

2520042390081

August 8 _____, 1997

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: First State Bank
2. Mailing address of the employer: PO Box 778, Yoakum, TX 77995-0778
3. Employer's Federal Identification Number (EIN): 74-0625605
4. Number of plans maintained: One
5. Number of participants in each plan: Four
6. Date plan was implemented: May 30, 1997

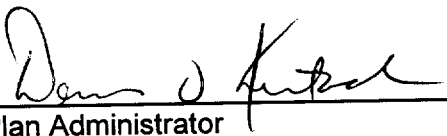
We will provide plan documents upon request in accordance with ERISA Section 104(a)(1).

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

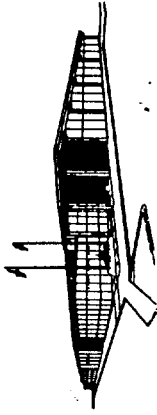
Sincerely,

First State Bank

By:


Plan Administrator

U.S. DEPT. OF LABOR
P/WBA/PUBLIC DISCLOSURE
AUG 19 AM 10:00



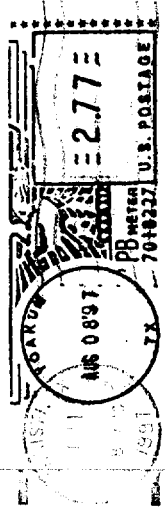
FIRST STATE BANK

P. O. BOX 778 • YOAKUM, TEXAS 77985

CERTIFIED

P 614 187 452

MAIL



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