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July 21, 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

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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: Shell Lake State Bank
2. Mailing address of the employer: P.O. Box 130, Shell Lake, Wisconsin 54871
3. Employer's Federal Identification Number (EIN): 39-0611440
4. Number of plans maintained*: One
5. Number of participants in each plan*: Three
6. Date(s) new plan(s) 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,

Shell Lake State Bank

By: 
Plan Administrator

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