



November 18, 2020

Top Hat Plan Exemption
Pension and Welfare Benefit Administration
Room N-5644
U.S. Department of Labor
200 Constitution Avenue, N.W.
Washington, D.C. 20210

US DEPARTMENT OF
LABOR
2020 DEC 1 PM 3:08
EBSA
PUBLIC DISCLOSURE

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To the Secretary of Labor:

In compliance with the requirements of the alternative method of reporting and disclosure under Part 1 of Title I of the Employee Retirement Income Security Act of 1974 for unfunded or insured pension plans for a select group of management or highly compensated employees, specified in Department of Labor Regulations, 29 C.F.R. §2520.104-23, the undersigned employer provides the following information.

Name and Address of Employer:

Amplified Therapy Inc.
94 Box Canyon Road
PO Box 86
Cliff, New Mexico 88028

Employer Identification Number: 46-3609811

Amplified Therapy Inc. maintains a plan for the primary purpose of providing deferred compensation for a select group of management or highly compensated employees. Number of Plans and Participants in Each Plan: One Plan covering 1 Participant. This plan was adopted on October 30, 2020.

Amplified Therapy Inc.

By 
Autumn Bruton, Chief Executive Officer/President



PO Box 86
Cliff, NM 88028

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RIO GRANDE DISTRICT
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