

2520043380629

April 5, 2004

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: Iroquois Farmers State Bank
2. Mailing address of the employer: 111 Lincoln Ave., Iroquois, IL 60945
3. Employer's Federal Identification Number (EIN): 37-0348360
4. Number of plans maintained: 1
5. Number of participants: 1
6. Date plan was implemented: March 25, 2004

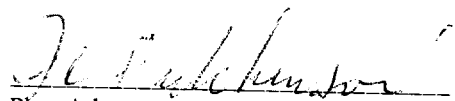
We will provide plan documents upon request in accordance with ERISA Section 104(a)(1).

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

Sincerely,

Iroquois Farmers State Bank

By:


Plan Administrator

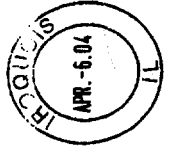
AFTER FIVE DAYS RETURN TO



P.O. BOX 130 IROQUOIS, IL. 60945
PH. (815) 429-3337



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