FINANCIAL STATEMENT													
TYPE OF CREDIT - CHECK THE APPROPRIA													
			BAN		VEDOWE	Individua	☐ Individual - Provide your financial information only						
			MEDO	PO BO	THE PERSON NAMED IN COLUMN	07	Joint, with						
			WEDC	VVEE AL	00210-0201			nation on separate financial statement					
Applicant's Nam	e and Address		Credi	tor's Nam	e and Address Relationship								
	NDIVIDUAL INFORMATION	JOINT PARTY INFORMATION											
Business or Occupation	Business or	Occupation) entire en							
Employer's Name and Address													
		Employer's Name and Address											
Length of Employment	Length of Employment												
Home Phone	Home PhoneBus. Phone												
Date of Birth	S.S./Taxpayer I.D.#		Date of Birth S.S./Taxpayer I.D.#										
	ASSETS	Note: Con	nplete S	CHEDULES									
Cash On Hand and In Banks			Notes Due t	o Banks	Sched.	Carlo							
Cash Value of Life Insurance	1 Amel			o Relatives and	Friends	H PROVINCE							
U.S. Gov. Securities		Notes Due to Others						Sched.					
Other Marketable Securities Sched. C										Sched.			
				fe Insurance Po									
				Contract Ac	H								
						Cash Rent Payable							
	TOTAL LIQUID A	200			Other Liabili	ities Due within	1 Year - Itemiz	е			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
Real Estate Owned	S	· 100年(1		and the state of	9A	as a h							
Mortgages and Contracts Own		9											
Notes and Accounts Receivab						TOTAL SH	0==	TERM	NDW 1715	0			
Notes and Accounts Receivab				5 15									
Notes Due From Relatives and		ched. D				Real Estate Mortgages Payable Sched. E							
Other Securities - Not Readily		10.19	Liens and A										
Personal Property	S		1000	Other Debts - Itemize									
IRA and Tax Deferred Accoun			T	V	TOTALL	ONG	TERM LI	ABILITIE	5				
Other Assets - Itemize	(see attached itemization)			Total Liabili									
	TOTAL PRODUCTIVE A			Net Worth (Total Assets Minus Total Liabilities) TOTAL LIABILITIES AND NET WORTH									
TOTAL ASSETS	ANNUAL INCOME				TOTAL LIA	PARKET DE DESCRIPTION DE LA COMPANION DE LA CO	TIMATE OF	ANA	IIIAL EV	DENICE	\$		
	ANNUAL INCOME		¢		Income Tax	THE PROPERTY OF THE PARTY OF TH	THURSTE OF	- ILIL	OAL EX	LNOE	\$		
Salary Bonuses and Commiss	\$		Other Taxe										
Dividends and Interest	4\	\$		Insurance F			<u> </u>						
Rental and Lease Income (Ne Alimony, child support, or sep		-	if you do					\$					
not wish to have it considered	e	. , 00 00	Rent Payable						\$				
Other Income - Itemize		Other Expenses \$											
Provide the following information of the Person's Salary, Bonus		Other Expenses											
Alimony, child support, or sep			\$ ne revealed	if you do									
not wish to have it considered	as a basis for repaying this o	bligation.		, 500 00									
Other Income of Other Person	1 - Itemize	\$		TOTAL									
TOTAL	ENERAL INFORMATION			CONTINGENT LIABILITIES									
2 JOSEPH DE DE LE TRES PRESENTE DE DES SERVICIONES DE LA CONTRACTOR DE LA	NATIONAL CONTRACTOR OF STATEMENT OF STATEMEN	ES [] ves [no	As Endorse	r, Co-maker or C	STATE OF THE PARTY		yes	no			
Are Nov a Defendant in Any S			yes L	no			addiantor	F	7				
Are You a Defendant in Any S	J yes L		On Leases or Contracts Legal Claims				J yes	no no					
Income Tax Return Filed Throu Have you ever been declared] yes [no	-	tate Income Taxe	es	yes no			1 / 10 7 (3) 24 F (1) (20)			
	no	Other											
Are you a Partner or Officer in any other Venture? yes no Other SCHEDULES													
A CASH IN BANKS	AND NOTES DUE TO BA	NKS	(List al			s in Schedule	e E)		Addition	al Info	mation Requested		
NAME OF BANK	Type Of Account Ty	pe Of Ov	vnership	On	Deposit	Notes Due B	Banks	Colla	ateral (if An	y) and Ty	pe Of Ownership		
	Traine of Drieft Type of Autobally					\$					angalant langu		
			\$										
					102.0000	To to	CONTRACTOR						
and the second s	ana a sa		e e como maio								Service April		
The second second		Cash	On Hand										
☐ See Attac	ched Itemization												

B LIFE INSURANCE (List only those Policies that you own)																			
COMPA	Fa	ce Of Policy	Cash Surrender Value					Policy Loan From Insurance Co.				Other Los Policy As Co	ans llateral	BENEFICIARY					
							JEST WILLIAM DE MA			40 444									
					TOY 345				4.00										
See Attached Itemization TOTALS \$ \$ \$ C SECURITIES OWNED (Including U.S. Gov't Bonds and all other Stocks and Bonds)																			
Face Value-Bonds		DE	SCRIPTION	UNITED BEING TO STORE THE STORE STORE	Type		cos	1	Marke	t Valu	e	Market	Value	MAI	RKET VALUE		Amount F	ledged	
No. Of Shares Stock	Indicate	Owner	Dwnership CO			U.S. Gov		/. Sec. Marketab		ble Sec. Not Re		Readily Marketable		To Secured Loan					
									- 6										
														B Steel Co.					
