## **Working Capital Guarantee Section A - Names and Addresses**





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

Guaranteed Lender Making Dem		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	* Same as the Guaranteed Lender PEFCO
Borrower		
	Help	*
Address Line 1:	Help	*
Address Line 2:	E E	*
Address Line 3:	Help	*
City:	Help	*
State:	Help	
Zip Code:	Help	

\*United States of America

Country

Phone

œ,

Contact Name:

Fax:	Help *	
E-Mail:	Help *	

## First Guarantor

Click here if not applicable	Help	☐ Not Applicable
Name:	Help	m
Address Line 1:	Help	
Address Line 2:	Help	*
Address Line 3:	(F)	*
City:		<b>-</b>
State:		-
Zip Code:		-
Country		-
	Help	-
Contact Name:	Help	*
Phone:		*
Fax:		*
E-Mail:	Help	

## Second Guarantor

Click here if not applicable	Help	☐ Not Applicable
Name:	Help	*
Address Line 1:	Help	*
Address Line 2:	Help	*
Address Line 3:	Help	*
City:		-
State:		-
Zip Code:	Help	<b>A</b>
Country		-
		<b>A</b>
Contact Name:	Help	*
Phone:	Help	*
Fax:	Help	*
E-Mail:	Help	*

# Third Guarantor

Click here if not applicable	Help	Not Applicable
Name:		

	Help	<b>n</b>
Address Line 1:	Halp	#
Address Line 2:		*
Address Line 3:	Halp	*
City:	Halp	
	Halp	-
Zip Code:		<b>.</b>
Country	Halp	F
		<b>-</b>
Contact Name:		*
Phone:	Help	*
Fax:		*
E-Mail:	<del>(lelp</del>	*

#### Fourth Guarantor

Click here if not applicable	Halp	☐ Not Applicable
Name:	Halp	
Address Line 1:	Help	-
Address Line 2:	Halp	*
Address Line 3:	Halp	*
City:	Help	F .
State:		
Zip Code:	Help	# The state of the
Country	Help	-
	He	<b>-</b>
Contact Name:	Halp	*
Phone:	Halp	*
Fax:	Help	*
E-Mail:	Help	*

## Fifth Guarantor

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

State:		- <u> </u>
Zip Code:		-
Country	He	-
	Help	-
Contact Name:	Help	*
Phone:	Help	*
		*
E-Mail:	Help	*

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?		* Yos No
Is there a PEFCO assignment?	Help	* 🔾 s 💮 No

#### 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?		*
Last Date Allowed to Disburse?	Halp	* Month Day , Year
Actual Date of Last Disbursement to Borrower?	Help	* Month Day , Year
Renewal Date?	H	☐ Not Applicable  ■ Month Day Year
If past the claim filing deadline, did Ex-Im Bank authorize an extension?	Help	* \( \cdot \) \( \cdot \) No

## Revolving Lines, Domestic Lines and Collaterlatization

Is this a revolving line?	Help	* 103	○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	<b>\( \)</b> ;	○No ○N/A
Is the domestic line collateralized?	Halp	<b>\( \)</b> ;	○No ○N/A
Is there cross collateralization?	Help	<b>\( \)</b> ;	○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?	Help	*
Transaction-Specific Loans		
Is this transaction-specific?	Help	* 🔾 s 💮 No
Is this transaction under the City State Program?	<del>Ha</del>	∑s ○ No
Has this transaction been rescheduled?	(E)	No No
Did Ex-Im Bank approve the rescheduling?	Help	∵s ○No ○N/A
Loan Insurance		
Is there a related insurance policy from Ex- Im Bank? If 'Yes', give policy number.	Help	* • Yes 1 -
Is there a related insurance policy from another Insuror?	Help	* • Yes N
If 'Yes', give insuror name, policy number an	d contac	t address for Other Insuror.
Insuror Policy Number:	Help	
Name:	Help	
Street:	Help	
City:	Help	
State:	Help	
Zip:	(felp	
Contact Name:	Help	*
Phone:	Help	*
Fax:	427	÷

E-Mail:

