

2520005097630



December 22, 1992

Welfare Benefit Administration
P.O. Box 75212
Washington, DC 20013-5212

Dear Sir/Madam:

Mr. John M. Odem from Executive Plan Services in Shreveport, La., has informed me that your department has not received the notice I sent regarding the existence of our plan.

A copy of the letter that I sent to the Department of Labor on February 13, 1986 is attached along with an affidavit attesting that I did, in deed, do so. I would request that you accept my affidavit and waive the penalty that Mr. Odem said my be levied by your department.

If you have any questions please fell free to contact me at 906-428-4040

Sincerely,

Herbert E. Heger
President

cc: John Odem

201498



AFFIRMATION OF COMPLIANCE

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

Gladstone State Bank

P.O. Box 191

Gladstone, Michigan 49837

Tax I.D. # 38-0580060

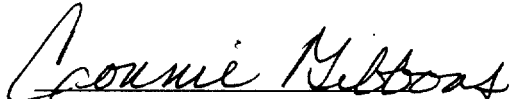
(Name changed to Baybank)

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 February 13, 1986.

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



Witness



Witness



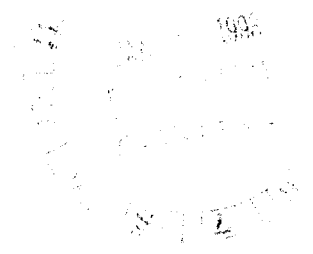
Herbert E. Heger, President

Gladstone State Bank a/k/a Baybank

Dated: December 22, 1992



GLADSTONE STATE BANK



February 13, 1986

Office of Employee Benefits Security
Labor-Management Services Administration
U.S. Department of Labor
Washington, DC 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:

Gladstone State Bank
P.O. Box 191, 104 S. 10th. St.
Gladstone, MI 49837

ID#: 38-0580060

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 6 directors.

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

Sincerely,

Herbert E. Heger
Plan Administrator

HEH/mlb

(906) 428-4040 Box 191, Gladstone, MI 49837
(906) 474-6631 Box 147, Rapid River, MI 49878

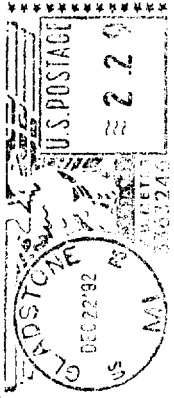


P.O. Box 191 • Gladstone, Michigan 49837

CERTIFIED

P 389 169 851

MAIL



Welfare Benefit Administration
P.O. Box 75212
Washington, DC 20013-5212

**RETURN RECEIPT
REQUESTED**

