

**BUSINESS FINANCIAL STATEMENT**

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DATE: \_\_\_\_\_

REV(4-03)

EIN 000-00-0000

Owners/Officers

Corporation Officers: Pres \_\_\_\_\_  
 Vice Pres \_\_\_\_\_  
 Secretary \_\_\_\_\_  
 Treasurer \_\_\_\_\_  
 \_\_\_\_\_  
 LLC Manager / Member \_\_\_\_\_  
 LLC Manager / Member \_\_\_\_\_  
 LLC Manager / Member \_\_\_\_\_

Nature of Business:

0

Phone Number: \_\_\_\_\_

**TO: HOME STATE BANK, Louisville, Nebraska**

ASSETS:		LIABILITIES:	
Cash	*Sched A \$ -	Notes Due To Banks - (Optg)	*Sched G \$ -
Inventory	*Sched B \$ -	Accrued Interest	
Cash Value of Life Insurance	*Sched C \$ -		
Accounts Receivable	*Sched D	Accounts & Bills Payable	*Sched H \$ -
Prepaid Expenses		Loans on Life Ins Policies	*Sched C \$ -
Other		Contract Accounts Payable	
		Taxes Payable	
<b>TOTAL LIQUID ASSETS</b>	<b>\$ -</b>	<b>TOTAL SHORT TERM LIABILITIES</b>	<b>\$ -</b>
Furniture & Fixtures		Intermediate Debt (1-5 yrs)	
Vehicles	*Sched E \$ -	Vehicle Loan	*Sched E \$ -
Machinery & Equipment	*Sched F \$ -	Machinery & Equipmt Loan	*Sched F \$ -
Notes Receivable-current	*Sched D \$ -		
Notes/Accts Rec-over 90 days	*Sched D \$ -		
		<b>TOTAL INTERMEDIATE LIABILITIES</b>	<b>\$ -</b>
<b>TOTAL INTERMEDIATE ASSETS</b>	<b>\$ -</b>	Real Estate Mtgs Payable	*Sched J \$ -
Real Estate Owned	*Sched J \$ -	Liens & Assessments Payable	
Securities Not Readily Marketable		Other Debts - Itemize	
Other Assets - Itemize (see attached)		<b>TOTAL LONG TERM LIABILITIES</b>	<b>\$ -</b>
		<b>TOTAL LIABILITIES</b>	<b>\$ -</b>
<b>TOTAL OTHER ASSETS</b>	<b>\$ -</b>	<b>NET WORTH (Total Assets-Total Liab)</b>	<b>\$ -</b>
<b>TOTAL ASSETS</b>	<b>\$ -</b>	<b>TOTAL LIABILITIES &amp; NET WORTH</b>	<b>\$ -</b>

\* See Schedules on Pages 2 & 3

GENERAL INFORMATION			CONTINGENT LIABILITIES		
Are any Assets Pledged Other Than Described on Schedules	Yes	No	As Endorser, Co-maker or Guarantor	Yes	No
Are You a Defendant in Any Suits or Legal Actions?	Yes	No	On Leases or Contracts	Yes	No
Income Tax Return Filed Through What Date			Legal Claims	Yes	No
Have you been declared Bankrupt in the last 10 years?	Yes	No	Federal-State Income Taxes	Yes	No
Are you a Partner or Officer in any other Venture?	Yes	No	Other-Liabilities	Yes	No

If you answered 'yes' on any of the above questions, please explain: \_\_\_\_\_

In submitting the foregoing statement, the undersigned parties guarantee its accuracy with the intent that it be relied upon by Home State Bank in extending credit to the undersigned. The undersigned parties also warrant that no information that might affect their credit risk has been knowingly withheld, and expressly agree to notify Home State Bank in writing of any material change in their financial condition whether application for further credit is made or not. It is also expressly agreed that any further granting of new or continuing credit by Home State Bank to the undersigned, that the Bank can rely upon this statement as having the same force and effect as if delivered upon the date additional credit is requested or existing credit extended or continued.

DATE: \_\_\_\_\_

Signature: \_\_\_\_\_

DATE: \_\_\_\_\_

Signature: \_\_\_\_\_

**WE / I INTEND TO APPLY FOR JOINT / SINGLE CREDIT FROM HOME STATE BANK IN THE AMOUNT OF \$ \_\_\_\_\_ Est Closing Date: \_\_\_\_\_ Loan #: \_\_\_\_\_**

Signature: \_\_\_\_\_ DATE: \_\_\_\_\_ Signature: \_\_\_\_\_ DATE: \_\_\_\_\_

**SCHEDULES**

<b>A CASH IN BANKS</b>				
Name of Bank	Type of Acct	Type of Ownership	Current Balance	Average Balance
__ See Attached Itemization			<b>TOTAL</b>	-

<b>B INVENTORY</b>				
Description	Number	Cost	Price	Value
__ See Attached Itemization		<b>TOTALS</b>	-	-

<b>C LIFE INSURANCE</b>					
Company	Face Amount of Policy	Cash Surrender Value	Loans Against Policy	Beneficiary	To Whom Policy is Assigned
<b>TOTALS</b>		\$ -	\$ -	\$ -	

<b>D ACCOUNTS/NOTES RECEIVABLE</b>			
Name	Current Accounts Receivable	Current Notes Receivable	Over 90 days Accts & Notes Rec'ble
<b>TOTALS</b>		\$ -	\$ -

<b>E VEHICLES</b>					
Description	Year	Number	Make, Model & Serial No.	Value	Outstanding Debt
__ See Attached Itemization				<b>TOTAL</b>	\$ -

<b>F MACHINERY AND EQUIPMENT</b>					
ITEM	Year	Number	Make, Model & Serial No.	Value	Outstanding Debt
__ See Attached Itemization				<b>TOTAL</b>	\$ -

**G NOTES DUE TO BANKS**

Name of Bank	Type of Note	Collateral	Balance
_ See Attached Itemization			<b>TOTAL</b> \$ -

**H NOTES DUE OTHERS/ACCTS PAYABLE (itemize items over \$1,000)**

Name of Creditor	Amount	Monthly Payments	Origin of Debt	Collateral
<b>TOTALS</b>		\$ -	\$ -	

**J REAL ESTATE OWNED**

Description & Location	Year Acquired	Original Cost	Present Value	MORTGAGE OR CONTRACT		Yearly Gross Rental Income
				Bal. Due	Payment	
<b>TOTALS</b>		\$ -	\$ -	\$ -	\$ -	\$ -

**K OTHER INSURANCE**

FORM (Fire, Liab.etc)	AGENT	COMPANY	ASSIGNEE	AMOUNT
<b>TOTALS</b>				\$ -