

Information submitted via Top Hat Plan Statement Online Filing System to U. S.  
Department of Labor under 29 CFR 2520.104-23

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Confirmation Number: 767

Amended Confirmation Number:

Employer Information

Name: First State Bank of De Queen  
Address: 402 West Collin Raye Drive  
City: De Queen State: AR Zip Code: 71832

Plan Administrator Information

Name: Barbara Kitchens/V.P. & COO  
Address: P O Box 970  
City: De Queen State: AR Zip Code: 71832  
Phone: 8706424423  
Email: bkitchens@fsbdequeen.com

Plan Information

Employer maintains the plan or plans below primarily for the purpose of providing deferred compensation for a select group of management or highly compensated employees.

ID:1	Plan Name:	Deferred Compensation Plan	Number of Employees: 1
ID:2	Plan Name:	Salary Continuation Plan	Number of Employees: 16

Additional Information:



U. S. Department of Labor  
Employee Benefits Security Administration  
Washington, DC 20210

This message confirms that the Department of Labor's (DOL's) Employee Benefits Security Administration (EBSA) has received the filing of your Top Hat Plan Statement. The confirmation code for your filing is 767. When correcting errors to your filing, please use this code in your amended statement. This communication does not mean that DOL has made a determination that you are eligible to file under DOL regulation 29 CFR 2520.104-23.