



2520150935893

VIA CERTIFIED MAIL

April 21, 2015

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

Re: Top Hat Plan Declaration by Plan Administrator

Dear Sir/Madam:

Pursuant to the provisions of 29 CFR §2520.104-23, you are hereby notified as follows:

Employer Name and Address:

Sugar River Bank
10 North Main Street
Newport, NH 03773

Employer's IRS Employer Identification Number:

EIN# 02-0195180

Declaration Regarding Non-Qualified Deferred Compensation Plans:

The Board of Directors of Sugar River Bank (the "**Employer**"), being the plan administrator for the following Executive Salary Continuation Agreement between the Employer and the individual identified below (the "**Plan**"), does hereby declare that the Plan is maintained primarily for the purpose of providing deferred compensation for a select group of management or highly compensated employees.

- Executive Salary Continuation Agreement dated December 31, 2014 between Employer and Mark A. Pitkin.

Including the Plan, the Employer maintains only nine (8) plans described in 29 CFR §2520.104-23(d). Furthermore, one participant will be covered under the Plan, and only one participant is covered under each of the other plans.

Member F.D.I.C.

NEWPORT, N.H. 03773
863-3000

SUNAPEE, N.H. 03782
763-9311

GRANTHAM, N.H. 03753
863-3140

NEW LONDON, N.H. 03257
526-2060


WARNER, N.H. 03278
456-2281

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Employee Benefits Security Administration
April 21, 2015
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Please acknowledge receipt of this statement by signing and returning to the sender the enclosed copy of this statement, which is intended to serve as acknowledgment of receipt of this statement. A stamped, self-addressed envelope is enclosed for your convenience.

Sincerely,

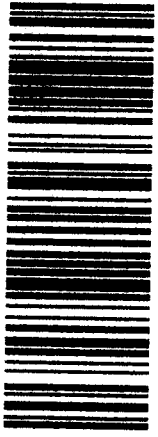
Plan Administrator

By: 
Name: Richard Holmes
Title: Director

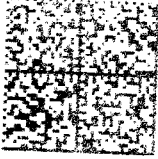
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**RETURN RECEIPT
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