

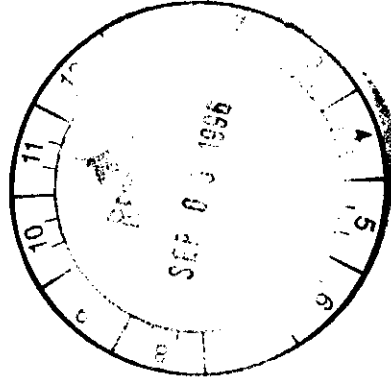


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MAIN & OAK
P.O. BOX 377
WASHINGTON, MO
63090

314 239-7831
314 239-9548 FAX

L. B. ECKELKAMP, JR.
CHAIRMAN OF THE BOARD AND
CHIEF EXECUTIVE OFFICER



August 26, 1996

U.S. Department of Labor
Pension and Welfare Benefits Administration
Frances Perkins Building, Room #N5638
200 Constitution Avenue Northwest
Washington, DC 20010

Attention: Ramona Evans, Supervisor
Records and Examination Unit

Dear Ms. Evans:

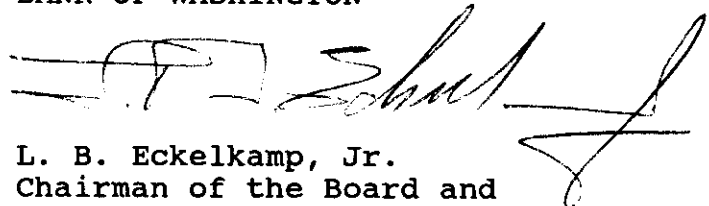
Enclosed herewith please find a copy of a letter dated May 6, 1996, which was sent to you. Also enclosed please find a copy of a letter which I just received requesting the employer identification number for our company.

Please note that the name of the company on your letter to me is misprinted and perhaps your computers have the wrong name for our company. The federal identification number on our May 6 letter contained a misprint. **The correct number is 43-0170340.**

Please correct the name on your records and report the correct federal identification number as shown above. If you have any questions please do not hesitate to contact me.

Yours truly,

BANK OF WASHINGTON

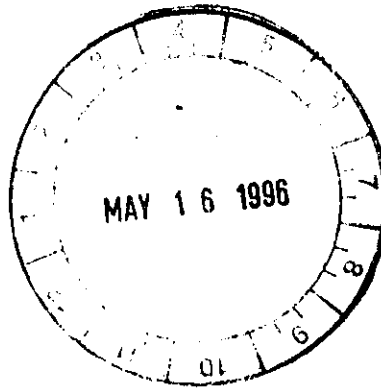


L. B. Eckelkamp, Jr.
Chairman of the Board and
Chief Executive Officer

mor
Enclosure



L. B. ECKELKAMP, JR.
CHAIRMAN OF THE BOARD AND
CHIEF EXECUTIVE OFFICER



MAIN & OAK
P.O. BOX 377
WASHINGTON, MO
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May 6, 1996

Top Hat Plan Exemption
Pension and Welfare Benefits Administration
Room N-5644
U.S. Department of Labor
200 Constitution Avenue N.W.
Washington, D.C. 20210

Dear Sir or Madam:

Pursuant to Department of Labor Regulation 2520.104-23, the following information is being provided regarding a nonqualified Deferred Compensation and Salary Continuation plan sponsored by our organization for a select group of management or highly compensated employees.

1. Name of employer: Bank of Washington
2. Mailing address of the employer:
200 West Main
Washington, Missouri 63090
3. Employer's Federal Identification Number (EIN): 43-01703040
4. Number of plans maintained: Two
5. Number of participants in each plan:
Salary Continuation/Deferred Compensation = one
6. Date plan was implemented: January 8, 1996

We will provide plan documents upon request in accordance with ERISA Section 104(a)(1).

Please contact us if you have any questions on any of the above information.

Yours truly,

BANK OF WASHINGTON

L. B. Eckelkamp, Jr.
Chairman of the Board and
Chief Executive Officer

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Bank Of Washingtonrgery Center, Inc.
200 West Main
Washington, Missouri 63090

Dear L.B. Eckelkamp, JR.

We are in receipt of your statement filed with the Secretary of Labor registering your deferred compensation plan (under 29 CFR 2520.104-23) for the above company.

The following information was omitted in the initial filing. Please furnish the necessary information indicated so we may complete your file.

Employer Identification Number (EIN) (9 digits) _____

____ Number of plans _____

____ Number of employees participating in the plan(s) _____

____ Address of participating Sponsor _____

____ Declaration (e.g., plan is for highly compensated employee(s)) _____

____ Other _____

____ If the plan has terminated, please give the date of termination _____

Please return this letter with the appropriate items completed within 30 days to:

U.S. Department of Labor
Pension and Welfare Benefits Administration
Frances Perkins Bldg., Room #N5638
200 Constitution Avenue NW
Washington, DC, 20010
Attn: Ramona Evans, Supervisor
Records and Examination Unit

Also, please be advised that we will reconize your initial filing date for the above Top Hat.

If you have any questions concerning this letter, please call (202) 219-7222 ext. 3074.

Sincerely,

Ramona Evans, Supervisor Records and Examination Unit Department