

Customer Care - Community Support

790 N. Michigan Ave. • P.O. Box A • Baldwin, Michigan 49304

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ERISA/PUBLIC DISCLOSURE

2010 FEB 23 AM 7:45

February 5, 2010

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:
Lake-Osceola State Bank
2. The mailing address of the employer is:
790 North Michigan Ave, Baldwin, MI 49304
3. The employer's federal identification number (EIN) is:
38-0740580
4. The number of plans and the number of participants in each plan is:
1 plan covering 5 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,

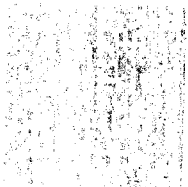
Robert Fisher, President
Lake-Osceola State Bank



LAKE-OSCEOLA STATE BANK

ESTABLISHED IN 1908

MAIN OFFICE • 790 N. Michigan Ave.
P.O. Box A • Battle, Michigan 49304



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