

IMPOWER, Inc.
3157 N. Alafaya Trail
Orlando, FL 32826

July 15, 2014

Top Hat Plan Exemption
Employee Benefits Security Administration, Room N-1513
U.S. Department of Labor
200 Constitution Avenue NW
Washington, DC 20210

To Whom It May Concern:

The undersigned declares that the employer described below maintains the following plan(s) primarily for the purpose of providing deferred compensation for a select group of management or highly compensated employees.

In compliance with Labor Reg. §2520.104-23 the undersigned provides the following information with respect to the plan(s):

Employer:

Employer Name: IMPOWER, Inc.
Address: 3157 N. Alafaya Trail
Orlando, FL 32826
EIN#: 65-0439778

Name of Plan: IMPOWER, Inc. 457(b) Plan
Number of Plan(s): 1
Number of Employees in Plan(s): 1

Very truly yours,

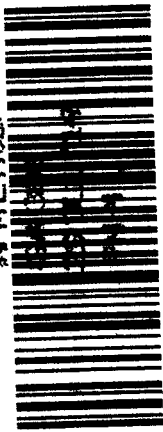
DocuSigned by:
Barry Gainer
SE1CBF03D417486
Plan Administrator



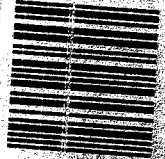
5352 Peachtree Road
Atlanta, GA 30341

**RETURN RECEIPT
REQUESTED**

Employee Benefits Security Administration
Room N-1513
U.S. Department of Labor
200 Constitution Avenue NW
Washington, DC 20210



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