

IMPORTANT APPLICANT INFORMATION: Federal law requires financial institutions to obtain sufficient information to verify your identity. You may be asked several questions and to provide one or more forms of identification to fulfill this requirement. In some instances we may use outside sources to confirm this information. The information you provide is protected by our privacy policy and federal law.

Excel instructions: Complete all applicable areas for all tabs on bottom, print, sign and initial where indicated, then mail or deliver the original to North Valley Bank. Second page schedules are formulated to calculate totals and pull totals from the "Schedules" page to the first page.

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IMPORTANT: Read t	hese directions before	completing this State	ment.		
	riate Box Below				
L	If you are applying for indivi another person as the basis	dual credit in your own nam s for repayment of the credit	e and are relying on you requested, complete or	r own income or assets and not lly Sections 1 and 3 (and applica	the income or assets of ble schedules)
	If you are applying for joint o	credit with another person, o	complete all Sections pro	oviding information in Section 2 a	bout the joint applicant
		Applicant	Co-Applicant		
	If you are applying for indivi	dual credit, but are relying o	n income from alimony,	child support or separate mainte	nance payments or on the
	income or assets of another	r person as basis for repayr	nent of the credit reques	ted, complete all Sections to the nce payments or income or asset	extent possible, providing
If this statement relates to your					s you are relying.
	guaranty of the indebtedness of c	other person(s), tirm(s), or corpora	ation(s), complete Sections 1	and 2	
	CIAL CONDITION AS OF	/ /			
SECTION 1 - INDIVID	DUAL INFORMATION		SECTION 2 OTHE	ER PARTY INFORMATION	
Name			Name		
Residence Address			Residence Address		
City, State, Zip			City, State, Zip		
Email Address			Email Address		
Position or Occupation			Position or Occupation		
Business Name/ # years			Business Name/ # years		
Business Address			Business Address		
City State, Zip			City State, Zip		
Mobile Phone			Mobile Phone		
Business Phone			Business Phone		
Date of Birth			Date of Birth		
SECTION 3					
	ASSETS			LIABILITIES	
Cash on hand and in banks (from Schedule A)		\$0	Notes payable to banks and secured by cash (from Schedule A)		\$0
US Government & Marketable Securities (from Schedule B)		\$0	Due to brokers		No. of the last of
Private Company Ownership (f	rom Schedule C)	\$0	Amounts payable to others		
Securities held by broker in margin accounts		\$0	Accounts and bills due		
Restricted or control stocks		\$0	Unpaid income tax		***
Real Estate owned (from Schedule D)		\$0	Other unpaid taxes and interest		
Cash value-life insurance (from Schedule E)		\$0	Real estate mortgages balances (from Schedule D)		\$0
Loans Receivable (from Schedule G)		\$0	Life Insurance Loans		\$0
Automobiles and other personal property			Banks other lenders where credit is obtained (from Schedule F)		\$0
Other Assets - itemize (below):			Other Debts - itemize (below)		· · · · · · · · · · · · · · · · · · ·

		\$0	TOTAL LIABILITIES		\$0
		\$0	NET WORTH		\$0
TOTAL ASSETS		\$0	TOTAL LIABILITIES AND	\$0	

TOTAL INCOME FOR CURRENT YEAR-	ΓΟ-DATE							
Salary								
Bonuses & Commissions								
Dividends								
Real estate income								
**Other income (Itemize):		\$0						
,		\$0						
TOTAL		\$0						
**(Alimony, child support or separate main								
basis for extension of credit.) If disclosed,	payments received under:	·						
☐ court order ☐ written agreement ☐ or	ral understanding							
CONTINGENT LIABILITIES								
Do you have any contingent liabilities? If s	o, describe:							
None								
Amount of contingent liability		\$0						
As endorser, co-maker or guarantor?		\$0						
On leases or contracts?		\$0						
Legal claims		\$0						
Other special debt		\$0						
Amount of contested income tax liens		\$0						
Describe any payments that are past due,	delinquent or in default.							
PERSONAL INFORMATION								
Do you have a will?								
If yes, name executor:								
Are you a partner or officer in any other ve	ntures? If so describe:							
The your a partition of a second second	Tituloo: Il oo, uccomes.	*						
	ent Resident Alien []							
Are you obligated to pay alimony, child supmaintenance payments? If so, describe:	ροπ, or separate							
None								
	Are any assets pledged other than as described in page 2 Schedules? If so, describe:							
None								
Income tax settled through: Are you a defendant in any suits or legal a	ations?							
Are you a deteridant in any suits of legal at	CHOIST							
Are you a US Citizen?								
If No, please provide copy of your Visa/Go	verment ID							
Have you ever been declared bankrupt?	f yes, explain.	(year)						

