

2017 JAN 19 PM 2: 40

October 17, 2016

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

2520170330013

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:

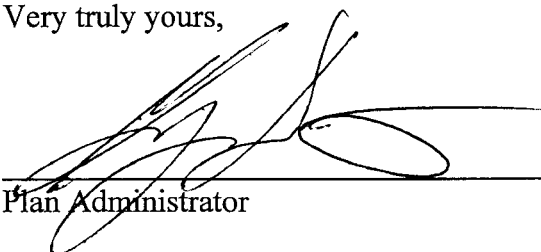
Employer Name: American Society of Travel Agents Inc.
Address: 675 N. Washington Street, Suite 490
Alexandria, Virginia 22314
EIN#: 13-0434364

Name of Plan: American Society of Travel Agents Inc. 457(f) Plan

Number of Plan(s): 1

Number of Employees in Plan(s): 3

Very truly yours,



Plan Administrator

CERTIFIED MAIL



7036 1970 0000 0251 5226

ASTA
675 N Washington St #490
Alexandria, VA 22314



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**RETURN RECEIPT
REQUESTED**

20210-

