

Statement as of



Nichita Falls TX * Burkhurnett TX * Iowa Park T

Trionita i ano, iii Bantbaniott, iii	iorra i ain, iii								
NAME			SOCIAL SECURI	TY NO.	HOME PHONE N	10.	HOME ADDRESS		
CITY	STATE	ZIP	NAME OF SPOU	SE (IF MARRIED)		SPOUSE'S SSN		DEPENDENT CHILDREN	
NAME OF EMPLOYER		POSITION		YEARS	BUSINESS PHO	NE	ADDRESS OF E	MPLOYER	
CITY	STATE	ZIP	NAME OF ATTOR	RNEY	PHONE	NAME OF C.P.A.		PHONE	

Section 1 - Balance Sheet

PLEASE DO NOT LEAVE ANY QUESTIONS UNANSWERED, USE "NO" OR "NONE" WHERE NECESSARY.

	ASSETS	(OMIT CENTS)			LIABILITIES	(OMIT CENTS)
CASH	IN THIS BANK		NOTES	IIO DANIK	UNSECURED	
SCHEDULE 1	IN OTHER BANKS		PAYABLE TO TO SCHEDULE 6,7		SECURED	
SECURITIES SCHEDULE 2	MARKETABLE (NYSE, OTC)		NOTES PAYABLE TO OTHER BAN		UNSECURED	
	NON-MARKETABLE		SCHEDULE 6,7		SECURED	
	RESTRICTED STOCK		OTHER NOTES	PAYABLE (SCH	EDULE 8)	
ACCOUNTS RE	CEIVABLE (SCHEDULE 3)		ACCOUNTS PAY	ABLE (SCHEDU	JLE 8)	
NOTES RECEIV	'ABLE (SCHEDULE 3)		MORTGAGES		HOMESTEAD	
			PAYABLE SCHEDULE 6		OTHER REAL ESTATE OWNED	
REAL ESTATE	HOMESTEAD		DUE TO BROKE	RS IN MARGIN A	ACCOUNTS	
SCHEDULE 6	OTHER REAL ESTATE OWNED		TAXES		HOMESTEAD	
AUTOMOBILES			OWING		OTHER REAL ESTATE OWNED	
OIL AND GAS (S	SCHEDULE 7)		OTHER LIABILIT	IES (ITEMIZE)	•	
IRA'S & PENSIC	ON PLANS (SCHEDULE 5)			REVOLVING AC	COUNTS - CREDIT CARDS	
OTHER ASSETS	S (ITEMIZED)			OTHER		
			TOTAL LIABILIT	TES		
			NET WORTH (TO	OTAL ASSETS -	TOTAL LIABILITIES)	
TOTAL ASSETS	3		TOTAL LIABILIT	TES AND NET W	/ORTH	

Section 2 - Cash Flow

BOTH SECTIONS MUST BE COMPLETED

Section 2 - Casimi	~ V	▼																								
INCOME / EXPENSE INFORMATION SOURCES OF THIS YEAR PROJECTED NEXT																										
SOURCES OF CASH		THIS YEAR 20	PROJECTED NEXT YEAR 20	USES OF CASH		THIS YEAR 20	PROJECTED NEXT YEAR 20																			
SALARY AND WAGES	F	1		INCOME TAXES & FICA	7	1																				
COMMISSIONS, BONUSES				OTHER PAYROLL DED.																						
INTEREST & DIVIDENDS				LIVING EXP. & MISC.																						
RENTAL INCOME				RENTAL EXPENSES	SES																					
OIL & GAS AFTER OP. EXP.	RECURRING			OIL & GAS CAP. EXP.	EXPENSES																					
OTHER BUSINESS INCOME	ECUF			OTHER BUSINESS EXP.	ШÜ																					
OTHER INCOME	~			OTHER																						
																							SUBTOTAL			
				REG. SCHED. PMTS.																						
SUBTOTAL	Ļ			OTHER INTEREST	J																					
COMMISSIONS, BONUS	õ			OTHER PRINCIPAL	SERVICE																					
SALE OF ASSETS	R.			CONTINGENT LIAB.	SER																					
TAX REFUND	NON-RECURRING			OTHER	DEBT																					
OTHER	N-R-			TOTAL CASH USES																						
	ž			NET CASH FLOW (TOTAL CASH																						
	Τ			SOURCES - TOTAL CASH USES)	4	J																				

- () I am applying for business or corporate credit.
- () I am applying for individual credit in my own name and I am relying on my own income and assets and not the income or assets of another person.
- () I am applying for individual credit and I am relying on my income or assets, as well as income or assets form other sources.
- () We are applying for joint credit.

The above financial and related supporting schedules, which are submitted for the purpose of establishing, obtaining and maintaining credit, present a true, complete and correct statement of my financial condition as of the date shown. I agree to notify the bank of any material adverse change in my financial condition: and to furnish current financial information upon request by the bank from time to time. The bank is authorized to contact any appropriate third parties for the purpose of verifying any information at any time furnished by me to the bank, and/or obtaining additional credit information deemed necessary by the bank; conversely, in the absence of written instruction to the contrary, the bank is authorized to impart such credit information to responsible third parties at the bank's sole discretion in accordance with applicable laws and regulations governing such disclosures. This financial statement and other information furnished shall be the property of the bank.

