if



APPLICATION FOR LETTER OF INTEREST

The Letter of Interest (LI) is an indication of EXIM Bank's willingness to consider financing a given export transaction. Apply for an LI during the bidding or negotiating stage of an export sale when the following conditions exist: (1) You need an indication from EXIM Bank on the general eligibility of the transaction participants and the goods and services to be exported and/or (2) the repayment terms and other program guidelines in the LI provide you with specific enough guidance for your transaction.

An online version of this application is available on EXIM's website. EXIM strongly encourages customers to apply through EXIM Online (EOL), as it will facilitate our review and allow customers a faster response time. Additional information about applying for an EXIM Letter of Interest can be found on EXIM's website www.exim.gov.

The review of the Letter of Interest (LI) application includes comparing the transaction information to EXIM's cover policy and other basic eligibility criteria. The review also identifies any potential issues that may need to be analyzed in more detail when a final commitment (AP) application is reviewed. LIs may be restricted due to circumstances including, but not limited to; country conditions, economic impact, and/or excessive transaction or exposure amounts. EXIM may request additional information in connection with an LI application, and issuance of a Letter of Interest is at the sole discretion of EXIM. The LI has a validity period of one year and has an option to renew for an additional year. Please note that an LI does not represent a financing commitment by EXIM.

The Letter of Interest processing fee is \$100 and is non-refundable.

PARTICIPANTS

Items marked with an asterisk (*) are required fields. Under corporate ownership, provide the name of the ultimate parent company, if there is a corporate owner. For number of employees and sales volume, aggregate for the company and all its affiliates, including corporate owners and subsidiaries.

*Applicant Name:				
Tradestyle:			 	
*Business Address:				
				*Country:
Contact Person:		Position Ti	le:	
FIIONE.		Liliali		
Phone: Duns No				
Duns No. ¹A Unique Entity Identifier (UEI) No organizations) who must register in	UEI No. ¹ o. is a 12-character unique nur o SAM.gov to do business with SAM.gov. If you do not have a	Ta nber assigned to all entities the federal government. If	xpayer ID No (public and priv your entity is re	
Duns No. ¹A Unique Entity Identifier (UEI) No organizations) who must register in been assigned and is viewable in S	DEI No. ¹ Discription is a 12-character unique nur Discription SAM.gov to do business with SAM.gov. If you do not have a Ster your entity.	Ta nber assigned to all entities the federal government. If UEI No., then you must <u>rec</u>	xpayer ID Not (public and prive your entity is re ister your entity	ate companies, individuals, institutions or gistered in SAM.gov, your UEI has already v. Visit https://sam.gov/content/home to see
Duns No. ¹ A Unique Entity Identifier (UEI) No organizations) who must register in been assigned and is viewable in Syour entity has a UEI No. or to regi	DEI No. ¹ Discription is a 12-character unique nur Discription SAM.gov to do business with SAM.gov. If you do not have a Ster your entity.	Ta nber assigned to all entities the federal government. If UEI No., then you must <u>rec</u>	xpayer ID Not (public and prive your entity is re ister your entity	ate companies, individuals, institutions or gistered in SAM.gov, your UEI has already Visit https://sam.gov/content/home to see quired fields.
Duns No. ¹A Unique Entity Identifier (UEI) No organizations) who must register in been assigned and is viewable in Syour entity has a UEI No. or to register an Applicant located in the second secon	UEI No.¹ o. is a 12-character unique nur o SAM.gov to do business with BAM.gov. If you do not have a ster your entity. the United States, items	Ta nber assigned to all entities the federal government. If UEI No., then you must <u>rec</u> marked with an asteri	xpayer ID Not (public and priv your entity is re ister your entity sk (*) are req	ate companies, individuals, institutions or gistered in SAM.gov, your UEI has already . Visit https://sam.gov/content/home to see puired fields. Answer □
Duns No. ¹A Unique Entity Identifier (UEI) No organizations) who must register in been assigned and is viewable in Syour entity has a UEI No. or to register an Applicant located in the *Woman-owned business:	UEI No.¹ o. is a 12-character unique nur n SAM.gov to do business with SAM.gov. If you do not have a ster your entity. the United States, items Yes □	Ta nber assigned to all entities the federal government. If UEI No., then you must <u>rec</u> marked with an asteri	xpayer ID Not (public and priv your entity is re ister your entity sk (*) are req Decline to A	ate companies, individuals, institutions or gistered in SAM.gov, your UEI has already Visit https://sam.gov/content/home to see uired fields. Answer Answer

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services.

