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U.S. DEPT. OF LABOR
FWBA/PUBLIC DISCLOSURE

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September 27, _____, 2000

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: Peoples State Bank of Munising
2. Mailing address of the employer: PO Box 380, Munising, MI 49862
3. Employer's Federal Identification Number (EIN): 38-0546840
4. Number of plans maintained: One
5. Number of participants in each plan: Three
6. Date plan was implemented: September 27, 2000

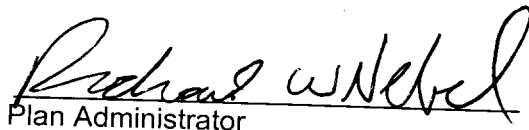
We will provide plan documents upon request in accordance with ERISA Section 104(a)(1).

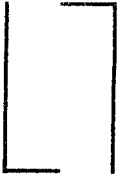
Please contact us if you have any questions on any of the above information.

Sincerely,

Peoples State Bank of Munising

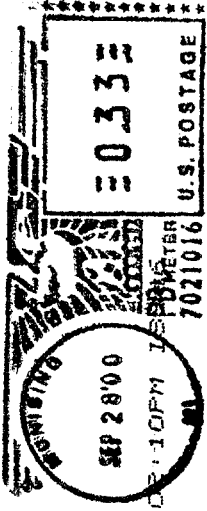
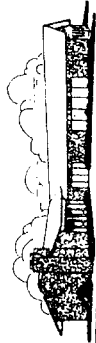
By:


Plan Administrator



Peoples State Bank

P.O. BOX 158
MUNISING, MICHIGAN 49862



WASH., DC 20056 10-03-00

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