

2520032900395

# First National Bank

PHONE: 870-886-5959

FAX: 870-886-1526

P.O. BOX 509 • WALNUT RIDGE, ARKANSAS 72476-0509

OF LAWRENCE COUNTY MEMBER FDIC

Milton B. Smith  
President

02 AUG -5 PM 2:40  
MILTON B. SMITH  
PRESIDENT

July 30, 2002

Top Hat Exemption  
Pension and Welfare Benefits Administration  
Room N-1513  
U.S. Department of Labor  
200 Constitution Avenue NW  
Washington, DC 20210

RE: Notice of Plan(s) of Deferred Compensation


To the Secretary of Labor:

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

1. Name and Address of Employer FIRST NAT'L BANK OF LAWRENCE CO.  
P O Box 509, 206 W Main St  
Walnut Ridge, Arkansas 72476
2. Federal Employer Identification No. (EIN): 71-0104875
3. The Employer has adopted a welfare benefit plan primarily for the purpose of providing a benefit to a select group of management or highly compensated employees. The plan was made effective July 29, 2002.
4. There are three (3) participants in the plan.

Kindly acknowledge receipt of this filing by signing and returning to us a copy of this letter for acknowledgement purposes.

Very truly yours,  
FIRST NAT'L BANK OF LAWRENCE CO.

  
MILTON B. SMITH  
President and CEO

PHONE: 870-886-5959

FAX: 870-886-1526

P.O. BOX 509 • WALNUT RIDGE, ARKANSAS 72476-0509

**First**

**National Bank**

**OF LAWRENCE COUNTY** MEMBER FDIC

Milton B. Smith  
President

July 30, 2002

Top Hat Exemption  
Pension and Welfare Benefits Administration  
Room N-1513  
U.S. Department of Labor  
200 Constitution Avenue NW  
Washington, DC 20210

RE: Notice of Plan(s) of Deferred Compensation


To the Secretary of Labor:

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

1. Name and Address of Employer FIRST NAT'L BANK OF LAWRENCE CO.  
P O Box 509, 206 W Main St  
Walnut Ridge, Arkansas 72476
2. Federal Employer Identification No. (EIN): 71-0104875
3. The Employer has adopted a welfare benefit plan primarily for the purpose of providing a benefit to a select group of management or highly compensated employees. The plan was made effective July 29, 2002.
4. There are three (3) participants in the plan.

Kindly acknowledge receipt of this filing by signing and returning to us a copy of this letter for acknowledgement purposes.

Very truly yours,  
FIRST NAT'L BANK OF LAWRENCE CO.

  
MILTON B. SMITH  
President and CEO

RECEIPT ACKNOWLEDGED:

\_\_\_\_\_  
DATE: \_\_\_\_\_

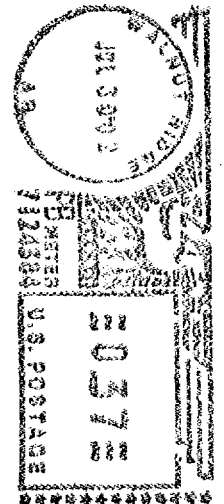
**First**



**National Bank**

**ST OF LAWRENCE COUNTY**

P.O. BOX 509  
WALNUT RIDGE, ARKANSAS 72476-0509



TOP HAT EXEMPTION  
PENSION AND WELFARE BENEFITS ADMINISTRATION  
ROOM N-1513  
U S DEPARTMENT OF LABOR  
200 CONSTITUTION AVENUE NW  
WASHINGTON DC 20210

