

Schedule of Existing Debts for:

\_\_\_\_\_  
 Operating Company (Complete for each company)

Please list all Business Debts:

| Name & Address of Creditor | Name of Borrowing Entity | Original Date | Original Amount | Present Balance | Monthly Payment | Interest Rate | Variable (V) or Fixed (F) | Collateral | Loan Status | Maturity Date |
|----------------------------|--------------------------|---------------|-----------------|-----------------|-----------------|---------------|---------------------------|------------|-------------|---------------|
|                            |                          |               |                 |                 |                 |               |                           |            |             |               |
|                            |                          |               |                 |                 |                 |               |                           |            |             |               |
|                            |                          |               |                 |                 |                 |               |                           |            |             |               |
|                            |                          |               |                 |                 |                 |               |                           |            |             |               |
|                            |                          |               |                 |                 |                 |               |                           |            |             |               |
|                            |                          |               |                 |                 |                 |               |                           |            |             |               |
|                            |                          |               |                 |                 |                 |               |                           |            |             |               |
|                            |                          |               |                 |                 |                 |               |                           |            |             |               |
| Total Present Balance:**   |                          |               |                 |                 |                 |               |                           |            |             |               |

\_\_\_\_\_  
 Signed (Name & Title)

\_\_\_\_\_  
 Date\*

\*Date should be the same as date on current financial statement

\*\*Total must agree with balance shown on current financial statement