



Member FDIC

FINANCIAL STATEMENT

as of

Form with fields for NAME, SOCIAL SECURITY #, EMPLOYER, HOW LONG, HOME ADDRESS, PHONE, OCCUPATION/POSITION, BUSINESS ADDRESS, SPOUSE'S NAME, NUMBER OF DEPENDENTS.

SECTION A: ASSETS

Table with columns for asset type (CASH, MARKETABLE SECURITIES, etc.) and amount.

SECTION B: LIABILITIES

Table with columns for liability type (REAL ESTATE/MORTGAGES PAYABLE, NOTES PAYABLE, etc.) and amount.

SECTION C: CASH INCOME AND CASH EXPENSE INFORMATION*

Table with columns for income/expenses (GROSS WAGES OR SALARIES, REAL ESTATE/MORTGAGE PAYMENTS, etc.) and amount.

*Income from alimony, child support, or separate maintenance income need not be revealed if you do not wish to have it considered as a basis for repaying this obligation.

**List all assumptions on page 4 under Additional Comments and describe any significant expected changes in your cash income or your cash expenses.

In the following statement, the words, "I", "me" and "my" mean anyone signing below. "You" and "Your" refer to Bank.

I have given you this financial statement, and attachments, if any, in order to obtain credit or services from you. I understand that you will rely on this information in connection with any decision you make in providing credit or services to me.

ATTENTION: CONTINGENT OBLIGATIONS SCHEDULE MUST BE COMPLETED. IF NONE, THEN WRITE NONE ON THE SCHEDULE.

Form with fields for SIGNATURE and DATE for both parties.

SCHEDULE 7 - OIL AND GAS INTERESTS

7	TYPE OF INTEREST	% OWNED	VALUATION	RELATED DEBT			YEARLY OIL & GAS INCOME	YEARLY OIL & GAS EXPENSES
				BALANCE	LIENHOLDER	YEARLY PAY TERMS		
			0.00	0.00			0.00	0.00

SCHEDULE 8 - NOTES PAYABLE

(exclude mortgage, real estate, and oil & gas related debt)

8	NAME & ADDRESS OF FINANCIAL INSTITUTION	PURPOSE	ORIG. DATE	ORIGINAL AMOUNT	BALANCE	MAT. DATE	YEARLY PAY TERMS	COLLATERAL
					0.00		0.00	

SCHEDULE 9 - CONTINGENT OBLIGATIONS

9 Instructions: State Total Amount By Type of Liability and Describe						
A.	AS GUARANTOR OR ENDORSER	\$	-	E. LETTERS OF CREDIT	\$	-
B.	ON LEASES OR CONTRACTS	\$	-	F. FUTURE CAPITAL CONTRIBUTIONS	\$	-
C.	FOR LEGAL CLAIMS OR JUDGMENTS	\$	-	G.	\$	-
D.	INCOME TAX CLAIM OR DISPUTE	\$	-	TOTAL A - G	\$	-
	DESCRIBE (A-G ABOVE)	BENEFICIARY PARTY	AMOUNT OBLIGATED AND WHEN OBLIGATED	PURPOSE OR EXPLANATION	MATURITY OR EXPIRATION	

SCHEDULE 10 - INSURANCE

AUTO	HOME/REAL ESTATE	LIFE
INSURANCE CO.	INSURANCE CO.	INSURANCE CO.
POLICY NO.	POLICY NO.	POLICY NO.
COVERAGE	COVERAGE	COVERAGE
		FACE VALUE
		CASH VALUE
AGENT NAME	AGENT NAME	AGENT NAME
PHONE #	PHONE #	PHONE #

NAME OF YOUR PERSONAL ATTORNEY _____

- Are you a defendant in any suits or legal actions? No Yes. If yes, describe on Page 4 under additional comments.
- Income tax returns filed through (date) _____. Are any returns being audited or contested? No Yes. If yes, what year(s) _____.
- Have you drawn a will? No Yes, if yes, year drawn _____. Executor/trix _____.
- Do you have a line of credit or unused line of credit at any other institution? No Yes, if yes, indicated how much and where.
- Have you ever filed a petition in bankruptcy or has one been filed involuntarily against you? No Yes, if yes, explain on Page under additional comments.
- Are you an Executive Officer, Director, or Principal Shareholder of a bank? No Yes, Name of Bank _____.

