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April 19, 2016

SENT VIA CERTIFIED MAIL
RETURN RECEIPT REQUESTED
TRACKING NO.: 7016 0340 0000 6507 6762

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

APR 19 2016 10:07 AM
U.S. DEPARTMENT OF LABOR
EMPLOYEE BENEFITS SECURITY ADMINISTRATION

Re: Notice of Plan(s) of Deferred Compensation

Ladies and Gentlemen:


Pursuant to 29 C.F.R. §2520.104-23, the undersigned Employer hereby files the following information with respect to its plan(s) of deferred compensation.

1. Name and Address of Employer:

MBA MEDICAL BILLING SERVICE, INC.
219 NW 20th Avenue
Battle Ground, WA 98604
2. Federal Employer Identification No. (EIN): 91-1474169
3. The employer maintains one (1) plan of deferred compensation primarily for the purpose of providing deferred compensation to a select group of management or highly-compensated employees.
4. One (1) employee is covered under such plan.

Very truly yours,

MBA MEDICAL BILLING SERVICE, INC., a
Washington corporation

By:  _____
CHRIS PHILLIPS, President

CERTIFIED MAIL



LANDERHOLM
Legal advisors. Trusted advocates.

PO Box 1086
Vancouver, WA 98666

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