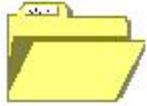


Working Capital Guarantee Section A - Names and Addresses

Claim Control No: CAP0001096 (Draft)



Complete the following:

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

Guaranteed Lender Making Demand for Payment

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

Current Holder of Original Note

Who is the current holder of the original note?	Help	*	<input type="radio"/> Same as the Guaranteed Lender <input type="radio"/> PEFCO
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Borrower

Name:	Help	*	
Address Line 1:	Help	*	
Address Line 2:	Help	*	
Address Line 3:	Help	*	
City:	Help	*	
State:	Help	*	
Zip Code:	Help	*	
Country	Help	*	United States of America
Contact Name:	Help	*	
Phone:	Help	*	

Fax:	Help	*
E-Mail:	Help	*

First Guarantor

Click here if not applicable	Help	<input type="checkbox"/> Not Applicable
Name:	Help	*
Address Line 1:	Help	*
Address Line 2:	Help	*
Address Line 3:	Help	*
City:	Help	*
State:	Help	*
Zip Code:	Help	*
Country	Help	*
Federal Tax ID or SSN:	Help	*
Contact Name:	Help	*
Phone:	Help	*
Fax:	Help	*
E-Mail:	Help	*

Second Guarantor

Click here if not applicable	Help	<input type="checkbox"/> Not Applicable
Name:	Help	*
Address Line 1:	Help	*
Address Line 2:	Help	*
Address Line 3:	Help	*
City:	Help	*
State:	Help	*
Zip Code:	Help	*
Country	Help	*
Federal Tax ID or SSN:	Help	*
Contact Name:	Help	*
Phone:	Help	*
Fax:	Help	*
E-Mail:	Help	*

Third Guarantor

Click here if not applicable	Help	<input type="checkbox"/> Not Applicable
Name:		

	Help	<input type="text"/>
Address Line 1:	Help	<input type="text"/>
Address Line 2:	Help	* <input type="text"/>
Address Line 3:	Help	* <input type="text"/>
City:	Help	<input type="text"/>
State:	Help	<input type="text"/>
Zip Code:	Help	<input type="text"/>
Country	Help	<input type="text"/>
Federal Tax ID or SSN:	Help	<input type="text"/>
Contact Name:	Help	* <input type="text"/>
Phone:	Help	* <input type="text"/>
Fax:	Help	* <input type="text"/>
E-Mail:	Help	* <input type="text"/>

Fourth Guarantor

Click here if not applicable	Help	<input type="checkbox"/> Not Applicable
Name:	Help	<input type="text"/>
Address Line 1:	Help	<input type="text"/>
Address Line 2:	Help	* <input type="text"/>
Address Line 3:	Help	* <input type="text"/>
City:	Help	<input type="text"/>
State:	Help	<input type="text"/>
Zip Code:	Help	<input type="text"/>
Country	Help	<input type="text"/>
Federal Tax ID or SSN:	Help	<input type="text"/>
Contact Name:	Help	* <input type="text"/>
Phone:	Help	* <input type="text"/>
Fax:	Help	* <input type="text"/>
E-Mail:	Help	* <input type="text"/>

Fifth Guarantor

Click here if not applicable	Help	<input type="checkbox"/> Not Applicable
Name:	Help	<input type="text"/>
Address Line 1:	Help	<input type="text"/>
Address Line 2:	Help	* <input type="text"/>
Address Line 3:	Help	* <input type="text"/>
City:	Help	<input type="text"/>

State:	Help	*	<input type="text"/>
Zip Code:	Help	*	<input type="text"/>
Country:	Help	*	<input type="text"/>
Federal Tax ID or SSN:	Help	*	<input type="text"/>
Contact Name:	Help	*	<input type="text"/>
Phone:	Help	*	<input type="text"/>
Fax:	Help	*	<input type="text"/>
E-Mail:	Help	*	<input type="text"/>

Note: If there are more than five 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 at the following address:

Working Capital Claims
 Asset Management Division
 Export-Import Bank of the U.S.
 811 Vermont Avenue, NW
 Washington, DC 20571

To speed your claim, we recommend sending this via overnight mail.