Check if the exporter is the applicant. Otherwise, complete the information below for each exporter including any ancillary service providers. For more information about ancillary services visit: https://www.exim.gov/solutions/loan-quarantee/ancillary-services *Exporter Name: _____ Tradestyle: _____ *Business Address: *State: _____ *Zip/Postal Code: _____ *Country: _____ *City: _____ Position Title: Contact Person: Phone: _____ Email: Duns No. _____ Taxpayer ID No. *Corporate Ownership: _____ *Does the Exporter have any affiliates²? Yes □ No □ *Primary Industry NAICS³: _____ *Total Number of Employees: _____ * Annual Sales Volume: For an Exporter located in the United States, items marked with an asterisk (*) are required fields. *Woman-owned business: Yes □ No □ Decline to Answer □ *Minority-owned business: Yes □ No □ Decline to Answer □ *Veteran-owned business: Yes □ No □ Decline to Answer □ *Disability-owned business: Yes □ No □ Decline to Answer □ *Race and/or ethnicity (One or more boxes may be selected): Black or African American □ Asian □ American Indian or Alaskan Native □ Middle Eastern or North African □ Native Hawaiian or Pacific Islander □ Hispanic or Latino □ White □ Decline to Answer □ How many years has the Exporter been in commercial operations? Does the Exporter have experience with transactions of similar size, scope, and complexity? Explain below: ² Affiliations exist when one individual or entity controls or has the power to control another or when a third party or parties control or have the power to control both. Factors such as common ownership, common management, previous relationships with or ties to another entity, and contractual relationships may cause affiliation. The complete definition of 'affiliation' is found at 13 C.F.R. § 121.103. ³ A company's Primary Industry NAICS code is the NAICS that accounts for the largest share of sales for the most recently completed fiscal year. The full definition of "primary industry" is set forth at 13 C.F.R. § 121.107. **Supplier.** The "supplier" is the U.S. company which manufactures the goods and/or performs the services to be exported. ☐ Check if the Supplier is also the Exporter. Otherwise, complete the information below for each exporter including any ancillary service providers.

Check if the Supplier is not determined. If neither applies, attach the same information for the primary supplier as requested above for the Exporter. *Supplier Name: _____ Tradestyle: *Business Address: _____ *State: _____ *Zip/Postal Code: _____ *Country: _____ *City: ___ Contact Person: Position Title: Phone: Email: _____

Exporter: The "exporter" is the company which is contracting with the Buyer for the sale of the U.S. goods and/or

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Duns No.				Taxpayer ID No	
*Corporate Ownership:					
*Does the Exporter have any aff	iliates 2 ?	Yes □	No □	*Primary Industry	NAICS ³ :
*Total Number of Employees: _					olume:
How many years has the Suppli	er been in co	ommercia	l operati	ons?	
Does the Supplier have experie	nce with trar	sactions	of simila	r size. scope. and c	complexity? Explain below:
For a Supplier located in the Un	ited States, i	tems mar	ked with	ı an asterisk (*) are	required fields.
*Woman-owned business:	Yes □		No □] Declir	ne to Answer □
*Minority-owned business:	Yes □		No □] Declir	ne to Answer □
*Veteran-owned business:	Yes □		No □] Declir	ne to Answer □
*Disability-owned business:	Yes □		No □] Declir	ne to Answer □
*Race and/or ethnicity (One or r	more hoxes i	nav he se	elected):		
American Indian or Alaskan Na		Asian I	•		Black or African American □
Hispanic or Latino □				or North African □	Native Hawaiian or Pacific Islander
White □			e to Ans		
*Borrower/Lessee Name:					
*Business Address:					***************************************
					*Country:
Contact Person:					
Phone:					ID N
Duns No	UEIN	10.1		Taxpayer	ID No
How many years has the Borro	ower been ii	n comme	rcial ope	erations?	
Does the Borrower have exper	ience with tr	ansactio	ns of sin	nilar size, scope an	nd complexity? (Please explain.)
	oited Otatas	:t	ساده ما بدرنها		una quina difia lala
For a borrower located in the Ur		iterris ma			
*Woman-owned business:	Yes □		No 🗆		ne to Answer □
*Minority-owned business:	Yes □		No 🗆		ne to Answer
*Veteran-owned business:	Yes □ Yes □		No □ No □		ne to Answer □ ne to Answer □
*Disability-owned business:	res⊔		INO L	J Deciir	IE IO Aliswei 🗆
*Race and/or ethnicity (One or r	nore boxes r	nay be se	elected):		
American Indian or Alaskan Na	tive □	Asian □			Black or African American □
Hispanic or Latino □					Native Hawaiian or Pacific Islander \square
White □		Decline	to Answ	⁄er ⊔	

