PERSONAL FINANCIAL STATEMENT							
As	of				-		
Complete this form for: (1) each proprietor, or (2) more of voting stock, or (4) any person or entity p			est and each g	eneral partner, or (3) each stockholder owning 20% or		
Name(s)		Business Phone					
Residence Address					Residence Phone		
City			State		ZIP		
Business Name of Applicant/Borrower							
ASSETS				LIABILITI	ES (Omit Cents)		
Savings Accounts	counts & Notes Receivable			Accounts Payable			
Section 1. Source of Income Salary Net Investment Income Real Estate Income	\$	As Endorser or Co-Maker Legal Claims & Judgments Provision for Federal Income Tax			\$		
Other Income (Describe below)*	\$	Other Special Debt			\$		
Description of Other Income in Section 1.							
* Alimony or child support need not be disc	losed in "Other Income" ur	nless it is desired t	o have such	payments count	ed toward total income.		
Section 2. Notes Payable to Banks ar	d Others. (Use attachments i	f necessary. Each attac	chment must be	identified as a part of	this statement and signed.)		
Name and Address of Noteholder(s)	Original Balance or Credit Limit	Current Balance	Payment Amount	Frequency (monthly, etc.)	How Secured or Endorsed Type of Collateral		

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Section 3. S	Stocks and Bonds. (U	se attachments if necessary. Each	n attachment must be	identified as a part	of this statement and signed).		
Number of		nes of Securities		Market Value(\$)	Date of		
Shares	3		Cost(\$)	Quotation/Exchange	Quotation/Exchange	Total Value(\$)	
Section 4. R	Real Estate Owned.	(List each parcel separately. Us	se attachments if nece	essary. Each attach	ment must be identified as a pa	rt of this	
		statement and signed.) Property A	Prope	rty B	Property C	Property D	
Гуре of Propert	V						
Address	,						
Doroont Intercet	t in aronarts						
Percent Interest							
Date Purchased							
Original Cost (>	x % interest)						
resent Mkt Val	lue (x % interest)		-				
Name & Addres							
of Mortgage Ho	Ider						
Mortgage Accou	unt Number						
Mortgage Balan	nce (x % interest)						
Amt of Pmt./Mo	. (x % interest)						
	Mo. (if applicable)						
Status of Mortga							
status of Mortga	age			l l			
Section 6 U	Innaid Taxes (Descri	be in detail as to type, to whom pa	wahle when due am	ount and to what pro	operty if any a tax lien attaches	3)	
section 6. C	inpaid rakes. (Descri	be in detail as to type, to whom pa	iyable, when due, am	bunt and to what pro	pperty, if arry, a tax lierr attaches	·)·	
Section 7. C	Other Liabilities. (Des	scribe in detail).					
	·	,					
		(0) - (
Section 8. L	ife Insurance Held.						
Section 8. L	ife Insurance Held. Company	Face Amount	ender value of policies Cash v		e company and beneficiaries). <u>Benefici</u>	ary	
Section 8. L						ary	
Section 8. L						ary	
Section 8. L						ary	
Section 8. L						ary	
authorize Lenc	Company der/Broker and/or any of its	Face Amount Sagents, employees and lending pages.	Cash v	/alue to making the comi	Benefici Benefici	s necessary	
authorize Lenc	Company der/Broker and/or any of its curacy of the statements m	Face Amount	Cash vocations or thiness. I certify the	to making the comabove and the state	Benefici mercial loan to make inquiries a ements contained in the attachm	s necessary nents are true and	
authorize Lenc o verify the acc ccurate as of ti	Company der/Broker and/or any of its suracy of the statements me he stated date(s). These	Face Amount Face Amount s agents, employees and lending parts and to determine my creditwo	Cash vartners in connection orthiness. I certify the ose of either obtaining	to making the come above and the state a loan or guarantee	Benefici mercial loan to make inquiries a ements contained in the attachm	s necessary nents are true and	
authorize Lenc o verify the acc accurate as of ti	Company der/Broker and/or any of its suracy of the statements me he stated date(s). These	Face Amount Sagents, employees and lending parts and to determine my creditwo statements are made for the purpores.	Cash vartners in connection orthiness. I certify the ose of either obtaining	to making the coma above and the state a loan or guarantee C. 1001	Benefici mercial loan to make inquiries a ements contained in the attachm	s necessary nents are true and	

MANAGEMENT RESUME (COPY AS NEEDED FOR ALL PRINCIPALS AND MANAGEMENT)

Complete all sections using full form as needed. You may include		l relevant i	nformation of	on a separa	ate sheet.	is not ap	plicable, plea	ase indic	ate. Duplicate	
			ersonal i	RSONAL INFORMATION						
First Name	Middle Name	le Name			Maiden Name			Last Name		
Social Security Number	Date of	of Birth	Place of Birth	1		US Citizen?	YES	□NO		
,						If no, give a				
Residence Phone (with area code)			1	Business Ph	one (with area	_				
ixesidence i none (with area code)				Dusiness i ii	one (with area	code)				
Residence Address			City			State	Zip	Zip How Lo		
Previous Address			City			State	Zip		How Long?	
Consumala Nama	ICanada Min	Idla Nassa	<u> </u>							
Spouse's Name	Spouse's Mic	idie Name		Spouse's Ma	alden Name	den Name Spouse's Last Name				
Spouse's Social Security Number	Spouse's Dat	te of Birth	Spouse's Pla	ce of Birth		Is Spouse a US Citizen? YES NO				
						If no, give alien reg. #				
Are You Employed by the U.S. Governm	nent?	If Yes, What	Agency/Positi	on						
□YES □NO										
Have you ever been convicted, charged ☐ YES ☐ NO	with or arreste	d for any crim	ninal offense of	ther than a mi	nor motor vehi	cle violation?)			
Have you or any officers of your compan	ny ever been in	volved in ban	kruptcy or insc	olvency procee	edings?					
Are you or your business involved in any ☐ YES ☐ NO	pending laws	uits?								
If you answered Yes to any of the abo	ve, please fur	nish details	in a separate	exhibit.						
			EDUC	CATION						
College or Technical Training										
Institution Name and Location			Dates Attended From/To		Major		Degree or Certificate			
			ARY SERV		GROUND		_			
Branch		From		То		Honorable Di		_		
								YES	□NO	
Rank at Discharge Major Assignment / Accomplishment										
MORKE	ADEDIEVIC	(List ob	conologica	lly hogies	ing with r	recent o	mployment	1		
1) Company Name / Location	AP EKTENUI	L (LIST CUI	From	ny, begint	iing with μ To	n esent ei	Title	,		
Ty company Name / Location										
Duties										
2) Company Name / Location		From	То		Title					
Duties										
3) Company Name / Location		From	To Title		Title					
, , ,										
Duties							•			