OMB Control No.: 3245-0348 Expiration Date: 12/31/2007

## SBA Express and Pilot Loan Programs (Export Express, Community Express, and Patriot Express) Guaranty Request

| TO:   | Sacramento Loan Processing Center Small Business Administration U.S. Federal Courthouse 501 I Street, Suite 12-100  |   |                           |   |  |
|---|---|---|---------------------------|---|--|
|   |   |   | Sacramento, CA 95814-2322 |   |  |
|   |   |   | RE:                       | Applicant Name  |  |
|   |   |   |                           | Operating Company (OC) Name (If Applicant is an Eligible Passive Company) |  |
|   | (If more than one OC, attach additional sheet with all OC names)  |   |                           |   |  |
| FROM:   | Lender  |   |                           |   |  |
|   | Contact   |   |                           |   |  |
|   | AddressFAX  |   |                           |   |  |
|   | PhoneFAX  |   |                           |   |  |
| The fo  | llowing items are enclosed:   |   |                           |   |  |
| []  | 1. Copy of "Supplemental Information for Express  | Programs and PLP Processing" (Part B)   |                           |   |  |
| []  | 2. Original or facsimile of "Eligibility Information  | n Required for Express Programs" (Part C)   |                           |   |  |
| attache<br>be will<br>is not o<br>includi<br>than 10<br>small b | ove this application to SBA subject to the terms ed documents. Without the participation of SBA ing to make this loan on these terms, and in our otherwise available on reasonable terms. I certifing but not limited to its employees, officers, di (19%) has a financial interest in the Applicant. I applicants according to the standards in 13 CFR Seligible purpose, and the owners and managers ter. | A, to the extent applied for, we would not copinion the financial assistance approved fy that none of the Lender's Associates, rectors, or substantial stockholders (more approve and certify that the Applicant is a Section 121, the loan proceeds will be used |                           |   |  |
| Approv  | ving/Certifying Lender Official:  |   |                           |   |  |
| (Signar   | ture)   |   |                           |   |  |
| Type o  | or Print Name and Title   |   |                           |   |  |

NOTE: According to the Paperwork Reduction Act, you are not required to respond to this collection of information unless it displays a currently valid OMB Control Number. The estimated burden for completing this form, including time for reviewing instructions, gathering data needed, and completing and reviewing the form is 30 minutes per response. Comments or questions on the burden estimates should be sent to U.S. Small Business Administration, Chief, AIB, 409 3rd St., SW, Washington DC 20416. **PLEASE DO NOT SEND FORMS TO THIS ADDRESS.**