## Working Capital Guarantee Section C - Business Structure Information





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

		<u> </u>	
What is the business structure of the borrower?	Help	* Proprietorship	
What are the products provided by the borrower?	Help	*	
Borrower's type of business	Help	* Wholesale	
Status of borrower's operation	Help	<ul> <li>Still Operating</li> </ul>	
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:	1	* ~			
Demand Letter to Borrower.	Help	Have in possession			
		O Do not have			
		○ N/A			
		Date of Demand Letter: Month Day Year			
Demand Letter to Guarantor(s):	Help	* O Have in possession			
		O Do not have			
		○N/A			
		Date of Demand Letter: Month Day Year			
Promissory Note(s)	<del>(iel)</del>	* Have in possession Do not have N/A			
Evidence of Payment of the facility fee	(felp	* OHave in possession ODo not have ON/A			
Master Guarantee Agreement	Help	* O Have in possession O Do not have 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	* Have in possession Do not have N/A			
Executed copy of Borrower's Agreement	(in)	*  Have in possession  Oo not have  N/A			
Delegated Authority Letter Agreement	(iei)	* Have in possession Do not have N/A			
Loan agreement	(felp	* OHave in possession ODo not have ON/A			
Security agreement	Help	* O Have in possession O Do not have N/A			
Copies of all filed UCC financing statements	Halp	* OHave in possession ODo not have ON/A			
Evidence of a lien search of UCC records which indicates a perfected security interest	Help	* O Have in possession O Do not have O N/A			
Subordination agreement	(III)	* OHave in possession ODo not have ON/A			
Copies of all reports of inspection of the collateral	Help	* O Have in possession O Do not have O N/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 ON/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 the export orders or for revolving loans a quarterly written summary of the export orders.	Help	* \(\int_{3}\)	ONo	(Add comments below)	
Disbursements were made prior to the final disbursement date.	Help	* \(\int_3\)	O <sub>No</sub>	(Add comments below)	
3. The borrower was current under the Working Capital line at time of disbursement(s)	Help	* <b>\</b> \_3	○No	(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	* 🕦	○No	(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	* 🕦	○No	(Add comments below)	
6. Items financed are those identified in the Loan Authorization Agreement.	Help	* 🔾;	○No	(Add comments below)	
7. Loan Amount, disbursement terms and conditions and disbursement rates are consistent with those approved in the Loan Authorization Agreement.	Help	* \(\s\);	○ No	(Add comments below)	
8. Transaction is in compliance with all special conditions.	Help	* 🏹	○No	(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	* 🔾;	ONo	(Add comments below)	
11. The Borrower Agreement is signed by all relevant parties.	Help	* 10;	○No	(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	* 10;	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	* 🔾	○ No	(Add comments below)	
15. This delinquency on the part of the borrower and guarantors was reported to credit agencies.	Help	* 🕦	○ No	(Add comments below)	

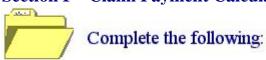
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Úæ}^!, [!\ÁÛ^å\* &aí }ÁÚ! [ ₺%£ÂUTÓÁÁÆI ] ĚÝÝÝÝÊ¥ æ @3,\* d¸ ĚÖÔÁÆŒÍ €HÈ

## **Working Capital Guarantee Section F - Claim Payment Calculation**

Claim Control No:



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

1) Date of Promissory Not	te * Mon	nth Day	Year	
2) Original Promissory No Amount	ote	*		
3) Principal Claimed (Total Disbursements - Paymer Help	ents) (a) Total Outstanding	اء		
	(b) Less Amount Paid	() *		
	(c) Principal Claimed	(=)		
Interest				
4) Interest Paid To	* Mo	nth Day	, Year	
5) Last Payment Date	* Moi	nth Day	Year	
6) Interest Claimed  Help	became effective. (b) in the second columnate applied. This date 1/1/2002 and the last d. (c) in the third column, time. (d) in the fourth column, automatically. (f) in the sixth column, formula (Rate of Interest) X (A Year) = (Interest Claim You must use 360 days	first date of interest an, last date of inter- will not be included ate is 1/2/2002, only list the remaining p n, list the interest ra the number of days list the amount of a mount in Arrears) > ned) s/year for any calcul	est rate, list the darest rate, list the darest rate, list the day of the line that day is a state of the line that applied a state of the line that applied a state of the line that interest rate of the line that interest rate of the line that line days li	te when the interest rate last date that the interest s. For ex. if the first date is used to calculate the interest. It that applied at that point in It that point in time. It was effective will appear In US dollars using the Berest Applies // (Days In
First Date Interest Last	Date Interest Remaini	ng Rate	of # 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	<b>!!!</b>				(X)	(=)
112	<u> </u>				(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	9) Collateral Protection Costs Eligible Collateral Protection *					
Claimed						
<del>(Ia)</del>						
<b>Total</b> 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 *	
Recipient Bank Name	<b>Help</b> *	
ABA#	<b>Help</b> *	
Account Name	Help *	
Account #	<b>Help</b>	
Attention:	<b>Help</b> *	
Borrower:	Help *	

Submit Claim

"

"

"