

March 03, _____, 2003

03/11/03 11:26

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

2520040762378

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: Great Plains Bank
2. Mailing address of the employer: 702 7th Street
PO Box 8
Eureka, SD 57437
3. Employer's Federal Identification Number (EIN): 46-0131220
4. Number of plans maintained: 1
5. Number of participants in each plan: 2
6. Date plan was implemented: December 15, 2002

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

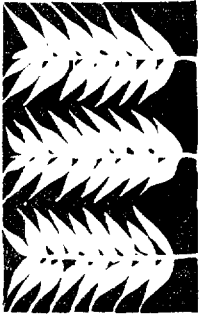
Please contact us if you have any questions on any of the above information.

Sincerely,

Great Plains Bank

By: _____

Plan Administrator

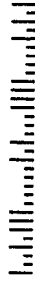
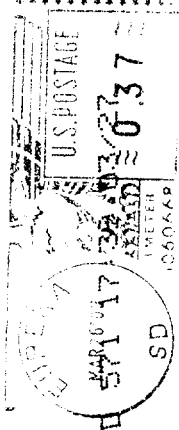


GREAT PLAINS BANK

P.O. BOX 8
EUREKA SD 57437-0008

EUREKA

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WHEAT HARVEST
IN U.S. 1892



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