

Your Family Financial Center



**FIRST COMMUNITY  
National Bank**

U.S. DEPARTMENT OF LABOR  
FWSA/PUBLIC/REG/STC

02 FEB 13 PM 1:25

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STEELVILLE: P.O. Box 159, Steelville, MO 65565 • 573-775-2151  
CUBA: P.O. Box 508, Cuba, MO 65453 • 573-885-3500  
SULLIVAN: P.O. Box 668, Sullivan, MO 63080 • 573-468-3141  
VIENNA: P.O. Box 480, Vienna, MO 65582 • 573-422-6200

November 29, 2001

Top Hat Exemption  
Pension and Welfare Benefits Administration  
Room N-5644  
U.S. Department of Labor  
200 Constitution Avenue NW  
Washington, DC 20210

RE: Notice of Plan(s) of Deferred Compensation

To the Secretary of Labor:

In Compliance with the requirements of the alternative method of reporting and disclosure under Part 1 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 C.F.R. Section 2520.104-23, the following information is provided by the undersigned employer.

1. Name and Address of Employer:

First Community National Bank  
402 W. Main St.  
P.O. Box 159  
Steelville, MO. 65565

2. Federal Employer Identification No. (EIN):  
43-0224380

MEMBER  
FEDERAL RESERVE  
SYSTEM

"Serving You Since 1906"

Each depositor insured to \$100,000  
**FDIC**  
FEDERAL DEPOSIT INSURANCE CORPORATION

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3. The Employer has adopted a plan of deferred compensation or welfare benefit primarily for the purpose of providing deferred compensation to select group of management or highly compensated employees. The plan document was entered into on 11/29/01.

4. There is 1 participant in the plan.

Kindly acknowledge receipt of this filing by signing and returning to the sender the copy of this letter enclosed herewith for acknowledgment purposes.

Very truly yours,

By:   
Paul E. Perkins, President  
First Community National Bank



"Serving You Since 1906"



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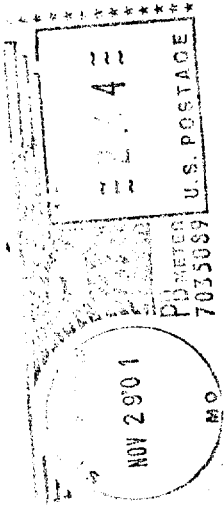
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**FIRST COMMUNITY**  
National Bank

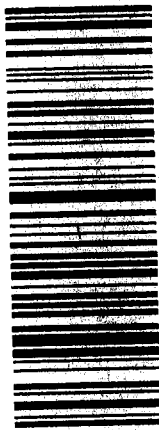
P.O. Box 159 • Steelville, MO 65565

RETURN RECEIPT  
REQUESTED



PLACE STICKER AT TOP OF ENVELOPE  
TO THE RIGHT OF RETURN ADDRESS.  
FOLD AT DOTTED LINE

**CERTIFIED MAIL**



7099 3220 0003 6738 2641

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