

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 Company (SBIC) regarding certain obligations, transactions and relationships as part of an examination of the SBIC. Please return completed forms as directed by the requesting SBA Examiner.

TO: SI	BA EXAMINER				
	In connection with your ex	, I represent that to the b	est of my knowledge th	, as of at all of the following	
	information is accurate: (V	Vrite "None" where applicab	le and expand rows wh	nere necessary.)	
1.	No litigation was in progress or pending, or is now in progress or pending, except for the following:				
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.		ates provided management ype described in 13 CFR 10			
NAM	E OF PORTFOLIO COMPANY	NAME OF SERVICE PROVIDER (LICENSEE OR ASSOCIATE)	DATE SERVICES BEGAN	DESCRIPTION OF FEES PAID BY PORTFOLIO COMPANY	
4.	The licensee or its Associa	ates assumed control over the	ne following portfolio co	mpanies:	
5.	The licensee's Associates companies as follows:	are also officers, directors,	or employees (or partn	ers) of portfolio	
NAM	E OF PORTFOLIO COMPANY	NAME OF ASSOCIATE	POSITION IN PORTFOLIO COMPANY	DATE POSITION TAKEN	
SBA F	ORM 856A (5/15) REF SOP	10 09 PREVIOUS EDITIO	NS ARE OBSOLETE		

DATE

6. The licensee's Associates had follows:	ve direct or indirect	financial interest in	portfolio companies as				
NAME OF PORTFOLIO COMPANY AND DESCRIPTION OF FINANCIAL INTEREST, STOCK OWNERSHIP, WARRANTS, PARTNERSHIP INTEREST, LOAN, ETC.	DATE FINANCIAL INTEREST ACQUIRED	COST BASIS	NAME OF ASSOCIATE				
7. The licensee's Associates received title to or use of (with or without financial consideration) assets from portfolio companies or from the licensee as follows:							
WARNING By signing below, you are certifying as to the accuracy of information you have provided on or with this statement. You are further acknowledging that a representative for the U.S. Small Business Administration (SBA) and the SBA are relying on this information, and that false statements can lead to criminal prosecution under 18 U.S.C. 1014, and other statutes, with fines of up to \$1,000,000 and imprisonment of up to 30 years, and civil fraud damages of three times the Government's loss.							
I hereby certify that all information prodocuments that I have provided along my knowledge.							

SIGNATURE AND TITLE

PLEASE NOTE: The estimated burden for completing this form is 45 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, Director, Records Management Division, 409 3rd 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.**