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FEBRUARY 22, , 1995

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 deferred compensation plan sponsored by our organization for a select group of management or highly compensated employees.

1. Name of the employer: Citizens Community Bank
2. Mailing address of the employer: P.O. Box 459, Winchester, TN 37398
3. Employer's Federal Identification Number (EIN): 62-1488808
4. Number of plans maintained*: Two
5. Number of participants in each plan*: Salary Continuation Plan = Four
   Deferred Compensation Plan = Eleven
6. Date(s) new plan(s) was implemented: FEBRUARY 16, 1995

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,

Citizens Community Bank

By: _____
Plan Administrator

* Note: We previously reported four individuals in the salary continuation plan. We have just added a deferred compensation plan with eleven individuals; a total of two plans; four participants in the salary continuation plan and eleven participants in the deferred compensation plan.