



May 5, 2015

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

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DVA/PUBLIC/DIR

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: Hospice of the Red River Valley  
Address: 1701 38th Street South, Suite 101  
Fargo, North Dakota, 58103-4499  
EIN#: 45-0349152

Name of Plan: Hospice of the Red River Valley 457(b) Plan

Number of Plan(s): 1

Number of Employees in Plan(s): 2

Very truly yours,

Sheila Kloze  
Director of Human Resources

Serving patients and families in 29 counties in North Dakota and Minnesota.

1701 38th Street S Suite 101 • Fargo, ND 58103-4499 • (800) 237-4629 • Fax: (701) 356-1591

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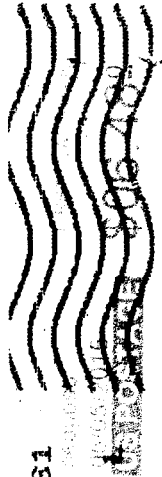
**HOSPICE**  
 RED RIVER VALLEY  
 1701 38th Street S Suite 101  
 Fargo, ND 58103-4499



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