






**NATIVE AMERICAN
HEALTH CENTER**

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September 02, 2022

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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: Native American Health Center, Inc dba Native American Health Center
Address: 2920 International Blvd.
Oakland, CA 94601
EIN#: 23-7135928

Name of Plan: Native American Health Center 457(b) Plan
Number of Plan(s): 002
Number of Employees in Plan(s): 6

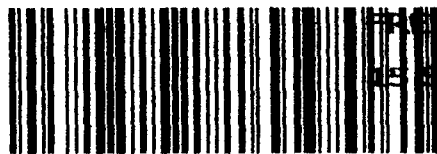
Very truly yours,

Alan Wong, Chief Financial Officer
Plan Administrator



8497 N. Millbrook Ave
Suite 106
Fresno, CA 93720

CERTIFIED MAIL



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FRESNO CA 936

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