



July 26, 2011

**Gordon P. Johnson**  
Chief Financial Officer

EBSA/PUBLIC DISCLOSURE  
2011 SEP 15 PM 3: 15

**CERTIFIED MAIL, RETURN RECEIPT**

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

Dear Sir or Madam:

The following statement is filed in your office pursuant to 29 C.F.R. § 2520.104-23:

1. Name and Address of Employer: American Bank  
PO Box 1970  
Bozeman, MT 59771
2. Employer Identification Number: 81-0305954
3. The employer maintains plans primarily for the purpose of providing deferred compensation for a select group of management or highly compensated employees.
4. The number of plans referred to in paragraph 3 above is eight (8).
5. The number of employees covered by each of the plans referred to in paragraph 4 above is one (1).
6. The employer will provide plan documents to the Secretary of Labor upon request as required by § 104(a)(1) of ERISA.

Dated this 26 day of July, 2011.

Sincerely yours,

Gordon P. Johnson, Chief Financial Officer  
American Bank of Montana  
Plan Administrator  
P.O. Box 1970  
Bozeman, MT 59771