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Complete the information be Check to indicate: There	pelow for each guarantor if a e is no guarantor □ Gua	at agrees to repay the credit if the guarantor is offered or required. arantor is an individual □ Gua n below for each guarantor if a g	rantor is a financial institution
·	·		·
		*Zip/Postal Code:	*Country:
-	•	ne exporter for the purchase o essor or □guarantor. Otherwi	f the U.S. goods and services. se complete the information
*Buyer Name:			
		*Zip/Postal Code:	*Country:
*Business Address: *City:	*State:	*Zip/Postal Code: Position Title:	*Country:
Contact Person:		Position Title:	
Phone:		Email:	·····
the company that extends to check if the lender is also to complete for Lessor, if appli	the EXIM guaranteed financ the □applicant or otherwise cable.	e lease to the Lessee. If the app , complete the information below	n to the borrower. The Lessor is olication is for a guaranteed loan, ov. If a direct loan is being requested,
*Lender/Lessor Name:			
		*Zip/Postal Code:	
		Position Title:	
		MGA No.:	
Agent.			
*Agent Name:			
		*Zip/Postal Code:	

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Please indicate which party above the LI should be addressed to	:		
CHINA AND TRANSFORMATIONAL EXPORTS PROGRAM (C For more information: https://www.exim.gov/about/special-initiati			
Check one or both applicable boxes below, as appropriate, if (a) subsidies from competing goods and/or services financed by the (as designated by the U.S. Secretary of the Treasury) ⁴ ; and/or (b Transformational Export Areas designated by Congress, as necewhich include:	People's Republic of China (PRC) or by other countries) the export items qualify as one or more of the		
If either box is checked, provide an explanation below.			
□ Face export subsidies for competing goods and/or services for countries Are any Chinese companies competing for this sale? Yes □ No □ Don't Known of the Chinese competitor:	ow □		
If yes, is the Chinese competitor receiving support from Yes □ No □ Don't Kno			
If yes, please list the agency:	_		
☐ Transformational Export Area (select all that apply)			
☐ Artificial Intelligence Biotechnology☐ Biomedical sciences	☐ Semiconductor and semiconductor machinery manufacturing		
☐ Wireless communications equipment	☐ Emerging financial technologies		
☐ Quantum computing	☐ Water treatment and sanitation		
☐ Quantum computing ☐ High-performance computing ☐ Renewable energy, energy efficiency, &			
energy storage	 Associated services necessary for use of any of the foregoing exports 		
4 As of this writing, no other country besides the PRC has been designated a country besides the PRC has been designated a country besides the PRC has been designated as country between the PRC has been designated	covered country.		
DOMESTIC FINANCE/MAKE MORE IN AMERICA (MMIA) For more information: Make More in America Initiative EXIM.GC	<u>DV</u>		
Check if the Letter of Interest is for a Domestic Finance/Make Momedium- and long-term loans, guarantees, and insurance transactions of America. Please complete the required attachments be	ction with buyers and end-user located in the United		
☐ Domestic Finance: <i>Required</i> Attachment I (Form EIB 22-05 <i>Required</i> Attachment F (Form EIB 95-10f): Foreign and Domestic Finance:			

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EXPORT ITEMS

The "export items" are the goods and services to be exported from the U.S. Check the applicable box(es) and complete and attach the required forms.

