

## U.S. SMALL BUSINESS ADMINISTRATION (SBA) DISCLOSURE STATEMENT **NON-LEVERAGED LICENSEES**

The information collected below obtains representations from the management of a Small Business Investment

	any (SBIC) regarding certain obli Please return completed forms						site examination of the
	BA EXAMINER			<u> </u>			
	In connection with your examinformation is accurate: (V	,	I represent that to t				, as of at all of the following nere necessary.)
1.	No litigation was in progres following:	 SS (	or pending, or is nov	w in p	progress or pe	ending, ex	cept for the
2.	The licensee has not provided financings to any concerns which have also received financing from Associates (as defined in 13 CFR Section 107.50) except for the following:						
3.	The licensee or its Associates provided management consultant services or technical services to the following portfolio companies:						
4.	The licensee or its Associates assumed control over the following portfolio companies:						
5.	The licensee's Associates are also officers, directors, or employees (or partners) of portfolio companies as follows:						
NAME OF PORTFOLIO COMPANY			NAME OF ASSOCIATE		POSITION IN PORTFOLIO COMPANY		DATE POSITION TAKEN
6. The licensee's Associates have direct or indirect financial interest in portfolio companies as follows:							
NAME OF PORTFOLIO COMPANY AND DESCRIPTION OF FINANCIAL INTEREST, STOCK OWNERSHIP, WARRANTS, PARTNERSHIP INTEREST, LOAN, ETC.			DATE FINANCIAL INTEREST ACQUIRED	С	OST BASIS	NAME OF ASSOCIATE	

7. The licensee's Associates received title to assets from portfolio companies or from the	or use of (with or without financial consideration) e licensee as follows:
statement. You are further acknowledging that a represe and the SBA are relying on this information, and that fals	ne accuracy of information you have provided on or with this entative for the U.S. Small Business Administration (SBA) se statements can lead to criminal prosecution under 18 00,000 and imprisonment of up to 30 years, and civil fraud
I hereby certify that all information provided in this documents that I have provided along with this disc my knowledge.	disclosure statement, and all information and closure statement, are true and correct to the best of
SIGNATURE AND TITLE	DATE

PLEASE NOTE: The estimated burden for completing this form is 15 minutes per response. You are not required to respond to any collection of information unless it displays a currently valid OMB approval number. Comments on the burden should be sent to U.S. Small Business Administration, Chief, AIB, 409 3<sup>rd</sup> St., S.W., Washington, D.C. 20416 and Desk Officer for the Small Business Administration, Office of Management and Budget, New Executive Office Building, Room 10202, Washington, D.C. 20503. OMB Approval (3245-0118). **PLEASE DO NOT SEND FORMS TO OMB.**