

Fax completed application to 801.384.3099 or email to CBExpress@celticbank.com. Call 888.487.3491 for additional information.

| Loan Partner Source Code: | Participating Bank Partner Code: | | | | |
|--|--|--|--|--|--|
| Counselor Name: | SBA District Office: | | | | |
| Counselor Phone: | _ Fax: Email: | | | | |
| LOAN PURPOSE: | | | | | |
| (For businesses in operation less than 24 months, Borrower funds must be at least 10% of business' total Capital Needs) | Loan Amount Requested: \$ | | | | |
| COMPANY NAME & ADDRESS | | | | | |
| Business Name: | dba: | | | | |
| EIN Number: | | | | | |
| Physical Address of Business: | Mailing Address if different from Physical Address: | | | | |
| Street Address, Suite Number | Street Address, Suite Number | | | | |
| City, County | City, County | | | | |
| State, Zip | State, Zip | | | | |
| Date Business Moved to This Location: | Business Website Address: | | | | |
| Phone: | Fax: | | | | |
| Cell Phone: | E-Mail: | | | | |
| GENERAL BUSINESS | | | | | |
| Type of Business Entity: | Nature of Business: | | | | |
| (Corporation, ILC, Sole Proprietor, Partnership) | (Describe your business: ie. Auto Repair Shop, Barber Shop, etc.) | | | | |
| NAICS Code: Du | uns Number: | | | | |
| When did the business begin operations? | (Existing Business with D&B Number) How long have you owned the business? | | | | |
| Number of Current Employees: Jobs | You Will Create: Number of Jobs Retained: | | | | |
| Are any of your business' products/services exported | d or do you plan to begin exporting as result of this loan? □ yes □ no | | | | |
| If YES, provide estimated total export sales this loan | n will support: \$ Is your business a Start-Up? □ yes □ no | | | | |
| Is your Business a Franchise? □yes □no | Name of Franchisor: | | | | |



| CONT | FACT INFORMATION | | | | |
|----------|---|------------------------|-------------------------|-----------------------|--------------|
| COM | | | | | |
| | Name of Contact | | Title | Phone | Number |
| Is Conta | act Person an Owner of Busines | SS? | | | □ yes □ no |
| | | | | | |
| COMI | PANY FINANCIAL INFORM | ATION | | | |
| Actual C | Gross Sales Last Year: \$ | | Actual Gross Sales P. | revious Year 1: \$ | |
| | Gross Sales Previous Year 2: \$ | | | | |
| Do you | plan to purchase an existing bu funds may not be used to purchase a busine | usiness? | | | □ yes □ no |
| How ma | any people either own at least 2 | 0% of this business, o | r are Officers, Directo | ors or Managers of th | he Business? |
| Are the | products and/or services of the | Applicant business ava | ilable to the general p | ublic? | □ yes □ no |
| Has this | business ever filed for Bankrup | otcy Protection or Rec | eivership? | | □ yes □ no |
| If YES, | When: | | | | |
| | y Officer, Manager, Director or another business? | Owner of 20% or mo | ore of the applicant bu | usiness, own 20% o | r □ yes □ no |
| | y Officer, Manager, Director or as Officer, Manager, Director o | | | isiness, hold a | □ yes □ no |
| 1) | | | | | |
| | Business Name | Officer/Own | er Name | Percentage of Owr | iership |
| | Number of Employees | Gross Sales Last Yea | r Gross Previous | Year Gross Ti | vo Years Ago |
| 2) | | | | | |
| | Business Name | Officer/Own | er Name | Percentage of Owr | iership |
| | Number of Employees | Gross Sales Last Yea | r Gross Previous | Year Gross Ti | vo Years Ago |
| 3) | | | | | |
| | Business Name | Officer/Own | er IName | Percentage of Own | iership |
| | Number of Employees | Gross Sales Last Yea | r Gross Previous | Year Gross Ti | vo Years Ago |