See Attached Itemization TOTALS \$ \$ \$ D NOTES AND ACCOUNTS RECEIVABLE (Money Payable or Owed to You Individually-Indicate % of your Ownership Interest)																			
ERRESTORMAN MAINTENANCE PROPERTY	1								ur Owr Balance [Pol. Dua Notas							
MAKEH/I	MAKER/DEBTOR % When Due						Original Amount			Current Accounts			ts Over 90 Da		Rel. and Frier		Security (If Any)		
					3	\$			5			\$			\$		<u> </u>		
												3 1 1 1 1 1 1 1 1 1 1 1							
	No. and the																		
	See Attacl	hed Ite	mization			Lace.	TOTAL	LS	\$			\$			\$				
E REAL ESTA	TE OWNE	D (Ir	ndicate '	% of your Owne	rship ir	nteres													
TITLE IN NAM	E OF	%	Des	cription and Loca	ation	on Date Acquire			Original Cost	Present Vo		t Value Amount Estate Ins. Carr		nount of Carried			GAGE OR CONTRACT PAYABLE Payment Maturity		
						-		\$		\$			\$				alex h	e militarida.	
								-		-		-85					<u> Pagina</u>	200 200 097	
				Philipping						-		200			The second		<u>en 5u s</u>	Problems	
See Attached Itemization TOTAL \$ TOTAL \$																			
F MORTGAGE	and the latest and th	NO CONTRACTOR	STATISTICS STATE	WNED (Indica	te % of	your	Owners	hip i	THE RESERVE OF THE PERSON NAMED IN	φ	10000			TOTAL	Φ				
Cont. Mtg. %	•	Name	MAK		-	MRSS	OPERT	ALCOHOL:	NAME OF TAXABLE PARTY.		Start	ing Date		Payment	M	aturity	Bal	ance Due	
		, and		Address	and the Little Control							\$				And Profession of			
					1.0														
				100 3/14/		9 1	ide _a r .										1	Section 1	
	See Attacl															TOTAL	S \$		
G PERSONAL				% of your Owne		1		te			Cost			Value	1	LOANS	ON PROPER	TY	
DESCRIPTION						% Date When New			When New			ew Today			Ва	lance Due		hom Payable	
											-						0 5005		
	See Attacl	hed Ite	mization				1				TC	OTALS	\$					- Sulfaces	
H NOTES											ACCOUN			D BILLS A	ND CONT	ID CONTRACTS PAYABLE			
PAYABLE TO Other Obligors When Du					Notes Due To Rel. and Friends			Notes Due "(Not Ban		ners"		Accounts and Bills		Contracts Payable	COLLATERAL (L (If Any) F	ayable	
								100										2000	
				1.17 2							16,00		197						
	See Attac	hed Ite	mization	TOTAL	s			12.66	April 1	4				10000	J				
This information and the information provided on all accompanying financial statements and schedules is provided for the purpose of obtaining credit for the Applicant(s) or for the purpose of Applicant(s) guaranteeing credit for others. Applicant(s) acknowledge that representations made in this Statement will be relied on by Creditor in its decision to grant such credit. This Statement is true and correct in every detail and accurately represents the financial condition of the Applicant(s) on the date given below. You are authorized to make all inquiries you deem necessary to verify the accuracy of the information contained herein and to determine the creditworthiness of the undersigned. Applicant(s) will promptly notify Creditor of any subsequent changes which would affect the accuracy of this Statement. Creditor is further authorized to answer any questions about Creditor's credit experience with Applicant(s). Applicant(s) are aware that any knowing or willful false statements regarding the value of the above property for purposes of influencing the actions of Creditor can be a violation of federal law 18 U.S.C. sec. 1014 and may result in a fine or imprisonment or both. In addition, each individual signing below authorizes the Creditor to check their individual credit account and employment history and have a credit reporting agency prepare a credit report on them.																			
The undersigned declares that he/she has read and understands the statements above.																			
Date Signed		,			S	ignatu	re							Signature _		ther Perso	n (If Applica	able)	