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1/1/2007

U.S. Department of Labor  
Employee Benefits Security Administration  
Top Hat Plan Exemption  
200 Constitution Avenue, NW, Suite N-1513  
Washington, DC 20210

**Dear Sir or Madam:**

In order to comply with the requirements of the alternative reporting and disclosure method under ERISA, Parts 1, Title 1, as provided for an unfunded plan for a select group of management or highly compensated employees in the D.O.L. Regulation 2520.104-23 the following information is provided:

1. The name of the employer is: **Twin City Bank, Inc.**
2. The mailing address of the employer is: **729 Vandercook Way Longview, WA 98632**
3. The employer's federal identification number (EIN) is: **91-1924167**
4. The number of plans and the number of participants in each plan is: 3 plans covering 3 employees.

The above named employer maintains this plan primarily for the purpose of providing deferred compensation benefits to a select group of management or highly compensated employees. The employer will send a copy of all plan documents and agreements to the Secretary, upon request.

Respectfully submitted,

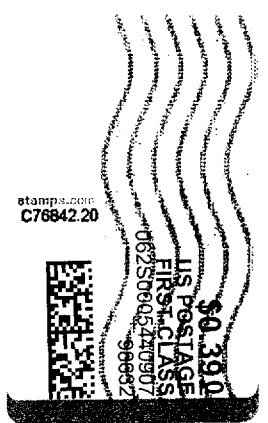
A handwritten signature in cursive script that reads "Don L. Jones".

Don L. Jones  
CEO

John C. Anderson • Max D. Anderson  
959 11<sup>th</sup> Ave, Suite B  
Longview, WA 98632

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