Personal Resume Form	TO BE COMPLETED BY EACH PRINCIPAL INVOLVED IN THE LO	OAN.		
lame				
	FIRST MIDE	DLE	MAIDEN	LAST
Date of birth*	Place of birth	Race*	Social Sec	curity No.
U.S. Citizen if not, please pr	rovide alien registration number			
ome address		City	State	Zip
rom	То	Home phone		Business phone
nmediate past address		City	State	Zip
om	То	_		
re you employed by the U.S. Go	overnment?	If so, give the n	name of the agency and position	ı
Spouse's name				
Date of birth	FIRST MIDE		MAIDEN Social Sec	LAST curity No.
	e questions correctly because they are important. essarily disqualify you; an incorrect answer will pro			
are you presently under indictme	ent, on parole or probation?		■ Yes ■ No	
ehicle violation? Include offens	th or arrested for any criminal offense other than a ses which have been dismissed, discharged, or not e disclosed and explained on an attached sheet)	le prosequi.	■ Yes ■ No	
ncluding adjudication withheld p	placed on pretrial diversion, or placed on any form bending probation, for any criminal offense other the	an a minor	■ Yes ■ No	
yes to any of the above, furnis	th details in a separate exhibit. List name(s) under	which held.		
Military service background				
		From	To	
Rank at discharge				
-	i ionorable :	_		
Job description				

^{*} This data is collected for statistical purposes only. It has no bearing on the credit decision. Disclosure is voluntary.

Work experience

Comments_

List chronologically, beginning	with present employment						
Name of company				_	% of b	ousiness own	ed
Full address		City		_ State		Zip	
From	То	Title			Duties _		
Name of company					% of t	ousiness own	ed
Full address		City		_ State		Zip	
From	То	Title			Duties _		
Name of company					% of	business owr	ned
Full address		City _		State		Zip	
	To						
Education (College or Tech	nical Training)						
Name and Location			Dates Attended		Major		Degree or Certificate
1							
Comments							
2							
Comments							
3							
Comments							
4							

As of	. 20

Complete this form for: (1) each proprietor, or (2) each limited partner who owns 20% or more interest and each general partner, or (3) each stockly	nolder
owning 20% or more of voting stock and each corporate officer and director, or (4) any other person or entity providing a guaranty on the loan.	

Name			Home phone Business phone				
Home address				State	e Zip		
Business name of applicant/borrower							
Assets	OMIT CENTS			Liabilit	. OMIT CENTS		
	Ф.	٨٠٥٠	ounto pouchle		œ.		
Cash on hand and in banks					\$\$ \$		
IRA or other retirement account			Describe in Sect		φ		
Accounts and notes receivable		Inst	allment account	(Auto)	\$		
Life insurance-cash surrender value only (Complete Section 8)		— Inst	Monthly payment allment account Monthly payment	(Other)	\$		
Stocks and bonds (Describe in Section 3)	\$				\$		
Real estate(Describe in Section 4)	. \$	Mor (I	tgages on real e Describe in Sec	estate tion 4)	s		
Automobile-present value	\$	Un <u>ŗ</u>	oaid taxes Describe in Sec	tion 6)	\$		
Other personal property(Describe in Section 5)	\$	— Oth	er liabilities	, , , , , , , , , , , , , , , , , , ,	\$		
Other assets	\$	\ `	Describe in Sec	,			
(Describe in Section 5)					\$		
Total	\$	Net	worth		\$		
	¥			Total	\$		
Section 1.	Source of Income				Contingent Liabilities		
Salary	¢	Ase	endorser or co-n	naker	\$		
Net investment income	•				\$		
Real estate income					\$		
Other income (Describe below)*					\$\$		
Description of Other Income in Section 1.							
*Alimony or child support payments need not be disclos	sed in "Other Income" unle	ess it is desired	d to have such	payments counted towa	ard total income.		
Section 2. Notes Payable to Banks and Others	USE ATTACHMENTS IF NECESSA	ARY. EACH ATTAG	CHMENT MUST BE I	DENTIFIED AS A PART OF TH	IS STATEMENT AND SIGNED.		
Name and address of noteholders	Original balance	Current balance	Payment amount	Frequency (monthly, etc.)	How secured or endorsed type of collateral		
			I		<u> </u>		

Name of securities Name of securities Cod Matter value QualiforNochrop QualiforNochrop	Section 3. Stock and Bonds	etion 3. Stock and Bonds USE ATTACHMENTS IF NECESSARY. EACH ATTACHMENT MUST BE IDENTIFIED AS A PART OF THIS STATEMENT AND SIGNED.							
Property A Property B Property C Type of property Owner Property address Owner Property address Owner Property address Online unchased Original cost Original cost Mortgage holder Address of mortgage holder Amount of payment per mortifyyear Signitus of mortgage Section 5. Other Personal Property and Other. DECORDER NO FANN OF ADDRESS OF SECURITY, STATE WARLAND ADDRESS OF LIER HOLDER, AMOUNT OF LIER TEXTS OF ANNIANT, AND EXCLANDING ADDRESS OF LIER HOLDER, AMOUNT OF LIER TEXTS OF ANNIANT AND ADDRESS OF LIER HOLDER, AMOUNT AND TOWNAT PROPERTY, IF ANNIANT ANALEM ATTROSES. Section 7. Other Labelities DECORDER IN DETAIL Section 8. Life Industriance Hold OVER PROCE AMOUNT AND CASH SURRESTORER VALUE OF FOLICES NAME OF INDUSPACE COMMAN AND BENEFORMES. I. certify the above statements in the attachments are true and accountee as of the stated date(s). These statements are made for the purpose of either obtaining a loon or guarantiesing a loon. I. Lunderstan statements may result in forficierur of benefits and possible prosecution by the U.S. Altomay General (Reference 18 U.S.C. 10001). Signature Date Social Security Number	Number of shares	Name of securities	Cost			Total value			
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Property A Property B Property C Speed property Where Whore W									
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Where the purchased being purchased by the purchased by t		Property A		Property B	Prop	perty C			
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