□ yes □ no

PRINCIPAL INFORMATION (Must be completed by all owners of 20% or more and all officers, directors and/or managers of the business) Social Security Number: ______ Date of Birth: _____ ne Middle Name : (Mr./Mrs./Ms./Dr.) First Name (Jr./Sr.) Last Name Home Phone: _____ Work Phone: ____ E-Mail: ____ Place of Birth: City: _____ State: ____ Country: ____ What % of the Business do you own? _____ What is your title in the Business? _____ □ ves □ no Are you a US Citizen? If NO, Do You Have a Legal Permanent Resident Card Issued Through the US Department of Homeland Security? □ yes □ n o Alien Registration Number: ______ Please attach a copy of the front and back of the card. **CURRENT RESIDENCE INFORMATION** PRIMARY RESIDENCE: PRIMARY MAILING ADDRESS: Street Address, Apt or Unit # Street Address, Apt or Unit # City, County, State, Zip City, County, State, Zip Residence Type:_____ Annual Household Income: \$ _____ (Own, Rent, Military Housing, Live with Relatives) (Must be verifiable through IRS) Date Moved to this location: Amount of Mo. Rent or Mortgage Payment: \$_____ PRINCIPAL INFORMATION Race*: □Amer.Ind./Alaska Native □ Black/Afr.Amer. □ Asian □ Native Haw./Pacific Islander □ White.Cauc. Ethnicity*: □ Hisp./Latino □ Not Hisp./Latino *This data is collected for statistical purposes only. It has no bearing on the credit decision. Disclosure is voluntary One or more boxes for race may be selected. Are you a Veteran of the United States Armed Forces? □ yes □ no If yes, was service between June 1964 and August 1973? □ yes □ no Are you a service disabled Veteran? □ yes □ no Are you a member of the Reserve or National Guard? □ yes □ no Are you Active Duty TAP or within one year of retirement? □ yes □ no Are you a spouse of any of the above? □ yes □ no

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Are you a widow/widower of a service member who died in service or of a service related disability?

PRINCIPAL INFORMATION (Must be completed by all owners of 20% or more and all officers, directors and/or managers of the business)

| Prefix: (Mr./Mrs./Ms./Dr.) | First Name | Middle Name | Last Nam | .e | (Jr./Sr.) |
|---|--|---|---------------------------------------|-----------|------------------|
| Are you presently under indict | ment, on parole, or on | probation? | | □ yes | s 🗆 no |
| Have you ever been charged w (including offenses which have | | criminal offense other than a mir arged, or nolle prosequi)? | or vehicle violat | | s 🗆 no |
| | | ersion, or placed on any form of pminal offense other than a minor | | | s 🗆 no |
| Has an application for the loar | n you are applying for | now been submitted to SBA unde | er any program? | □ yes | s 🗆 no |
| | | disbarment, declared ineligible, o y Federal department or agency? | r voluntarily | □ yes | s 🗆 no |
| any obligation to pay child sup | pport arising under an and a custodial parent | business, are you more than 60 d administrative order, court order , or repayment agreement betwee vices? | repayment | l a | s □ no |
| If 'YES' to <u>any of the ABOVE</u> Standard Operating Procedure | _ | ion may not be eligible for proces ss Loan Program. | ssing under Celti | ic Bank (| Corp. |
| | | icant where there is any appearan lowing questions. If "false" is che | | | |
| | | member of the employee's housel r debtor, or has a financial interes | st in the | True | □False |
| attorney, agent, creditor or deb No individual currently involve | otor, or has a financial ed in a Small Business he individual's househ | Development Center program, the old is an employee, officer, director | □ he individual's or, attorney, | | □False □False |
| a close relative or household m | nember of such an indi | employee of the legislative or judic vidual) is a sole proprietor, genera r, or has a financial interest in the | al partner, officer | | □False |
| relative or household member | of such an individual) | ry Council or a SCORE volunteer is a sole proprietor, general partn r, or has a financial interest in the | er, officer, | True | □False |
| a close relative or household m | ember of such an indi | certified development company ovidual) is a sole proprietor, general, or has a financial interest in the | al partner, officer | ., | □False |
| | | ctors have a significant financial in packaging SBA loans for at least | t two years | True | □False |
| government employee or a Ma | jor or Lieutenant Com ed to the Lender a stat | ny Associate's household is a GS-1 nmander or higher in the military, ement of no objection by the per | , the small tinent | l True | □False |

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PRINCIPAL INFORMATION (Must be completed by all owners of 20% or more and all officers, directors and/or managers of the business)