	Large Aircraft : Indicate if the export items include aircraft, which in a passenger configuration, contains more than 70 seats. <i>Required</i> Attachment A (Form EIB 95-10a): Large Aircraft Transactions. For more information:
	https://www.exim.gov/policies/aviation-exports
	Military/Security/Police: Indicate if the buyer is associated in any way with the military, if any export items are to be
	used by the military, or if any export items are defense articles or have a military application. For more information:
_	https://www.exim.gov/policies/military and https://www.exim.gov/policies/security-forces-sales
Ц	Project Finance: Required Attachment F (Form EIB 95-10f): Foreign and Domestic Project Finance. For more
	information: https://www.exim.gov/what-we-do/loan-guarantee/project-and-structured-finance
	Foreign Competition : Indicate if, to the best of your knowledge, there is at least one entity offering non-U.S. goods and/or services in direct competition for this specific export sale.
Ц	Other U.S. Government Agencies : Indicate whether an application for support of this export contract or a related project has been filed with the Agency for International Development, Maritime Administration, U.S. International Development Finance Corporation, Trade Development Agency or a multilateral financing agency.
	Tied Aid Program : Indicate if you want EXIM to preclude or counter a tied aid offer. Attach any additional files (e.g., credit reports dated within the last six months or financial statements) that would help in evaluating this application. For Limited Recourse Project Finance transactions, this may include a Project Information Memorandum (PIM), independent feasibility study and/or preliminary financial model. Required Attachment C (Form EIB 95-10c): Tied Aid Capital Project Fund. For more information: https://www.exim.gov/sites/default/files/newsreleases/tied-aid-procedures-10-29-20.pdf
man For	ort Items. Describe Goods and Services, which are proposed for the scope of supply. Include make, model, sufacturer/supplier, NAICS of goods and services, number of units, values, and estimated U.S. and foreign content. an aircraft transaction, include a description of the engines and if any spare parts or spare engines are included in the ort sale.
How	w many years have the good(s) and/or service(s) been deployed commercially?
used	zation of Export Items. Briefly describe the principal business activity of the end-user. If the export items are to be d in a project, also provide the name, location, purpose, and scope of the project. For an aircraft transaction, include a kground summary on the airline, the reason for the purchase, proposed routes, and delivery dates.
or p serv purc	QUESTED FINANCING AMOUNTS AND STRUCTURE M financing support is based on the value of the eligible goods and services in the exporter's supply contract(s) urchase order(s). The total level of support will be the lesser of: 85% of the value of all eligible goods and vices; or 100% of the U.S. content included in all eligible goods and services in the exporter's supply contracts or chase order(s). In addition, EXIM may also finance certain local costs, ancillary services as approved, and the osure fee/premium.
	ancing Type Requested. Check applicable box(es). You may request both a direct loan and a guarantee. If both noing options are acceptable to EXIM, they will be indicated in the LI as options. Refer to Attachment A (Form EIB 95-

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Political Risk Guarantee

10a): Large Aircraft Transactions if the transaction involves the export of new large aircraft.

Comprehensive Guarantee □

Direct Loan □

Contract Price. The "contract price" is the amount *to be shown in the exporter's invoice(s) related to goods to be exported from the U.S. and services performed by U.S. companies.* If there is more than one exporter, the contract price is the sum of the exporter's invoice amounts. The "eligible foreign content" is the portion of the contract price representing components to be purchased by the exporter outside the U.S. and *incorporate in the U.S. into the goods to be exported.* Costs to be incurred in the end-user's country are not considered eligible foreign content. Note that the eligible foreign content, if any, is part of the contract price. For an aircraft transaction, if credit memoranda information is available, deduct all airframe and engine credit memoranda, if any, from the aircraft price when calculating the contract price.

CONTRACT PRICING

U.S. Content:	
Excluding Eligible Foreign Content	
Eligible Foreign Content:	
The aggregate price of any goods produced or manufactured outside the U.S., or services provided by third country personnel or foreign freight costs and foreign insurance in the net contract price (e.g., foreign items shipped from the U.S.).	
Net Contract Price:	
U.S. Content + Eligible Foreign Content	
TOTAL FINANCED AMOUNT	
Cash Payment: Percentage: Cash Payment Amount:	
Cash Payment (Minimum) = "Greater" of the following: 15% x Net Contract Price OR 100% of the Eligible Foreign Content.	
Local Costs: Percentage: Local Costs Amount:	
The aggregated price of all goods manufactured in and services provided by residents of the end-user's country. EXIM may be able to finance these amounts up to 40% or 50% of	
the Net Contract Price above, depending on the Financing terms and conditions - OECD	
for the buyer.	
Financed Local Costs:	
This can be no more than 40% or 50% of the Net Contract Price	
Total Financed Amount:	
(Net Contract Price – Cash Payment) + Financed Local Costs	

