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October 1, 2005

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: State Bank of Graymont
2. Mailing address of the employer: 204 Main Street, Graymont, IL 61743
3. Employer's Federal Identification Number (EIN): 37-0532770
4. Number of plans maintained: 1
5. Number of participants: 3
6. Date plan was implemented: 6/24/05

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,

State Bank of Graymont

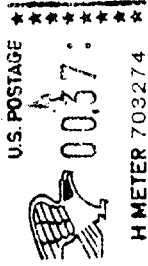
By: 
Plan Administrator



Edy

State Bank of Graymont

P.O. BOX 47
GRAYMONT, ILLINOIS 61743



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