Working Capital Guarantee Section A - Names and Addresses

Claim Control No:



(* 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.):	(filab	*
Name:		*
Address Line 1:	Help	*
Address Line 2:	Help	*
Address Line 3:	Help	*
City:	Help	*
State:	Help	*
Zip Code:	Halp	*
Contact Name:	Halp	*
Phone:	Halp	*
Fax:	Help	*
E-Mail:	Help	*
Current Holder of Original Note		
Who is the current holder of the original note?	Help	* Same as the Guaranteed Lender PEFCO
Borrower		
Name:	Help	*
Address Line 1:	Help	*
Address Line 2:	Help	*
Address Line 3:	Help	*
City:	Help	*
State:	Help	-
Zip Code:	Help	-
Country	(Tab	*United States of America

Contact Name:

Phone:

Fax:	Help	*
E-Mail:	Help	*

First Guarantor

Click here if not applicable	Help	Not Applicable
Name:	Help	-
Address Line 1:	Help	
Address Line 2:	Help	*
Address Line 3:	Help	*
City:	Help	n .
State:		
Zip Code:		
Country	Help	-
		-
Contact Name:		*
Phone:	Help	*
Fax:	Help	*
E-Mail:	flelp	

Second Guarantor

Click here if not applicable	Help	☐ Not Applicable
Name:	Help	
Address Line 1:	Help	M
Address Line 2:	Help	*
Address Line 3:		*
City:		
State:		P
Zip Code:	Help	.
Country		-
		-
Contact Name:	Help	*
Phone:	Help	*
Fax:	H	*
E-Mail:	Help	*

Third Guarantor

Click here if not applicable	Help	Not Applicable
Name:		

	Help	n
Address Line 1:	Help	#
Address Line 2:	Help	*
Address Line 3:	Help	*
City:	Help	
State:	Help	-
Zip Code:		-
Country	(B)	F
		-
Contact Name:		*
Phone:		*
Fax:		*
E-Mail:	flelp	*

Fourth Guarantor

1 0 001 011 0 0001 00110 01		
Click here if not applicable	Help	☐ Not Applicable
Name:	Help	F .
Address Line 1:	Help	.
Address Line 2:	Help	*
Address Line 3:	Help	*
City:	Help	# The state of the
State:	Halp	-
Zip Code:	Help	.
Country	Halp	-
	Help	# E
Contact Name:	Help	*
Phone:	Help	*
Fax:	Help	*
E-Mail:	Help	*

Fifth Guarantor

Click here if not applicable	Help	Not Applicable
Name:		
Address Line 1:		
Address Line 2:		*
Address Line 3:	Help	*
City:	Help	A

State:	Help	- I
Zip Code:	(B)	F
Country	H	
Contact Name:	Help	*
Phone:	Help	*
Fax:	Help	*
E-Mail:	H	*

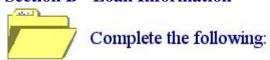
Note: If there are more than five guarantors for this transaction, please mail the name, address, and contact information on these additional guarantors to Ex-Im Bank along with the other required documentation at the following address:

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.

Working Capital Guarantee Section B - Loan Information





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

General Information

What is the reason for the claim?	Help	* Bankruptcy
If Other, please explain.		
Was this guarantee approved under lender's delegated authority?		* \(\int \) \(\cap \) No
Is there a PEFCO assignment?	Help	*YS ONo

Loan Dates

Loan Dates		
What is the default date?	Hall	* Month Day Year
Date Loan Approved (aka Note date)?	Halp	* Month Day , Year
Loan amount approved?	Halp	*
Last Date Allowed to Disburse?	Halp	* Month Day , Year
Actual Date of Last Disbursement to Borrower?	Help	* Month Day , Year
Renewal Date?	Help	■ Not Applicable Month Day , Year
If past the claim filing deadline, did Ex-Im Bank authorize an extension?	Help	* No

Revolving Lines, Domestic Lines and Collaterlatization

Is this a revolving line?	Help	* 🕥	○No
Is there a domestic line? If 'Yes', give the amount	Help	* 🔾	○ No
What is the current outstanding amount of the domestic line?	Help		
Is the domestic line current?	Halp	V);	○No ○N/A
Is the domestic line collateralized?	Halp	V);	○No ○N/A
Is there cross collateralization?	Help	V);	○No ○N/A
What is the approved collateral?	Help	*	
What is the advance rate of collateral?	Help	*()% of Inventory)% of Receivables