| Prefix : (Mr./Mrs./Ms./Dr.) | Et. N. | M: 111 N. | I NI | (I#/S |
|--|---|---|--|--------------------------------|
| | First Name | Middle Name | Last Name | (Jr./S |
| Do you own/control 20% or mo | | | | □ yes □ no |
| | | | | |
| | | | | |
| | | | | |
| Have you, the business, or its af | • | government financing? | | □ yes □ n |
| If Yes, is any of the financing cu | | 1 | | □ yes □ n |
| Did any of this financing ever d | | · · | | □ yes □ n |
| Have you, the business, or its af | • | | | □ yes □ n |
| If yes, is the loan either current | or paid in full? (Lendo | ers names: Remainir | ig Balance) | □ yes □ n |
| Have you ever filed for Bankrup If YES, When: | • | • | | □ yes □ n |
| Are you or the business current | | | | □ yes □ n |
| Did you commit to pay or have this loan (such as a broker, consmaterials for this loan (such as a | ultant or referral agen | cluding the lender) to assist you at) or in preparing the application | in either obtaining n or application | · |
| Will more than \$10,000 of the | | for construction? | | □ yes □ n |
| | • | | socified in the lean | • |
| I agree that all SBA loan proceed and, to the extent feasible, to pu | • | 1 1 | | аррисаціон |
| I realize that the penalty for kno from SBA is that I may be fined submitted to a Federally insured under 18 USC §1014. | up to \$10,000 and/o | r be put in jail for up to 5 years | under 18 USC \$10 | 001 and if |
| I authorize the SBA Office of In agencies for the purpose of deter | * | * | | |
| I authorize Celtic Bank Corpora with my SBA Approved Technic otherwise share credit, loan, fin | al Assistance Provider | , and likewise, for my Technical | Assistance Provider | |
| By signing below, you certify the authorize Celtic Bank to verify a spouse's, if you live in a communaccount experience with Celtic Eprocess this application, includir verification and income verificat. | ll your statements with nity property state) an sank. You agree to pro ag but not limited to t | h any source, obtain credit and ed d exchange information with other ovide additional information tha | employment history hers about your cree t Celtic Bank may re | , (including dit and equire to |

Signature Date (CBCELA.1302)

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OHIO APPLICATION DISCLOSURE

Made pursuant to Ohio Revised Code Section 4112.021

IMPORTANT

DO NOT SIGN THIS FORM UNTIL YOU CAREFULLY READ IT AND UNDERSTAND ITS CONTENT

The Ohio laws against discrimination require that all creditors make credit equally available to all credit worthy customers, and that credit reporting agencies maintain separate credit histories on each individual upon request. The Ohio civil rights commission administers compliance with this law.

| BY SIGNING BELOW, WE ACKNOWLEDGE THAT WE | HAVE READ, RECEIVED, AND UNDERSTAND | | | | | | |
|--|-------------------------------------|--|--|--|--|--|--|
| THIS APPLICATION DISCLOSURE. THIS DISCLOSURE | E IS DATED: | | | | | | |
| | | | | | | | |
| | | | | | | | |
| APPLICANT: | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| X | X | | | | | | |
| Applicant | Co-Applicant | | | | | | |



Date

CERTIFICATION OF FINANCIAL STATEMENT

Name:

| Address: | | |
|---|--|---|
| Phone: | | |
| | | |
| Celtic Bank to v in a community Bank. You agree | verify all your statements with any source, obtain y property state) and exchange information wit | iven with this application is true and complete. You authorized credit and employment history, (including spouse's, if you live the others about your credit and account experience with Celtic Bank may require to process this application, including but no rement verification and income verification. |
| | Individual (| Certificaiton |
| | Signature | Date |
| | Business C | ertification |
| | Busines | Name: |

By: (Authorized Signor & Title)

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Department of the Treasury - Internal Revenue Service

OMB Number 1545-1872

IVES Request for Transcript of Tax Return

Do not sign this form unless all applicable lines have been completed.

Request may be rejected if the form is incomplete or illegible.

For more information about Form 4506-C, visit www.irs.gov and search IVES.

