

2019 MAY -8 11:11:04

May 3, 2019

2520191430139

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.

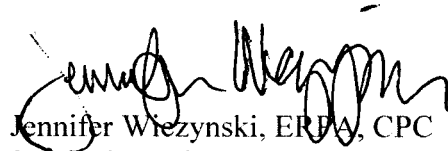
In compliance with Labor Reg. §2520.104-23 the undersigned provides the following information with respect to the plan(s):

Employer:

Employer Name: NVI, LLC.
Address: P.O. Box 1690
Gray, LA 70359
EIN#: 20-1117678

Name of Plan: NVI, LLC Deferred Compensation Plan
Number of Plan(s): 1
Number of Employees in Plan(s): 5

Very truly yours,



Jennifer Wiezynski, ERPA, CPC
Sentinel Pension, Inc.
Third Party Administrator for NVI, LLC

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SHIP EMPLOYEE BENEFITS SECURITY ADMIN
TO: TOP HAT PLAN EXEMPTION
US DEPARTMENT OF LABOR
RM N 1513
200 CONSTITUTION AVE NW
WASHINGTON DC 20210-0001



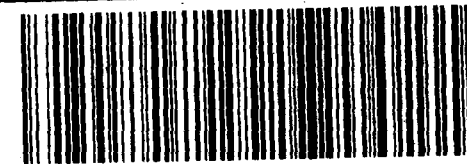
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