

ALTERNATIVE REPORTING AND DISCLOSURE STATEMENT
FOR NONQUALIFIED DEFERRED COMPENSATION PLANS

To The Secretary of Labor:

In compliance with the requirements of the alternative method of reporting and disclosure under Part I of Title I of the Employee Retirement Income Security Act of 1974 for unfunded or insured pension plans for a select group of management or highly compensated employees, specified in Department of Labor Regulations, 29 CFR sec. 2520.104-23, the following information is provided by the undersigned administrator:

- (1) The name of the employer is: Bank of Lovell
- (2) The mailing address of the employer is: PO Box 817
Lovell, WY 82431
- (3) The Employer Identification Number is: 83-0129675
- (4) The above-named employer maintains a plan (or plans) primarily for the purpose of providing deferred compensation benefits for a select group of management or highly compensated employees.
- (5) Number of Plans and Participants in each plan: 1 plan covering 1 employees.
(or plans covering ,
and employees, respectively.)
- (6) The employer will provide a copy of the agreement(s) to the Secretary of Labor upon request.

(Name of Employer)

By

Zeon E. Langemeier
Zeon E. Langemeier

Dated September 5, 19 96 Bank of Lovell

(Note to attorney: This statement must be filed within 120 days after the plan is adopted. D.O.L. Reg. sec. 29 CFR 2520.104-23 (b)(2). If the employer fails to comply with this requirement, the plan must distribute and file a Summary Plan Description and meet other applicable reporting and disclosure requirements. The statement should be mailed to: Office of Employee Benefits Security, Labor-Management Services Administration, U.S. Department of Labor, Washington, D.C. 20216.)

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SIGNED	NOTED



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(Name of Employer)

By Leon E. Langemeier

Leon E. Langemeier
Bank of Lovell

Dated September 5, 19 96.

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