

6/22/95, 1995

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: Kansas State Bank
2. Mailing address of the employer: P.O. Box 327, Garnett, Kansas 66032
3. Employer's Federal Identification Number (EIN): 48-0364530
4. Number of plans maintained: One
5. Number of participants in each plan: One
6. Date plan was implemented: 6-1-95

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,

**Kansas State Bank**

By:

  
Plan Administrator