

SHERMAN & HOWARD

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2520191430013

March 28, 2019

Top Hat Plan Exemption
Employee Benefits Security Administration
Room N1513
U.S. Department of Labor
200 Constitution Avenue NW
Washington, DC 20210

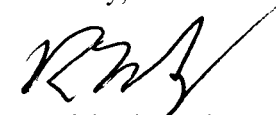
This statement is pursuant to 29 C.F.R. § 2520.104-23. Please be advised as follows:

1. The name and address of the employer:

Fremont Orthopaedics, P.C.
815 East Main Street
Lander, WY 82520
2. Employer Identification Number: 45-5145519
3. Fremont Orthopaedics, P.C. maintains a plan primarily for the purpose of providing deferred compensation for a select group of management or highly compensated employees.
4. Currently the corporation maintains one such plan and 2 employees currently are participating in the plan.

If you have any questions about this notice, please do not hesitate to call the undersigned.

Sincerely,



R. Michael Sanchez

RMS:zd

cc: Sarah L. Sweeney, CPA
Cory J. Lamblin, M.D.
Ben S. Francisco, M.D.

