



2520162970067

October 10, 2016

**CERTIFIED MAIL**

**Return Receipt Requested**

Receipt No. 7011 1150 0001 7590 8398

TO: U.S. Department of Labor  
Employee Benefits Security Administration  
Top Hat Plan Exemption  
200 Constitution Avenue, NW N-1515  
Washington, D. C. 20210

EBSA/PUBLIC DISCLOSURE  
2016 OCT 17 PM 12:16

RE: Section 2520.104-23 of the Department of Labor Regulations

Dear Department of Labor:

Pursuant to Section 110 of Title I of the Employee Retirement Income Security Act of 1974, as amended ("ERISA"), and Section 2520.104-23 of the Department of Labor Regulations, The Burkhart Dental Supply Co., Inc. hereby provides the information required to comply with the reporting and disclosure requirements applicable to unfunded plans maintained by an employer for a select group of management or highly compensated employees. As required under Section 2520.104-23(b)(1) of the Regulations, this statement provides information regarding the plan maintained by The Burkhart Dental Supply Co. and the number of participants.

1. The name and address of the employer is as follows: The Burkhart Dental Supply Co., 2502 S. 78<sup>th</sup> Street, Tacoma, WA 98409.
2. The employer identification number assigned by the Internal Revenue Service for the employer is: 91-0160050
3. The Burkhart Dental Supply Co. hereby declares that it maintains one (1) nonqualified deferred compensation plan primarily for the purpose of providing deferred compensation for a select group of management or highly compensated employees.
4. The following is the name of the deferred compensation plan, and the number of employees participating therein:

Plan: Burkhart Dental Supply, Inc. Deferred Compensation Plan

Number of Participants: 5

If you need any further information, please call or write me.

Respectfully submitted,

By: Anneene French  
Anneene French  
Title: Controller

**BURKHART**

2502 South 78<sup>th</sup> Street  
Tacoma, WA 98409

RETURN SERVICE REQUESTED

**CERTIFIED MAIL**

DMA



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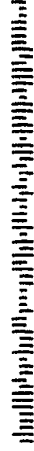
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