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July 29, 2014

Via Certified Mail
Return Receipt Requested

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

2014 AUG -6 PM 4:00
EBSA/PUBLIC DIVISION

**Re: Statement Required Under Department of Labor Regulations
Section 2520.104-23 (Top Hat Filing)**

Dear Sir or Madam:

The attached statement is being filed pursuant to DOL Regulation 2520.104-23.
Please contact me if you require any additional information.

Very truly yours,



Howard J. Levine

HJL:tjk

Enc:

**STATEMENT REQUIRED UNDER DEPARTMENT OF LABOR
REGULATIONS SECTION 2520.104-23
(TOP HAT FILING)**

The Employer named below maintains plans primarily for the purpose of providing deferred compensation for a select group of management or highly compensated employees.

Name of Employer:

Streator Onized Credit Union

Address of Employer:

**120 East Northpoint Drive
Streator, IL 61364**

Employer's Employer Identification Number (EIN):

36-2494471

Number of such plans:

1

Name of plan:

Streator Onized Credit Union 457(f) Deferred Compensation Plan – 1 employee

Number of employees in Plan:

1

CERTIFIED MAIL



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PITNEY BOWES

\$ 006.980

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MAILED FROM ZIP CODE 60606



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