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2016 FEB 29 PM 2:24

February 24 2016

**BY 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, D.C. 20210

Re: Notice of Plan(s) of Deferred Compensation (29 C.F.R. § 2520.104-23)

Gentlemen:

Pursuant to 29 C.F.R. § 2520.104-23, the undersigned Employer provides the following information with respect to certain unfunded plan(s) of deferred compensation:

Employer's name and address: Highlands Properties Holdings, LLC, 817 W. Peachtree Street, N.W., Suite 450, Atlanta, Georgia 30308-1168.

Employer's EIN: 464294792

General statement concerning plan(s): The Employer maintains a plan or plans primarily for the purpose of providing deferred compensation for a select group of management or highly-compensated employees.

Number of such plans: one (1).

Number of employees in each such plan: one (1).

Very truly yours,

HIGHLANDS PROPERTIES HOLDINGS, LLC

By: Robert P. O'Gara
Robert P. O'Gara
Title:



E1298776488US

**PRIORITY
MAIL
EXPRESS™**



FROM: PLEASE PRINT) PHONE ()

The Alliance Group
217 W. Peachtree
Suite 450
Atlanta, GA 30308

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TO: PLEASE PRINT) PHONE ()

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Date Accepted (MM/DD/YYYY) 2/26/16	Scheduled Delivery Time <input type="checkbox"/> 10:30 AM <input type="checkbox"/> 3:00 PM <input checked="" type="checkbox"/> 12 NOON 10:30 AM Delivery Fee \$	Insurance Fee \$	ODD Fee \$
Time Accepted 3:27 AM	Surcharge/Employee Premium Fee \$	Return Receipt Fee \$	USPS Retail Transportation Fee \$
Weight 3.27 lbs.	Accompanying Employee Return No. <input type="checkbox"/> Yes. <input checked="" type="checkbox"/>	Total Postage & Fees \$ 27.95	
ZIP+4® (U.S. ADDRESS ONLY) 30308-10	Delivery Attempt (MM/DD/YYYY) Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature	
	Delivery Attempt (MM/DD/YYYY) Time <input type="checkbox"/> AM <input type="checkbox"/> PM	Employee Signature	

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