

2016 DEC 20 11:26

December 21, 2016

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

**2520170120074**

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: Platte Health Center  
Address: 601 E. 7th St.  
Platte, South Dakota 57369  
EIN#: 46-0239781

Name of Plan: Platte Health Center 457(b) Plan

Number of Plan(s): 002

Number of Employees in Plan(s): 8

Very truly yours,



Plan Administrator

**Platte  
Health Center**  
**Avera** 

PO Box 200  
Platte SD 57369-0200

ADDRESS SERVICE REQUESTED



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