

AFFIDAVIT

AFFIRMATION OF COMPLIANCE

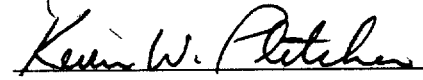
I hereby affirm, under penalty of perjury, that the attached letter is a true copy of the original letter submitted to the Department of Labor by:


Farmers Bank & Trust Company
P.O. Box 250
Magnolia, AR 71753
71-0054330

and that the original letter was filed within the time limits required by Regulation 2540.104-23. I further affirm that our files indicate that the letter was mailed by First Class mail on or about May 19, 1986.

This affidavit is prepared in accordance with recommendations by Mr. Blake Smith of the Compliance Department, U.S. Department of Labor.


Witness


Witness


Bob L. Burns, Chairman & CEO
Plan Administrator

26.974

FARMERS
BANK & TRUST

May 19, 1986

26976

Office of Employee Benefits Security
Labor-Management Services Administration
U.S. Department of Labor
Washington, D.C. 20216

Gentlemen:

Pursuant to Section 110 of the Employee Retirement Income Security Act of 1974, the following statement is submitted in compliance with the reporting and disclosure requirements of Part 1 of the Act. The employer's name, address and employer identification number is as follows:

Employer: Farmers Bank and Trust Company

Employer Address P.O. Box 250

Magnolia, Arkansas 71753

Employer ID No.: 71-0054330

The undersigned Plan Administrator hereby declares that the employer maintains a plan or plans primarily for the purpose of providing deferred compensation for a select group of its directors. There is only one such plan which includes four (4) participants.

The administrator will provide any plan documents upon request as required by Section 104(a)(1) of the Act.

Sincerely,



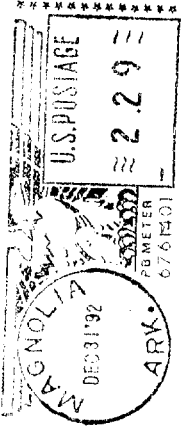
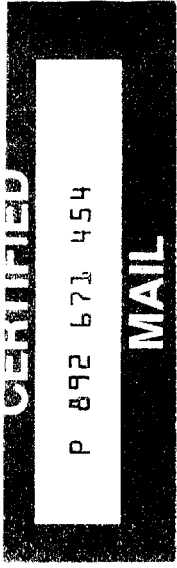
Bob L. Burns
President & CEO

BLB/tn



P. O. BOX 250 • MAGNOLIA, AR 71753

Farmers
Bank & Trust



Pension and Welfare Benefits Administration
P. O. Box 75212
Washington, D. C. 10013-5212

