

**DISCLOSURE STATEMENT FOR
NONQUALIFIED DEFERRED COMPENSATION PLANS**

Office of Employee Benefits Security
Labor-Management Services Administration
U. S. Department of Labor
Washington, DC 20216

To The Secretary of Labor:

In compliance with the requirements of the alternative method of reporting and disclosure under Part I of Title I of the Employee Retirement Income Security Act of 1974 for unfunded or insured pension plans for a select group of management or highly compensated employees, specified in Department of Labor Regulations, 29 CFR sec. 2520.104-23, the following information is provided by the undersigned administrator:

- (1) The name of the employer is: State Bank of Lakota, Lakota, North Dakota.
- (2) The mailing address of the employer is: 125 Main Street, Lakota, ND 58344.
- (3) The Employer Identification Number is: 45-0217814.
- (4) The above-named employer maintains a plan (or plans) primarily for the purpose of providing deferred compensation benefits for a select group of management or highly compensated employees.
- (5) Number of Plans and Participants in each plan: a plan covering two (2) employees.
- (6) The employer will provide a copy of the agreement(s) to the Secretary of Labor upon request.

Dated: August 16, _____, 1991.

STATE BANK OF LAKOTA, LAKOTA,
NORTH DAKOTA

BY: _____

Aron Anderson
Plan Administrator

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