



FACSIMILE TRANSMITTAL SHEET

TO:	FROM:
R. Brooks Brydges	
COMPANY:	DATE:
First Republic Securities	
FAX NUMBER:	TOTAL NO. OF PAGES INCLUDING COVER:
(858) 720-6952	5
PHONE NUMBER:	SENDER'S PHONE NUMBER:
(858) 720-6902	
RE:	YOUR FAX NUMBER:
Re: Financing Inquiry	

URGENT FOR REVIEW PLEASE COMMENT PLEASE REPLY PLEASE RECYCLE

NOTES/COMMENTS:

Credit Application Easy Instructions:

- 1) Please fill out the attached First Republic Securities Personal Financial Statement.
- 2) Fax Cover Sheet and Completed Personal Financial Statement to First Republic Securities.
- 3) You will be contacted by a Representative within 48 hours to discuss your personalized financing options.

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PERSONAL FINANCIAL STATEMENT



FIRST REPUBLIC BANK
It's a privilege to serve you®

1. CREDIT REQUEST

Bank Customer Since _____ Amount Requested \$ _____ Term Requested _____ Purpose of Request _____

2. PERSONAL PROFILE

This is a statement of: my individual financial condition our joint financial condition trust Financial condition only as of _____

I/we have have not established a trust.

This statement does does not include assets held in a trust.

Check here if applying jointly. If you are applying for credit jointly with someone other than your spouse, each of you should complete an individual personal financial statement.

BORROWER			CO-BORROWER		
NAME	DATE OF BIRTH		NAME	DATE OF BIRTH	
<input type="checkbox"/> MARRIED <input type="checkbox"/> SEPARATED <input type="checkbox"/> UNMARRIED (INCLUDES SINGLE, DIVORCED, WIDOWED)			<input type="checkbox"/> MARRIED <input type="checkbox"/> SEPARATED <input type="checkbox"/> UNMARRIED (INCLUDES SINGLE, DIVORCED, WIDOWED)		
ADDRESS	<input type="checkbox"/> OWN <input type="checkbox"/> RENT HOW LONG?		ADDRESS	<input type="checkbox"/> OWN <input type="checkbox"/> RENT HOW LONG?	
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
TELEPHONE	SOCIAL SECURITY NUMBER		TELEPHONE	SOCIAL SECURITY NUMBER	
EMPLOYER NAME	WORK TELEPHONE		EMPLOYER NAME	WORK TELEPHONE	
EMPLOYER ADDRESS			EMPLOYER ADDRESS		
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
POSITION	HOW LONG?		POSITION	HOW LONG?	

3. INCOME AND EXPENDITURE (for year _____)

Note: Alimony, child support, or separate maintenance income need not be revealed if you do not wish it to be considered as a basis for repaying this obligation.

GROSS ANNUAL INCOME	INDIVIDUAL	SPOUSE	ANNUAL EXPENDITURES	COMBINED
SALARY	\$	\$	INCOME TAXES	\$
BONUS & COMMISSIONS			REAL ESTATE PAYMENT(S)	
INTEREST & DIVIDENDS			RENT/LEASE PAYMENT(S)	
GROSS RENTAL INCOME			OTHER RENTAL/PROPERTY EXPENSE	
PARTNERSHIP INCOME			PROPERTY TAXES	
OTHER (DESCRIBE)			ALIMONY, CHILD SUPPORT	
			REVOLVING CREDIT	
			OTHER (INSTALLMENT LOANS)	
TOTAL ANNUAL INCOME	\$	\$	TOTAL ANNUAL EXPENDITURE	\$

Do you anticipate any material changes in the next 12 months? No Yes (if yes, please explain)

4. ASSETS AND LIABILITIES Please provide name of financial institution & account number)

ASSETS	AMOUNT	LIABILITIES	AMOUNT
CHECKING	\$	INCOME TAXES PAYABLE	\$
		REVOLVING CREDIT/INSTALLMENT OBLIGATIONS	
SAVINGS			
MARKETABLE SECURITIES (SEE BELOW)			
ACCOUNTS RECEIVABLE (DUE WITHIN 1 YEAR)		AUTO LOAN	
NOTES RECEIVABLE (SEE BELOW)		ACCOUNTS PAYABLE	
CASH SURRENDER/LIFE INSURANCE		NOTES PAYABLE (SEE BELOW)	
RETIREMENT ACCOUNTS (MARKET VALUE)		LOANS ON LIFE INSURANCE	
NET WORTH OF BUSINESS OWNED		REAL ESTATE DEBT (SEE NEXT PAGE)	
LIMITED PARTNERSHIP		PROPERTY TAXES PAYABLE	
RESIDENCE-REAL ESTATE OWNED (SEE NEXT PAGE)		OTHER LIABILITIES	
PERSONAL PROPERTY			
OTHER ASSETS		ALIMONY/CHILD SUPPORT/SEPARATE MAINTENANCE OWED TO: _____	
TOTAL ASSETS	\$	TOTAL LIABILITIES	\$
		NET WORTH (TOTAL ASSETS MINUS TOTAL LIABILITIES)	