What is the estimated net market value of the remaining collateral?	He	*
Transaction-Specific Loans		
Is this transaction-specific?		*Yos ONo
Is this transaction under the City State Program?	(III)	Y◯s ○ No
Has this transaction been rescheduled?		√)₃ ○ No
Did Ex-Im Bank approve the rescheduling?	Halp	√s ○No ○N/A
Loan Insurance		
Is there a related insurance policy from Ex- Im Bank? If 'Yes', give policy number.	Ð	* • Yes N
Is there a related insurance policy from another Insuror?		* Yes N
If 'Yes', give insuror name, policy number an	d contac	t address for Other Insuror.
Insuror Policy Number:	Help	
Name:	Halp	
Street:	Help	
City:	Help	
State:	Help	
Zip:	Help	
Contact Name:	Help	*
Phone:	Help	*
Fax:	Help	*
E-Mail:	Help	*

Working Capital Guarantee Section C - Business Structure Information





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

	== to = t - 1	
What is the business structure of the borrower?	* Proprietorship	
What are the products provided by the borrower?	*	
Borrower's type of business	Help * Wholesale	
Status of borrower's operation	* Still Operating	
NAICS Code	(Help) * Select NAICS Code	

Working Capital Guarantee Section D - Supporting Documentation





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

Demand Letter to Borrower:	Help	* Have in possession Do not have N/A Date of Demand Letter: Month Day Year
Demand Letter to Guarantor(s):	Help	* Have in possession Do not have N/A Date of Demand Letter: Month Day Year
Promissory Note(s)	Help	* OHave in possession ODo not have ON/A
Evidence of Payment of the facility fee	Help	* Have in possession Do not have N/A
Master Guarantee Agreement	Help	* O Have in possession O Do not have O N/A
Executed copy of Loan Authorization Agreement (Annex A-1)	Help	* Have in possession Do not have N/A
Loan Authorization Notice (Annex A-2 Under /DA)	Help	* OHave in possession ODo not have ON/A
Executed copy of Borrower's Agreement	Help	* OHave in possession ODo not have ON/A
Delegated Authority Letter Agreement	Help	* Have in possession Do not have N/A
Loan agreement	Help	* Have in possession Do not have N/A
Security agreement	Help	* OHave in possession ODo not have ON/A
Copies of all filed UCC financing statements	Help	* OHave in possession ODo not have ON/A
Evidence of a lien search of UCC records which indicates a perfected security interest	Help	* OHave in possession ODo not have ON/A
Subordination agreement	Help	* OHave in possession ODo not have ON/A
Copies of all reports of inspection of the collateral	Help	* OHave in possession ODo not have ON/A
Copies of last 3 sets received by lender of the inventory schedules and accounts receivable aging reports.	Help	* O Have in possession O Do not have O N/A

Copies of all export orders or summaries of export orders	Help	* ○ Have in possession ○ Do not have ○ N/A
Copies of all borrowing base certificate(s) for each disbursement request (Provided by lender and executed by borrower)	Help	* OHave in possession ODo not have ON/A
Copies of the lender's records regarding disbursements and application of payments to the loan.	Help	* Have in possession Do not have N/A
Executed copy of PEFCO assignment (for PEFCO transactions only)	Help	* Have in possession Do not have N/A
Assignment of Ex-Im Bank or other insurance policy (If insurance is used)	Hall	* Have in possession Do not have N/A
Copies of any Ex-Im Bank correspondence concerning waivers or filing extensions	Help	* Have in possession Do not have N/A

Working Capital Guarantee Section E - Lender's Checklist and Certification of

Claim Control No:



Complete the following:

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

"