		JOINT AFFEICANT 3 SIGNATURE	
SIGNATURE	DATE	(If Applicable)	DATE



II INSULTICIENT SPACE PELASE A	Trach a Separate Sheet Containing Inform	ATION			
	SCHEDUI	E 1 - DEPOSIT	ACCOUNTS		
STYLE OF ACCOUNT	NAME & LOCATION WHERE HELD	BALANCE	TYPE OF ACCOUNT	ACCOUNT NUMBER	RESTRICTED YES OR NO
	Total to Page 1			-	

	SCHEDULE 2 - STOCKS AND BONDS													
NUMBER OF SHARES	NAME OF ISSUER	WHERE TRADED	MARKET PER SHARE	TOTAL VALUE	LIENS?** YES OR NO	RESTRICTED? YES OR NO*	REGISTERED IN NAME OF							
		ige 1												

 $^{^{\}star}$ RESTRICTED SECURITIES MEANING RESTRICTIONS IMPOSED BY LETTER, LEGEND, OR CONTROL

^{**}LIENS INCLUDE ANY MARGIN DEPOSITS, TRANSFERS, CONDITIONAL SALES, ASSIGNMENTS, CHARGES, ENCUMBRANCES, PLEDGES, HYPOTHECATIONS, SECURITY INTERESTS, OR OTHER SIMILAR DISPOSITIONS.

	SCHEDULE 3 - NOTES AND ACCOUNTS RECEIVABLE (INCLUDING REAL ESTATE NOTES)												
DUE FROM	ORIGINAL DATE	ORIGINAL AMOUNT	PRESENT BALANCE	PAYMENTS	MATURITY	PURPOSE AND COLLATERAL IF ANY	COLLECTIBLE YES OR NO						
	Total to Pa	ige 1			•								

NOTE: IF PRIOR LIENS EXIST ON ANY REAL ESTATE NOTES LISTED ABOVE, PLEASE INDICATE LIENHOLDER AND AMOUNT ON PAGE 3

	SCHEDULE 4 - LIFE INSURANCE													
COMPANY	NAME OF INSURED	FACE AMOUNT	CASH SURRENDER OR LOAN VALUE	POLICY LOAN (IF ANY)	IS POLICY OR C/V ASSIGNED?	BENEFICIARY								
	Total to Pa	ge 1												

	SCHEDULE 5 - DEFERRED COMPENSATION & PENSION PLANS*													
TRUSTEE / ADMINISTRATOR	TYPE OF ACCOUNT	IN NAME OF	BALANCE - VALUE	PLAN LOAN	NET VALUE	BENEFICIARY	FULLY VESTED	ACCESS DATE						
								1						
	-													

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				SCHEDULE	6 - REAL E	STATE OW	NED AND RELATED DEBT					
			YEAR	COST &	MARKET	PRESENT	RELATED DEBT (Mark "*" by amount it	f not persor	ally liabl	e)	ANNUAL	TAXES
	LOCATION, SIZE IMPROVEMENTS		ACQUIRED	IMPROVEMENTS	VALUE	BALANCE	Lienholder	MATURITY	RATE	ANNUAL PAYMENTS	INCOME	CURRENT YES OR NO
	HOMESTEAD - TOTAL TO PAGE 1											
1												
	OTHER WHOLLY OWNED REAL ESTATE											
2												
			TOTALS TO	D PAGE 1				1	1			
	PARTIAL OWNERSHIP IN REAL ESTATE	%										
	YOUR PORTION OF MARKET VALUE AND DE	EDT	TOTALS TO	D DAGE 1								
	TOUR PURTION OF MARKET VALUE AND DE	ERI	TOTALS TO	J PAGE 1								

REGARDING SCHEDULES 6 AND 7. IF THE AMOUNT OF DEBT WHICH CAN BE LEGALLY ENFORCED AGAINST YOU EXCEEDS YOUR % OWNERSHIP, PLEASE DETAIL IN SCHEDULE 9.

	SCHEDULE 7 - OIL AND GAS INTEREST (including partnership interests)													
	LOCATION, DESCRIPTION, TYPE OF INTEREST			YEAR	DATE OF		PRESENT	RELATED	DEBT (mark "*" by amount if r	not persona	lly liable)		NET	TAXES
	AND SOURCE OF VALUATION		%	ACQUIRED	VALUATION			PRESENT BALANCE	LIENHOLDER	MATURITY	RATE	MONTHLY PAYMENTS	OPERATING REVENUE*	CURRENT YES OR NO
1														
2														
3														
4														
5														
	*NET OPERATING REVENUE AFTER OPERATING EXPENSES TOTALS TO PAGE 1													

DATE___



Prepared by (if other than maker):_

DL		ODICINAL			TABLE - Exclud	le Loans Listed	in Schedules 6 and	u <i>r</i> I
	UE TO	ORIGINAL DATE	ORIGINAL AMOUNT	PRESENT BALANCE	PAYMENTS	MATURITY	PURPOSE	COLLATERAL
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				† <u> </u>	<u> </u>			
				† <u> </u>	<u> </u>			
	-			1	1			
		+	<u> </u>	†	 			
		+	+	1	1	1		
		-	+	+	+			
		Total to Pa	<u>1</u> -ae 1		1	<u>, </u>		
		• • • • •	90.		4			
			SCHEDULI	= a - CONTINC	SENT LIABILIT	ries		
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	Total to Pa	age 1						
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				OTHER INFO	PMATION			
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DC.	S IIV WITHOUT	KINEN, O	NOITAL C	210.	1911-	FBUSINESS		ESS DAINE AGGG .
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Lunderst	that the follow	·otions are	'-'-acced to	d I have	======================================	= appropria		
_		wing questions are						
□ _{Yes}	□ No	1. Are any of	the Assets hel	ld in truct in or				
		•	of the Assets (i	i) owned or cla	nimed by your s	pouse before n	narriage; or (ii) ac	
☐ Yes	□ No	spouse dur	of the Assets (i ring marriage b	i) owned or cla by gift or inheri	nimed by your s tance; or (iii) re	spouse before necovered for pe	narriage; or (ii) ac rsonal injuries sus	stained by your
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