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12-10, 2002

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

Dear Sir or Madam:

Pursuant to Department of Labor Regulation 2520.104-23, the following information is being provided regarding a nonqualified salary continuation plan sponsored by our organization for a select group of management or highly compensated employees.

1. Name of the employer: Minden Exchange Bank & Trust Company
2. Mailing address of the employer: P.O. Box 179 Minden, NE 68959
3. Employer's Federal Identification Number (EIN): 47-0240960
4. Number of plans maintained: One
5. Number of participants in each plan: Seven
6. Date plan was implemented: \_\_\_\_\_

We will provide plan documents upon request in accordance with ERISA Section 104(a)(1).

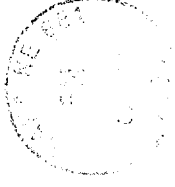
Please contact us if you have any questions on any of the above information.

Sincerely,

**Minden Exchange Bank & Trust Company**

By: *James Wilson T.O.*  
Plan Administrator

Clark/Bardes Consulting<sup>SM</sup>  
Banking Practice



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