

2520052090671

12-20, 1999

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: Garfield County Bank
2. Mailing address of the employer: P.O. Box 6, Jordan, MT 59337
3. Employer's Federal Identification Number (EIN): 81-0283674
4. Number of plans maintained: One
5. Number of participants in each plan: One
6. Date plan was implemented: ~~12-20-99~~ 12-20-99

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,

**Garfield County Bank**

By:

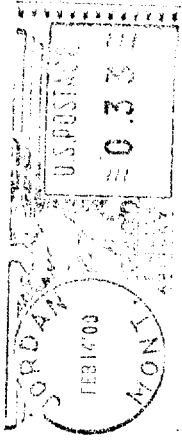
  
Plan Administrator



GARFIELD COUNTY BANK

P.O. Box 6

Jordan, Montana 59337



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