“How Held” codes

I = Individual O = Jointly with Other than Spouse PTR = Partnership
s = Spouse ISP = Individuals Separate Property RT = Revocable Trust
J = Jointly with Spouse SSP = Spouse’s Separate Property IT = Irrevocable Trust

5. MARKETABLE SECURITIES including MUTUAL FUNDS (Please provide copies of latest Brokerage Statements)

HOW HELD	DESCRIPTION	WHERE LISTED	NO. OF SHARES	MARKET VALUE AS OF _____:	PLEGGED
				\$	<input type="checkbox"/> YES <input type="checkbox"/> NO
				\$	<input type="checkbox"/> YES <input type="checkbox"/> NO
				\$	<input type="checkbox"/> YES <input type="checkbox"/> NO
		TOTAL		\$	

6. NOTES RECEIVABLE

HOW HELD	NAME OF DEBTOR	PAYMENT SCHEDULE	MATURITY DATE	COLLATERAL	BALANCE DUE	PLEGGED
					\$	<input type="checkbox"/> YES <input type="checkbox"/> NO
					\$	<input type="checkbox"/> YES <input type="checkbox"/> NO
				TOTAL	\$	

7. NOTES PAYABLE

HOW HELD	NAME OF LENDER	LOAN TYPE (SECURED, GUARANTEED, ETC.)	MATURITY DATE	CREDIT LIMIT/ ORIGINAL BAL.	CURRENT BALANCE PAYMENT	MONTHLY
				\$	\$	\$
				\$	\$	\$
			TOTAL	\$	\$	\$

9. GENERAL INFORMATION

If the information in this financial statement applies both to you and your spouse, these questions apply to both of you. If additional space is needed for information

	Borrower	Co-Borrower
Are you a US citizen? If no, please give country of citizenship and visa status.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are any assets pledged or debts secured except as shown. If yes, please explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are any assets above owned by a trust. If yes, please provide a copy of the trust agreement.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you obtained credit under other names or with other individuals? If yes, provide names.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have any contingent liabilities or guarantees not disclosed on the application? If yes, explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have any required capital contributions for partnerships or investments? If yes, please outline amount(s) and estimate when payable.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you or any entity in which you have ownership had property foreclosed upon or given a deed in lieu? If yes, explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you personally delinquent or in default on any loans or guarantees? If yes, explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever declared bankruptcy or had a judgment against you? If yes, please explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been a principal or guarantor of a firm that declared bankruptcy? If yes, please explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you party to any legal claims or lawsuits? If yes, please explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have any delinquent tax liabilities, federal, state or local? If yes, explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you a director, executive officer or principal shareholder of any insured bank or financial institution that makes commercial loans and accepts deposits?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have any pending credit applications at any other financial institutions? If yes, please explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been convicted of a felony or misdemeanor? If yes, please explain.	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you been indicted or been subject to an investigation by the SEC or any other government agency?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Explanations:

10. REPRESENTATIONS AND WARRANTIES

This financial statement is provided to First Republic Bank ("Bank") for its review of my/our creditworthiness, and Bank can rely on its contents. I/We hereby warrant to bank that this financial statement is complete and correct as of the date prepared and fairly represents my/our financial condition and that I/we will promptly inform the Bank of any material changes in the information provided, including transfer of any assets into a trust. I/We authorize you to make whatever inquiries about me/us you deem necessary and appropriate, including for the purposes of verifying or checking on any information given and evaluating my/our credit and reverifying my/our credit from time to time, including obtaining credit bureau reports and contacting my/our employer(s). I/We also authorize you to provide credit information about your credit experience with me/us to other creditors and credit reporting agencies.

X

 BORROWER'S SIGNATURE

X

 CO-BORROWER'S SIGNATURE

 DATE

 DATE