



**Pocket Nurse**<sup>®</sup>

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610 Frankfort Rd. Monaca PA 15061

June 23, 2021

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

**2520212560005**

To Whom It May Concern:

The undersigned declares that the employer described below maintains the following plan 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:

Employer:

Employer Name: Pocket Nurse Enterprises, Inc  
Address: 610 Frankfort Road  
Monaca, Pennsylvania 15061  
EIN#: 25-1763055

Name of Plan: Pocket Nurse Enterprises, Inc. Nonqualified Plan

Number of Plan(s): 1

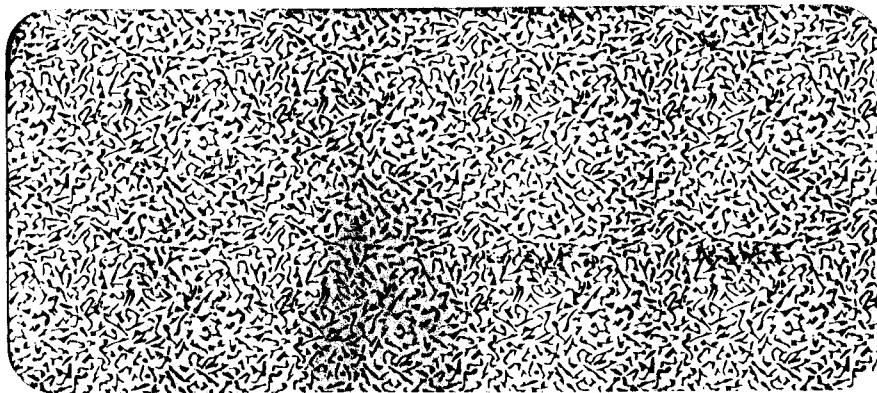
Number of Employees in Plan: 4

Very truly yours,

Plan Administrator

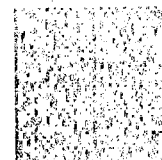


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