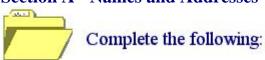
Medium Term Bank Guarantee Section A - Names and Addresses

Claim Control No.: CAP0001092 (Draft)



(* An asterisk denotes that a field is a required entry)

Guaranteed Lender Making Demand for Payment Master Guarantee Agreement (MGA)* Number: Ex-Im Bank Transaction No. (AP No.) Name: Address Line 1: Address Line 2: Address Line 3: City: State: Zip Code: Contact Name: Phone: Fax: E-Mail:

Current Holder of Original Note

Current Holder of Original Note	
Who is the current holder of the original	*
note?	Same as the Guaranteed Lender
	PEFCO
	Other
If you select "other" fill in the following information:	
Other Name:	E
Address Line 1:	E
Address Line 2:	*
Address Line 3:	*
City:	n
State:	
Zip Code:	
Contact Name:	*
Phone:	*
Fax:	*

E-Mail:	*
Borrower	
Name:	k
Address Line 1:	k
Address Line 2:	k
Address Line 3:	k
City:	· · · · · · · · · · · · · · · · · · ·
Country	ķ
Contact Name:	*
Phone:	k
Fax:	k
E-Mail:	k
First Guarantor Click here if not applicable	
Name:	Not Applicable
Address Line 1:	
Address Line 2:	
Address Line 3:	
City:	
Country	
Contact Name:	
Phone:	
Fax:	
E-Mail:	
E-Maii;	k
Second Guarantor	
Click here if not applicable	Not Applicable
Name:	
Address Line 1:	•
Address Line 2:	, k
Address Line 3:	
City:	
Country	
Contact Name:	k
Phone:	ķ
Fax:	

	*
E-Mail:	*

Note: If there are more than two guarantors for this transaction, please mail the name, address, and contact information on these additional guarantors to Ex-Im Bank along with the other required documentation.