

November 27, 1996

2520032032221

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: Community National Bank
2. Mailing address of the employer: P.O. Box 280, Northfield, MN 55057
3. Employer's Federal Identification Number (EIN): 41-0448460
4. Number of plans maintained *: Two
5. Number of participants in each plan *: Salary Continuation Plan = Three
Deferred Compensation Plan = Three
6. Date(s) new plan(s) was implemented:

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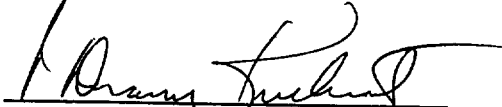
We will provide plan documents upon request in accordance with ERISA Section 104(a)(1).

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

Sincerely,

Community National Bank

By:


Plan Administrator

* Note: We previously reported two individuals in the salary continuation plan. We have just added one more individual; a total of three plan participants in the salary continuation plan.