

Elizabeth C. Scott  
Attorney at Law

July 13, 2015

Top Hat Exemption  
Employee Benefits Security Administration  
Room N-5644  
U.S. Constitution Avenue NW  
Washington, DC 20210

2015 JUL 20 PM 3:26  
ESM/Office of the Secretary

To the Secretary of Labor,

In compliance with the requirements of the alternative method of reporting and disclosure under Part 1 of title I of the Employee Retirement Income Security Act of 1974 for unfunded pension plans for a select group of management or highly compensated employees, specified in Department of Labor Regulations, 29 C.F.R. §2520.104-23, the following information is provided by the undersigned employer.

Name and Address of Employer: Environmental and Safety Solutions, Inc.  
10045 Springfield Pike Suite 7  
Cincinnati, Ohio 45215

EIN: 01-0679319

Environmental and Safety Solutions, Inc. maintains a plan primarily for the purpose of providing deferred compensation for a select group of management or highly compensated employees.

Number of Plans and  
Participants in Each Plan: 1 plan covering 3 employees.

Dated July 13, 2015.

Environmental and Safety Solutions, Inc.

By: \_\_\_\_\_

Plan Administrator



EK876777842US

**PRIORITY MAIL EXPRESS™**



**CUSTOMER USE ONLY**  
**FROM:** (PLEASE PRINT) \_\_\_\_\_ PHONE ( ) \_\_\_\_\_

**PAYMENT BY ACCOUNT** (if applicable)

**DELIVERY OPTIONS** (Customer Use Only)  
 **SIGNATURE REQUIRED** Note: The mailer must check the "Signature Required" box if the mailer: 1) Requires the addressee's signature; OR 2) Purchases additional insurance; OR 3) Purchases COD service; OR 4) Purchases Return Receipt service. If the box is not checked, the Postal Service will leave the item in the addressee's mail receptacle or other secure location without attempting to obtain the addressee's signature on delivery.  
**Delivery Options**  
 No Saturday Delivery (delivered next business day)  
 Sunday/Holiday Delivery Required (additional fee, where available)  
 10:30 AM Delivery Required (additional fee, where available)  
 \*Refer to USPS.com® or local Post Offices® for availability.

**TO:** (PLEASE PRINT) \_\_\_\_\_ PHONE ( ) \_\_\_\_\_

**ZIP + 4®** (U.S. ADDRESSES ONLY) \_\_\_\_\_

WRITE FIRMLY TO MAKE ALL COPIES LEGIBLE.

**ORIGIN (POSTAL SERVICE USE ONLY)**

1-Day  2-Day  Military  DPO

PO Zip Code \_\_\_\_\_ Scheduled Delivery Date (MM/DD/YY) \_\_\_\_\_ Postage \$ \_\_\_\_\_

Date Accepted (MM/DD/YY) \_\_\_\_\_ Scheduled Delivery Time \_\_\_\_\_ Insurance Fee \$ \_\_\_\_\_ COD Fee \$ \_\_\_\_\_  
 10:30 AM  3:00 PM  
 4:22 NOON

Time Accepted \_\_\_\_\_ 10:30 AM Delivery Fee \_\_\_\_\_ Return Receipt Fee \$ \_\_\_\_\_ Live Annual Transportation Fee \$ \_\_\_\_\_  
 AM  PM  
 AM  PM

Weight \_\_\_\_\_ lbs. \_\_\_\_\_ ozs. \_\_\_\_\_  
 Flat Rate \$ \_\_\_\_\_ Sunday/Holiday Premium Fee \$ \_\_\_\_\_ Total Postage & Fees \$ \_\_\_\_\_  
 Acceptance Employee Initials \_\_\_\_\_

**DELIVERY (POSTAL SERVICE USE ONLY)**

Delivery Attempt (MM/DD/YY) Time \_\_\_\_\_ Employee Signature \_\_\_\_\_  
 AM  PM

Delivery Attempt (MM/DD/YY) Time \_\_\_\_\_ Employee Signature \_\_\_\_\_  
 AM  PM

LABEL 11-B, MARCH 2014 FSN 7690-02-000-8998

3-ADDRESSEE COPY

For pickup or USPS Tracking™, visit USPS.com or call 800-222-1811.  
\$100.00 insurance included.