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CERTIFICATIONS AND SIGNATURE

Please refer to the "Standard Certifications and Covenants for EXIM Applications" set forth in Form EIB 18-CN, posted on the EXIM website at https://www.exim.gov/tools-for-exporters/applications-forms/complete-list (the "Standard Certifications"). THE STANDARD CERTIFICATIONS ARE INCORPORATED INTO THIS APPLICATION AS IF FULLY AND DIRECTLY SET FORTH HEREIN. When signing this application in the space provided below, the undersigned authorized officer signing on the applicant's behalf certifies and represents that he or she is fully authorized to sign on the applicant's behalf, and that HE OR SHE HAS READ the Standard Certifications referenced above AND IS CERTIFYING AND COVENANTING, as appropriate, to all the certifications, acknowledgments and covenants set forth in the Standard Certifications.

Applicant further certifies that the representations made, and the facts stated in this application and its attachments **are, true and Applicant has not misrepresented or omitted any material facts, including the reason for requesting EXIM support**. Applicant further covenants that if any statement set forth in this application or in the Standard Certifications, becomes untrue, or is discovered to have been untrue when made, Applicant will promptly inform EXIM of all such changes or discoveries. Applicant further understands that in accepting or approving this application, EXIM is relying upon Applicant's statements set forth in the application and in the Standard Certifications, and all statements and certifications to EXIM are subject to the penalties for false or misleading statements to the U.S. Government (18 USC § 1001, et. seq.).

I,, do hereby cer	tify that I am the duly appoir	nted and qualified _	
of(Name of Applicant) of(Name of Applicant)	and that as such I am au	thorized to execute	(Title) e this application on behalf
In witness whereof, I have hereunto signed my na	nme this	day of	. 20
Name of Applicant:			
Signature:	(Authorized Off	ficer)	
Name:	 		
Title:			
Telephone:			
Email:			
Payment of \$100.00, payable to the Export-Im ☐ Visa ☐ Mastercard ☐	port Bank of the U.S., mus	st accompany app	lication; please indicate:
Account#:	Expi	ration Date:	
Signature:			

EXIM would be pleased to assist you in applying for financial support. If you have any questions, please contact EXIM's Customer Contact Center (Telephone: 1-800-565-EXIM/202-565-EXIM). Taxpayer Identifying Numbers: EXIM intends to use the taxpayer identifying numbers furnished on this application for purposes of collecting and reporting on any claims arising out of such persons' or business entities' relationships with the U.S. government.

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NOTICES

The applicant is hereby notified that information requested by this application is done so under authority of the Export-Import Bank Act of 1945, as amended (12 USC 635 et. seq.); provision of this information is mandatory and failure to provide the requested information may result in EXIM being unable to determine eligibility for support. If any of the information provided in this application changes in any material way or if any of the certifications made herein become untrue, the applicant must promptly inform EXIM of such changes. The information provided will be reviewed to determine the participants' ability to perform and pay under the transaction referenced in this application. EXIM may not require the information and applicants are not required to provide information requested in this application unless a currently valid OMB control number is displayed on this form (see upper right of each page). EXIM reserves the right to decline to process or to discontinue processing any application.

EXIM and its officers and employees are subject to the Trade Secrets Act (18 U.S.C. Sec. 1905) which requires EXIM to protect confidential business and commercial information from disclosure, and 12 CFR 404.7 which provides that EXIM will not disclose information provided in confidence without the submitter's consent and except as required by law. EXIM will endeavor to restrict the disclosure of all information provided in this form, to the fullest extent permissible under Federal information disclosure laws including the Freedom of Information Act (5 USC 552), the Privacy Act of 1974 (5 USC 552a), or under any other law or court order.

Paperwork Reduction Act Statement: We estimate that it will take you about 2.5 hours to complete this form. This includes the time it will take to read the instructions, gather the necessary facts, and fill out the form. However, you are not required to provide information requested unless a valid OMB control number is displayed on the form. If you have comments or suggestions regarding the above estimate or ways to simplify this form, forward correspondence to EXIM and the Office of Management and Budget, Paperwork Reduction Project, OMB# 3048-0005 Washington, D.C. 20503

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