee Benefits Security Administration upon request.

B.H. Inc.
A Utah Corporation

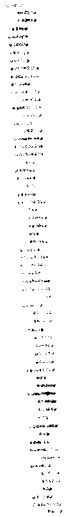
By: 
Authorized Person

Dated: 7/23/2013

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Vand. at 9:00



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