

2520032032361

April 30, 1993

Top Hat Plan Exemption  
Pension and Welfare Benefits Administration  
Room N-5644  
U.S. Department of Labor  
200 Constitution Avenue NW  
Washington, DC 20210

Gentlemen:

To comply with the requirements of Regulation Section 2520.104-23 and to satisfy the reporting and disclosure provisions of Part I of Title I of the Employee Retirement Income Security Act of 1974, we submit the following information:

<b>Employer:</b>	<b>Grant County State Bank</b>
<b>Address:</b>	<b>P.O. Box 317 Carson, ND 58529-0317</b>
<b>EIN:</b>	<b>45-0140630</b>
<b>Plan Adoption Date:</b>	<b>Effective January 5, 1993</b>

The above employer maintains a plan for the chief executive officer of the employer. There is only one plan and one employee eligible to participate in the plan.

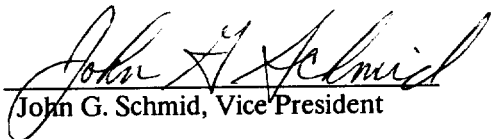
A copy of the written agreement is maintained by the employer and is available on request.

Sincerely,

GRANT COUNTY STATE BANK

I attest the above information is accurate.

By

  
John G. Schmid, Vice President