Excel instructions: Complete all applicable highlighted areas for both pages, print, sign and initial where indicated, then mail or deliver the original to North Valley Bank. Second page schedules are formulated to calculate totals and pull totals from the "Schedules" page to the first page. SCHEDULE A: CASH, CHECKING ACCOUNTS, SAVINGS ACCOUNTS, AND CERTIFICATES OF DEPOSIT List here the names of all the institutions at which you maintain a deposit accounts Type of Pledged? Amount Name of Institution Name on Account Account Balance Amount Available (Y/N)Pledged? \$0 \$0 \$0 \$0 \$0 \$0 \$0 ***************** Total \$0 \$0 \$0 \$0 SCHEDULE B - US GOVERNMENT & MARKETABLE SECURITIES, PARTNERSHIP INTERESTS (GENERAL AND LTD.) No. of Shares / Face Agency or company Margined Pledged? **Amount** Owner **Current Market Value** Value / % of Ownership issuing, type of Account? Y/N Y/N Pledged? Total \$0 \$0 If unlisted security or partnership interest, provide current financial statements to support basis for valuation SCHEDULE C - Private Company Ownership Agency or company **Number Of Shares** issuing, type of In the Name of Market Value

\$0

Total

Total SCHEDULE D - REAL ESTATE OWNED (ADD ADDITIONAL PAGES AS NEEDED)

Monthly
Address & Type of Property | Date acquired | owned | Cost | Rental Pmt ***************** \$0 Monthly Payment \$0 Market Value | Mortgage Balance \$0|\$0 Int Rate Mortgage Holder

SCHEDULE E - LIF	E INSURAN	ICE CARR	IED, INCLU						
Name of Insurance			oficiaries)	Cash Surrender Value		Face	Policy	Amount Borrowed Ag	
Company	Owner of Policy (Beneficiaries)		value		Amount	Loans		Policy	
	-					\$0	\$0		
						\$0	\$0		
						\$0	\$0		
						\$0	\$0		
Total		handaring the dream for an expension were good			\$0				¢.
SCHEDULE F - NA	MES OF BA	NKS OR C	THER LEN	IDERS WH					\$0
				Date		T			
		_		Made	Original		High	Current	Secured or
Name and Address	of Lender	Borrower		(M/YY)	Amount	Due (year)	Credit	Balance	Unsecured
							\$0	\$0	
							\$0	\$0	
							\$0	\$0	
							\$0	\$0	
							\$0	\$0	
							\$0	\$0	
Total	***	*****	*****	*****	\$0		\$0		
SCHEDULE G - RE	AL ESTATE	MORTGA	GES. LANI	D CONTRA	CTS. AND	OTHER NO	TES RECE	IVABLE	
Name of Borrower				Note Date	Balance			Payment	Comments
						\$0	\$	0	
						\$0	\$	60	
					\$0		\$	0	
				\$0		\$	0		
Total ************************************				******	\$0		\$0		
The information contains firms or corporations in a understands that you are continue credit. Each us continuing to be true and necessary to verify the ayour credit experience we lower fully understand to of the above facts, pure	whose behalf the relying on the ndersigned reprid correct until a accuracy of the rith me/us. that it is a fede suant to 18 U.	ne undersigne information presents and w written notice statements m eral crime pu S.C. Section	d may either so provided herein varrants that the e of a change nade herein, a	severally or join n (including the ne information is given to you nd to determin	ntly with other e designation provided is tru by the under e my/our cred	s, execute a gu made as to owr ue and complete signed. You are litworthiness. Y	aranty in your nership of prope and that you a authorized to ou are author	favor. Each operty) in decide may conside to make all inquized to answer	undersigned ing to grant or r this statement as uiries you deem er questions about
Signature:	(individual) S.S. No.			Date Signe	ad:	Date of Birt	h:	1	
Driver's License				Jake Oight			1.	I	
Signature: (0	Other Party)								
	S.S. No.			Date Signe	ed:	Date of Birt	h:	1	
Driver's License	State and #]	-	•		•	