

December 2, 2016

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

2520170330006

Dear Sir or Madam:

In order to comply with the requirements of the alternative reporting and disclosure method under ERISA, Part 1, Title 1, as provided for an unfunded plan for a select group of management or highly compensated employees in the D.O.L. Regulation 2520.104-23 the following information is provided:

1. The name of the employer is:

FLAHERTY & HOOD, P.A.

2. The address of the employer is:

525 Park Street, Suite 470
Saint Paul, Minnesota 55103

3. The employer's federal identification number (EIN) is:

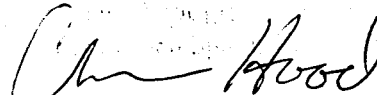
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4. The number of plans and the number of participants in each plan is two plans each covering one employee. The above named employer maintains this plan primarily for the purpose of providing deferred compensation benefits to a select group of management or highly compensated employees.

The employer will send a copy of all plan documents and agreements to the Secretary, upon request.

Respectfully submitted,

FLAHERTY & HOOD, P.A.



Christopher M. Hood

CMH/dh

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