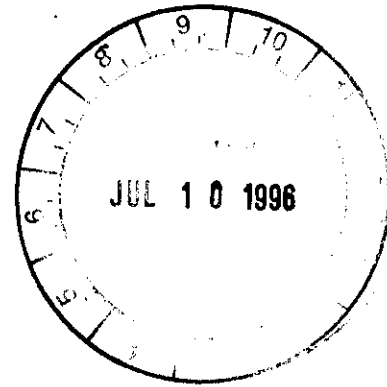


April 22, 1996



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 plan sponsored by our organization for a select group of management or highly compensated employees.

1. Name of the employer: Citizens State Bank of Loyal
2. Mailing address of the employer: P.O. Box 218 Loyal, Wisconsin 54446-0218
3. Employer's Federal Identification Number (EIN): 39-0210210
4. Number of plans maintained\*: One
5. Number of participants in each plan\*: Five
6. Date(s) new plan(s) was implemented:

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.

Sincerely,

**Citizens State Bank of Loyal**

By: *Steve Winiawek*  
Plan Administrator

2520190030944

\* Note: We previously reported 3 individuals in this plan. We have just added 1 more individuals; a total of 4 plan participants.