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2017 JUL 24 PM 3:02

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June 1, 2017

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

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: Mental Health Corporations of America, Inc.  
Address: 1876 A Eider Ct  
Tallahassee, Florida 32308  
EIN#: 59-2496241

Name of Plan: Mental Health Corporations of America, Inc. 457(b) Plan  
Number of Plan(s): 1  
Number of Employees in Plan(s): 1

Very truly yours,

Dale Shreve  
Plan Administrator



**CRI**  
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Carr, Riggs & Ingram, LLC  
 2638 Centennial Boulevard  
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 Tallahassee, Florida 32308

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