1. Disbursements were made after receipt of a borrowing base certificate and a copy of	Help	* 🕠	\bigcirc_{No}	(Add comments below)	
the export orders or for revolving loans a quarterly written summary of the export orders.					
Disbursements were made prior to the final disbursement date.	Help	* \Q_3	O _{No}	(Add comments below)	
3. The borrower was current under the Working Capital line at time of disbursement(s)	Help	* 🕦	ONo	(Add comments below)	
4. All disbursements under the Working Capital line were less than or equal to the borrowing base (net of reserves for letters of credit, or allowed over advances, unless as allowed in the Master Guarantee Agreement).	Help	* \(\s\)	ONo	(Add comments below)	
5. Disbursements were made in agreement with the conditions and prohibitions stated in both the Loan Authorization Agreement, the Borrower Agreement, and the Master Guarantee Agreement.	Help	* 105	ONo	(Add comments below)	
6. Items financed are those identified in the Loan Authorization Agreement.	Help	* 🕦	ONo	(Add comments below)	
7. Loan Amount, disbursement terms and conditions and disbursement rates are consistent with those approved in the Loan Authorization Agreement.	Help	* 🕦	○No	(Add comments below)	
8. Transaction is in compliance with all special conditions.	Help	* 🚫;	ONo	(Add comments below)	
9. Transaction is in compliance with requirements of the Country Limitation Schedule in force at time of approval.	Help	* 🕦;	○No	(Add comments below)	
10. Loan Authorization Agreement or notice					

is signed by an authorized officer of lender or affiliate and Ex-Im Bank.	Help	* 103	ONo	(Add comments below)	
11. The Borrower Agreement is signed by all relevant parties.	Help	* 🕠	ONo	(Add comments below)	
12. To the best of the borrower's knowledge, all terms and conditions of the Borrower Agreement have been met.	Help	* 🕦	○ No	(Add comments below)	
13. The loan documents are free of any binding alternative dispute resolution provisions.	Help	* 🕦	ONo	(Add comments below)	
14. The borrower has provided financial statements to the lender as required under the Borrower Agreement and the special conditions (if applicable).	Help	* 103	ONo	(Add comments below)	
15. This delinquency on the part of the borrower and guarantors was reported to credit agencies.	Help	* 🕦	○No	(Add comments below)	

Working Capital Guarantee Section F - Claim Payment Calculation

Claim Control No:



Complete the following:

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

1) Date of Promissory Note	* Month	Day,	Year	
2) Original Promissory Note Amount	2	*		
3) Principal Claimed (Total Disbursements - Paymen	oto)			
(Total Disbursements - Paymen	(a) Total Outstanding	*		
	(b) Less Amount Paid	() *		
	(c) Principal Claimed	(=)		
Interest				
4) Interest Paid To	* Month	Day	Year	
5) Last Payment Date	* Month	Day	Year	
6) Interest Claimed	1/1/2002 and the last date (c) in the third column, listime. (d) in the fourth column, I	last date of interest rate, last date of interest rate ll not be included in the is 1/2/2002, only 1 day at the remaining principalist the interest rate that is number of days that if the amount of accrue	list the dat e, list the l e total days y will be u pal amount t applied a nterest rate d interest i	the when the interest rate last date that the interest is. For ex. if the first date is used to calculate the interest it that applied at that point in that point in time. It that point in time. It was effective will appear in US dollars using the
First Date Interest Last D	Pate Interest Remaining	_	# of Day	ys Interest Claimed

Rate Effective	Rate Effec	tive	Principal	Interest	Interest Applies	
13	1.2				(X)	(=)
112	112				(X)	(=)
112	13				(X)	(=)
112					(X)	(=)
112	!!!				(X)	(=)
112	!!				(X)	(=)
112	113				(X)	(=)
112	113				(X)	(=)
112	113				(X)	(=)
112	113				(X)	(=)
			Sub-Total	l =====	====>*	
7) Per diem Intere	st			*		
Help						
Other Eligible	Costs					
8) Enforcement C	osts Claimed	Eligible En	forcement Costs	*		
Help						
9) Collateral Prote	ection Costs	Eligible Co	ollateral Protection	*		
Claimed						
(Ia)						
Total Total claimed at d	ate of filing			=	======	==>
- Cui Ciuiiica at a	ate of fiffing					

Note: Interest to Date of Claim Payment will be calculated by Ex-Im Bank

Working Capital Guarantee 'Ugevkqp'I '/'Y ktg'Kpunt wevkqpu

Claim Control No.:

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

•	•	
•	•	

Routing Bank Name	Help	k
Recipient Bank Name	Hab	k
ABA#	(Iab	k
Account Name	(Iab	k .
Account #	Help	k .
Attention:	Help	k
Borrower:	Help	*

Submit Claim

"

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EIB 10-04 Revised 11/10