



March 13, 2017

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

2520172240019

Re: *Statement Filed under Section 2520.104-23 of the Department of Labor Regulations*

Dear Sir or Madam:

This letter constitutes a statement as described in Section 2520.104-23 of the Department of Labor Regulations providing an alternative method of compliance with the reporting and disclosure requirements applicable under the Employee Retirement Income Security Act of 1974, as amended, to pension plans for a select group of management or highly compensated employees. The information herein is also filed with the Department of Labor under the Delinquent Filer Voluntary Compliance Program ("DFVC Program"). The information set forth below is intended to satisfy the reporting and disclosure requirements set forth therein:

1. Name of Employer: Eplica, Inc.
2. Address of Employer: 2355 Northside Drive, Ste. 200
San Diego, CA 92108
Phone: (619) 260-2100
3. Employer Identification Number: 95-2772643
4. The Employer maintains the Eplica, Inc. Nonqualified Deferred Compensation Plan primarily for the purpose of providing deferred compensation for a select group of management or highly compensated employees.
5. Number of participants in the plan: 20

If you need any additional information, please do not hesitate to contact the undersigned.

Sincerely,

A handwritten signature in black ink that reads 'Laico Cook'.

Laico Cook
Benefits Director

SEYFARTH SHAW

EDD/PUBLIC DISCLOSURE

2017 JUL 24 PM 2: 58

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Chicago, Illinois 60606
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(312) 460-5491
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July 17, 2017

VIA U.S. MAIL

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

RE: Statement Filed Under Section 2520-104.23 of the Department of Labor
Regulations

Dear Sir or Madame:

We represent the Plan Administrator with respect to the Eplica, Inc. Nonqualified Deferred Compensation Plan ("Plan"). The Plan was submitted for filing on March 13, 2017, under the Delinquent Filer Voluntary Compliance Program. Please confirm receipt.

If you have any questions, please call.

With kind regards,

Seyfarth Shaw LLP



Sherry Klenk
Paralegal – Employee Benefits

Enclosures

cc: Eplica, Inc.



ATLANTA BOSTON CHICAGO HOUSTON LONDON LOS ANGELES MELBOURNE NEW YORK SACRAMENTO SAN FRANCISCO SHANGHAI SYDNEY WASHINGTON, D.C.

Information submitted via Top Hat Plan Statement Online Filing System to U. S.
Department of Labor under 29 CFR 2520.104-23

Date Completed: 7/17/2017 5:11 PM EST

Confirmation Number: 2730
Amended Confirmation Number:

Employer Information

Name: Eplica, Inc.
Address: 2355 Northside Drive, Ste. 200
City: San Diego State: CA Zip Code: 92108

Plan Administrator Information

Name: Eplica, Inc.
Address: 2355 Northside Drive, Ste. 200
City: San Diego State: CA Zip Code: 92108
Phone: 6198818199
Email: lcook@eastridge.com

Plan Information

Employer maintains the plan or plans below primarily for the purpose of providing deferred compensation for a select group of management or highly compensated employees.

ID:1	Plan Name:	Eplica, Inc. Nonqualified Deferred Compensation Plan	Number of Employees: 20
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Additional Information:



U. S. Department of Labor
Employee Benefits Security Administration
Washington, DC 20210

This message confirms that the Department of Labor's (DOL's) Employee Benefits Security Administration (EBSA) has received the filing of your Top Hat Plan Statement. The confirmation code for your filing is 2730. When correcting errors to your filing, please use this code in your amended statement. This communication does not mean that DOL has made a determination that you are eligible to file under DOL regulation 29 CFR 2520.104-23.

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code). Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 <div style="border: 1px solid black; padding: 5px; text-align: center; font-weight: bold; font-size: 1.2em;">2016</div> This Form Is Open to Public Inspection
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Part I Annual Report Identification Information	
For calendar plan year 2016 or fiscal plan year beginning <u>01/01/2016</u> and ending <u>12/31/2016</u>	
A This return/report is for:	<input type="checkbox"/> a multiemployer plan <input checked="" type="checkbox"/> a single-employer plan <input type="checkbox"/> a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions.) <input type="checkbox"/> a DFE (specify) _____
B This return/report is:	<input checked="" type="checkbox"/> the first return/report <input type="checkbox"/> the final return/report <input type="checkbox"/> an amended return/report <input type="checkbox"/> a short plan year return/report (less than 12 months)
C If the plan is a collectively-bargained plan, check here:	<input type="checkbox"/>
D Check box if filing under:	<input type="checkbox"/> Form 5558 <input type="checkbox"/> automatic extension <input checked="" type="checkbox"/> the DFVC program <input type="checkbox"/> special extension (enter description)

Part II Basic Plan Information—enter all requested information											
1a Name of plan EPLICA INC. NONQUALIFIED DEFERRED COMPENSATION PLAN 2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) EPLICA, INC. 2355 NORTHSIDE DRIVE, STE. 200 SAN DIEGO, CA 92108	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:80%;">1b Three-digit plan number (PN)</td> <td style="width:20%; text-align: center;">888</td> </tr> <tr> <td colspan="2">1c Effective date of plan 01/01/2005</td> </tr> <tr> <td colspan="2">2b Employer Identification Number (EIN) 95-2772643</td> </tr> <tr> <td colspan="2">2c Plan Sponsor's telephone number 619-260-2100</td> </tr> <tr> <td colspan="2">2d Business code (see instructions) 561300</td> </tr> </table>	1b Three-digit plan number (PN)	888	1c Effective date of plan 01/01/2005		2b Employer Identification Number (EIN) 95-2772643		2c Plan Sponsor's telephone number 619-260-2100		2d Business code (see instructions) 561300	
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1c Effective date of plan 01/01/2005											
2b Employer Identification Number (EIN) 95-2772643											
2c Plan Sponsor's telephone number 619-260-2100											
2d Business code (see instructions) 561300											

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	<i>Laico Cook</i>	<u>3/13/2017</u>	<i>Laico Cook</i>
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	<i>Laico Cook</i>	<u>3/13/2017</u>	<i>Laico Cook</i>
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE
Preparer's name (including firm name, if applicable) and address (include room or suite number)			Preparer's telephone number

Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) Yes No

If "Yes" is checked, complete lines 11b and 11c.

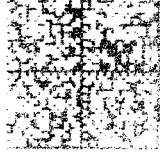
11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) Yes No

11c Enter the Receipt Confirmation Code for the 2016 Form M-1 annual report. If the plan was not required to file the 2016 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SEYFARTH
ATTORNEYS **SHAW**
LLP

131 South Dearborn Street
Suite 2400
Chicago, IL 60603-5577



U.S. DEPARTMENT OF LABOR
EMPLOYEE BENEFITS SECURITY ADMINISTRATION
TOP HAT PLAN EXEMPTION
200 CONSTITUTION AVE. N.W.
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