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2010 DEC 20 PM 2:33

**Morgan Lewis**  
C O U N S E L O R S   A T   L A W

**Leslie E. DuPuy**  
Associate  
202.739.5519  
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December 15, 2010

**CERTIFIED MAIL – RETURN RECEIPT REQUESTED**

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

Re: The Argonne Credit Union Long Term Incentive Plan (the "Plan")

Dear Sir or Madam:

On behalf of Abri Credit Union (formerly Argonne Credit Union) (the "Employer") we are hereby submitting the following information with respect to the above-referenced Plan pursuant to DOL §2520.104-23:

1. The name and address of the sponsoring employer is:

Abri Credit Union  
1350 W. Renwick Road  
Romeoville, IL 60446

2. The employer identification number assigned to the Employer is: 36-2146035.

3. The Plan is maintained primarily for the purpose of providing deferred compensation to a select group of management and highly compensated employees. The Employer sponsors no other top hat deferred compensation plans.

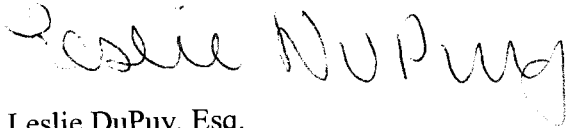
4. The Plan has one participant.

5. The Employer will provide copies of the Plan document to the Department of Labor upon request.

December 15, 2010  
Page 2

Kindly acknowledge receipt of this letter by date-stamping the enclosed copy and returning it in the envelope provided.

Respectfully submitted,

A handwritten signature in cursive script that reads "Leslie DuPuy". The signature is written in dark ink and is positioned above the typed name.

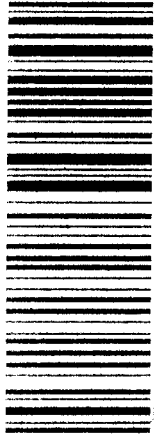
Leslie DuPuy, Esq.

LED/eam

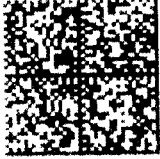
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**CERTIFIED MAIL**



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