

The assets, liabilities, income and expenses described on this (or the attached) financial statement are (check the appropriate box):

- Individual** If this is an individual financial statement, list all your income, expenses and assets including your partial ownership interest in and income from any partially owned assets and list all of your direct and contingent liabilities.
- Joint** If this is a joint financial statement, list your joint income, expenses and assets, including your partial ownership in and income from any partially owned assets and list all of your joint and contingent liabilities. A separate Argus Capital, Inc. Personal Financial Statement may be provided for each individual if you prefer.

Name (First, Middle, Last – please print)		Date of Birth / /	Employer		Years
Home Address	Phone ()	Social Security Number - -	Occupation	Years	Position Years
City/State/Zip	No. of Dependents	Driver's License No. & State	Business Address		Phone ()
Joint Owner Name (Complete only if 2nd box is checked)		Date of Birth / /	Employer		Years
Home Address	Phone ()	Social Security Number - -	Occupation	Years	Position Years
City/State/Zip		Driver's License No. & State	Business Address		Phone ()

(Please answer all questions, using "No" or "None" where necessary)

Assets:		Liabilities and Net Worth:	
1. Cash (See Sched. No. 1) On hand, and unrestricted in Bank	\$	15. Notes Payable	\$
2. Deferred Comp. & Retirement Plan (See Sched. No. 5)		16. Notes Payable	
3. Stock and Securities Other Than Guaranteed US Gov't and Gov't Agencies (See Sched. No. 2)		17. Notes Payable to Others, Unsecured	
4. Government Agencies Securities		18. Notes Payable to Others, Secured	
5. Life Insurance, Cash Surrender Value (Do not deduct loans) (See Sched. No. 4)		19. Loans Against Life Insurance (See Sched. No. 4)	
6. Accounts, Loans, and Notes Receivable (See Sched. No. 3)		20. Accounts Payable	
7. Automobiles (Registered in own name)		21. Taxes and Assessments Payable (See Sched. No. 6)	
8. Real Estate (See Sched. No. 6)		22. Mortgage Payable on Real Estate (See Sched. No. 6)	
9. Personal Property		23. Brokers Margin Accounts	
10. Other Assets (Itemize)		24. Other Liabilities (Itemize)	
11.		25.	
12.		26. Total Liabilities	
13.		27. Net Worth (line 14 less line 26)	
14. Total Assets	\$	28. Total Liabilities and Net Worth (line 26 plus line 27)	\$

Do you have any contingent liabilities? If yes, provide details. _____

For the purpose of obtaining credit, direct or indirect, and any other accommodations or benefits from _____ ("Argus Capital, Inc."), from time to time, I/we submit above and on the reverse side hereof the statement of my/our financial condition as of the date indicated above. In consideration of the premises, I/we agree to notify Argus Capital, Inc. of any changes affecting my/our financial responsibility and will at any time upon request furnish Argus Capital, Inc. a then current statement of my/our financial condition, said statement to be in such form as required by Argus Capital, Inc.

I/we certify as a basis for credit that to the best of my/our knowledge and belief, the information furnished and all representations made herein constitute the true and correct statement of my/our financial condition; that I/we have no assets or liabilities other than as shown on this statement; that all my/our assets are free of lien or assignment except as shown herein and that there are no judgments outstanding or suits pending against me/us. You are authorized to answer any questions about your credit experience with me/us and furnish to Argus Capital, Inc. or any of its subsidiaries information which I/we have provided to you and information regarding my/our accounts.

Signature of Owner _____
Date

Signature of Joint Owner _____
Date

Individual Source of Income:		Joint Owner Source of Income:	
Salary	\$	Salary	\$
Bonus and Commissions	\$	Bonus and Commissions	\$
Dividends	\$	Dividends	\$
Real Estate Income	\$	Real Estate Income	\$
Other Income (Described) If alimony, child support or separate maintenance you are not required to include income if you do not plan to rely on it to repay the debt.	\$	Other Income (Described) If alimony, child support or separate maintenance you are not required to include income if you do not plan to rely on it to repay the debt.	\$
Total	\$	Total	\$

Schedule 1: Deposit Accounts

Name of Account	Deposit Institution and Location	Balance	Type of Account	Account Number	Pledged? Yes or No
		\$			
		\$			
		\$			
		\$			
		\$			
		\$			

Schedule 2: Stocks and Securities

Name of Issuer	Where Traded	Shares	Value Per Share	Total Market Value	Cost Per Share	Pledged? Yes or No	* Restricted? Yes or No	Registered in the Name of
				\$	\$			
				\$	\$			
				\$	\$			
				\$	\$			
				\$	\$			
				\$	\$			

* Registered means trading of the Security is subject to limitations due to letter, legend or control.

Schedule 3: Accounts, Loans, and Notes Receivable

Due From	Original Amount	Present Balance	Rate	Maturity	Payment Terms	Collectable? Yes or No	Collateral
	\$	\$	%				

Schedule 4: Life Insurance and Annuities (Including Employer Provided)

Company	Face Amount	Beneficiary	Cash Value	Loan Against Policy	Net Cash Value	Insured	Pledged? Yes or No
	\$		\$	\$	\$		

Schedule 5: Deferred Compensation & Retirement Plans *

Trustee or Plan Administrator	Type of Account	Beneficiary	Balance/ Value	Loan Against Plan	Net Plan Value	In Name of	Access Date
			\$	\$	\$		

* Includes I.R.A. Accounts, KEOGH, 401(k), Fully Vested Benefit Plans, etc.

Schedule 6: Real Estate Owned (including Partnership)

Description or Street Number/ Size, Acres	Year Acquired	Cost & Investments	Market Value	* Present Balance	* Lienholder	* Maturity	* Interest Rate	* Annual Payments	Taxes Current? Yes or No
							%	\$	

* Related Debt (Mark "*" by amount if not personally liable)