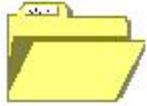


## Working Capital Guarantee Section A - Names and Addresses

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:	<a href="#">Help</a>	*	<input type="text"/>
Ex-Im Bank Transaction No. ( AP No.):	<a href="#">Help</a>	*	<input type="text"/>
Name:	<a href="#">Help</a>	*	<input type="text"/>
Address Line 1:	<a href="#">Help</a>	*	<input type="text"/>
Address Line 2:	<a href="#">Help</a>	*	<input type="text"/>
Address Line 3:	<a href="#">Help</a>	*	<input type="text"/>
City:	<a href="#">Help</a>	*	<input type="text"/>
State:	<a href="#">Help</a>	*	<input type="text"/>
Zip Code:	<a href="#">Help</a>	*	<input type="text"/>
Contact Name:	<a href="#">Help</a>	*	<input type="text"/>
Phone:	<a href="#">Help</a>	*	<input type="text"/>
Fax:	<a href="#">Help</a>	*	<input type="text"/>
E-Mail:	<a href="#">Help</a>	*	<input type="text"/>

### Current Holder of Original Note

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

Name:	<a href="#">Help</a>	*	<input type="text"/>
Address Line 1:	<a href="#">Help</a>	*	<input type="text"/>
Address Line 2:	<a href="#">Help</a>	*	<input type="text"/>
Address Line 3:	<a href="#">Help</a>	*	<input type="text"/>
City:	<a href="#">Help</a>	*	<input type="text"/>
State:	<a href="#">Help</a>	*	<input type="text"/>
Zip Code:	<a href="#">Help</a>	*	<input type="text"/>
Country	<a href="#">Help</a>	*	United States of America
Contact Name:	<a href="#">Help</a>	*	<input type="text"/>
Phone:	<a href="#">Help</a>	*	<input type="text"/>

Fax:	<a href="#">Help</a>	*
E-Mail:	<a href="#">Help</a>	*

**First Guarantor**

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

**Second Guarantor**

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

**Third Guarantor**

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

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

#### Fourth Guarantor

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

#### Fifth Guarantor

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

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