

[date: must be filed by April 30, 1999]

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

Re: Notice of Plan of Deferred Compensation

Dear Sir/Madam:

Pursuant to DOL Regulation section 2520.104-23, the undersigned employer hereby files the following information with respect to its plan of deferred compensation.

1. Name and address of employer:

Community Bancshares, Inc.  
100 South Wood Street  
P.O. Box 400  
Neosho, MO 64850

2. Federal Employer Identification Number: 43-1218711

3. The Employer maintains one plan of deferred compensation primarily for the purpose of providing deferred compensation to a select group of management or highly compensated employees.

4. One employee is covered by such plan.

COMMUNITY BANCSHARES, INC.

By: 



**COMMUNITY BANK AND TRUST**

100 S. Wood St., PO Box 400, Neosho, MO 64850  
PHONE: (417) 451-1040 FAX: (417) 451-5751

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**HUMAN RESOURCES**

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December 29, 1998

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

To Whom It May Concern:

Please file the enclosed Notice of Plan of Deferred Compensation. Please feel free to contact my office with any questions which might arise.

Sincerely,

Dana S. Sybert,  
Human Resource Officer  
Ext. 269