



# State Bank

## OF SOUTHERN UTAH

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May 1, 2009

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

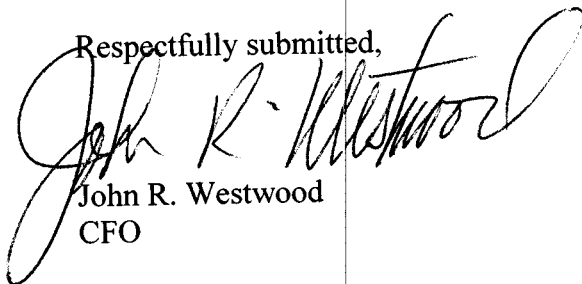
Dear Sir or Madam:

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 **State Bank of Southern Utah.**
2. The mailing address of the employer is: **PO Box 340  
Cedar City, Utah 84721-0340**
3. The employer's federal identification number is: **87-0234702**
4. The number of plans and the number of participants in each plan is:  
**1 plan covering 5 employees and 1 plan covering 10 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.

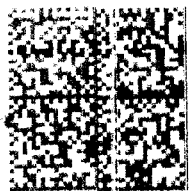
Respectfully submitted,



John R. Westwood  
CFO



PO BOX 340  
CEDAR CITY, UTAH 84721-0340



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