AMERICA'S RECOVERY CAPITAL (ARC) LOAN GUARANTY REQUEST

| (For no | on-delegated lender submissions) | |
|---|---|---|
| ТО: | Standard 7(a) Loan Guaranty Processing Center (Small Business Administration 6501 Sylvan Road | (LGPC) |
| | Suite 122 | |
| | Citrus Heights Ca 95610-5017 | |
| RE: | Applicant Name | |
| | Operating Company (OC) Name (If Applicant is an Eligible Passive Company) | |
| | (If more than one OC, attach additional sheet wi | th all OC names) |
| FROM: | Lender | |
| | Contact | |
| | Address | |
| | PhoneFAX | |
| The fo | llowing items are enclosed: | |
| [] | 1. Copy of "Supplemental Information for America's Recovery Capital (ARC) Loan Guaranty Request" (Part B) | |
| [] | 2. Original or facsimile of "Eligibility Information Required for America's Recovery Capital (ARC) Loan Submission" (Part C) | |
| attache be will is not o includi than 10 small b | ve this application to SBA subject to the terms and documents. Without the participation of SBA, ing to make this loan on these terms, and in our of otherwise available on reasonable terms. I certifying but not limited to its employees, officers, directly has a financial interest in the Applicant. I applusiness according to the standards in 13 CFR Section of the Standards in 13 CFR Section of the Standards in the Applicant. | to the extent applied for, we would not pinion the financial assistance approved that none of the Lender's Associates, ctors, or substantial stockholders (more prove and certify that the Applicant is a ction 121, the loan proceeds will be used |
| Approv | ring/Certifying Lender Official: | |
| (Signa | ture) | Date |
| Type o | r 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 5 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.