| | Name first) | shown on tax return (if a joint return, enter the name shown | 1b. First social security number on tax return, individual taxpayer identification number, or employer identification number (see instructions) | | | |
|---------------|--------------------------|--|---|--|--|--|
| 2a . l | f a joii | nt return, enter spouse's name shown on tax return | 2b. Second s | | r individual taxpayer identification number | |
| 3 . C | urrent | name, address (including apt., room, or suite no.), city, state, ar | nd ZIP code (se | e instructions) | | |
| 4 . P | reviou | s address shown on the last return filed if different from line 3 (s | ee instructions) | | | |
| 5a . l | VES p | participant name, address, and SOR mailbox ID | | | | |
| 5b. (| Custo | mer file number (if applicable) (see instructions) | | | | |
| Cau | tion: | This tax transcript is being sent to the third party entered on Line | 5a. Ensure tha | t lines 5 through 8 are co | mpleted before signing. (see instructions) | |
| 6. | | script requested. Enter the tax form number here (1040, 1065, equest | 1120, etc.) and | check the appropriate bo | x below. Enter only one tax form number | |
| | | Return Transcript, which includes most of the line items of a ta made to the account after the return is processed. Transcripts at 1120, Form 1120-A, Form 1120-H, Form 1120-L, and Form 1120 during the prior 3 processing years | re only available | e for the following returns | : Form 1040 series, Form 1065, Form | |
| | | Account Transcript, which contains information on the financia assessments, and adjustments made by you or the IRS after the estimated tax payments. Account transcripts are available for me | e return was file | | | |
| | | Record of Account, which provides the most detailed information Available for current year and 3 prior tax years | on as it is a con | nbination of the Return Tr | anscript and the Account Transcript. | |
| 7. | inforr for up 2016 | NW-2, Form 1099 series, Form 1098 series, or Form 5498 series and in returns. State or local information is not included with the to to 10 years. Information for the current year is generally not available in 2017, will likely not be available from the IRS until 2018 at Security Administration at 1-800-772-1213 | Form W-2 informailable until the | mation. The IRS may be year after it is filed with the | able to provide this transcript information ne IRS. For example, W-2 information for | |
| | | f you need a copy of Form W-2 or Form 1099, you should first cuse Form 4506 and request a copy of your return, which includes | | | rm W-2 or Form 1099 filed with your return, | |
| 8. | Year | or period requested. Enter the ending date of the tax year or per | riod using the n | m/dd/yyyy format <i>(see in</i> | structions) | |
| Cau | tion: | Do not sign this form unless all applicable lines have been comp | leted. | | | |
| requ man | ested aging | of taxpayer(s). I declare that I am either the taxpayer whose national fitted that I am either the taxpayer whose national fitted that I am either the taxpayer whose must member, guardian, tax matters partner, executor, receiver, admorm 4506-C on behalf of the taxpayer. Note : This form must be a | t sign. If signed inistrator, truste | by a corporate officer, 1 pe, or party other than the | percent or more shareholder, partner, taxpayer, I certify that I have the authority to | |
| | | atory attests that he/she has read the attestation clause and nstructions. | l upon so read | ing declares that he/she | has the authority to sign the Form 4506-C. | |
| | | Signature (see instructions) | | Date | Phone number of taxpayer on line 1a or 2a | |
| | | Print/Type name | | | | |
| | ign ere | Title (if line 1a above is a corporation, partnership, estate, or tr | rust) | | | |
| | | Spouse's signature | | | Date | |
| | | Print/Type name | | | | |

Instructions for Form 4506-C, IVES Request for Transcript of Tax Return

Section references are to the Internal Revenue Code unless otherwise noted.

Future Developments

For the latest information about Form 4506-C and its instructions, go to *www.irs.gov* and search IVES. Information about any recent developments affecting Form 4506-C (such as legislation enacted after we released it) will be posted on that page.

What's New. Form 4506-C was created to be utilized by authorized IVES participants to order tax transcripts with the consent of the taxpayer.

General Instructions

Caution: Do not sign this form unless all applicable lines have been completed.

Designated Recipient Notification. Internal Revenue Code, Section 6103(c), limits disclosure and use of return information received pursuant to the taxpayer's consent and holds the recipient subject to penalties for any unauthorized access, other use, or redisclosure without the taxpayer's express permission or request.

Taxpayer Notification. Internal Revenue Code, Section 6103(c), limits disclosure and use of return information provided pursuant to your consent and holds the recipient subject to penalties, brought by private right of action, for any unauthorized access, other use, or redisclosure without your express permission or request.

Purpose of form. Use Form 4506-C to request tax return information through an authorized IVES participant. You will designate an IVES participant to receive the information on line 5a.

Note: If you are unsure of which type of transcript you need, check with the party requesting your tax information

Where to file. The IVES participant will fax Form 4506-C with the approved IVES cover sheet to their assigned Service Center.

Chart for ordering transcripts

| If your assigned Service Center is: | Fax the requests with the approved coversheet to: |
|---|---|
| Austin Submission | Austin IVES Team |
| Processing Center | 844-249-6238 |
| Fresno Submission | Fresno IVES Team |
| Processing Center | 844-249-6239 |
| Kansas City Submission Processing Center | Kansas City IVES Team 844-249-8128 |
| Ogden Submission | Ogden IVES Team |
| Processing Center | 844-249-8129 |

Specific Instructions

Line 1b. Enter the social security number (SSN) or individual taxpayer identification number (ITIN) for the individual listed on line 1a, or enter the employer identification number (EIN) for the business listed on line 1a.

Line 3. Enter your current address. If you use a P.O. box, include it on this line.

Line 4. Enter the address shown on the last return filed if different from the address entered on line 3.

Note: If the addresses on lines 3 and 4 are different and you have not changed your address with the IRS, file Form 8822, Change of Address, or Form 8822-B,Change of Address or Responsible Party — Business, with Form 4506-C.

Line 5b. Enter up to 10 numeric characters to create a unique customer file number that will appear on the transcript. The customer file number cannot contain an SSN, ITIN or EIN. Completion of this line is not required.

Note. If you use an SSN, name or combination of both, we will not input the information and the customer file number will reflect a generic entry of "9999999999" on the transcript.

Line 8. Enter the end date of the tax year or period requested in mm/dd/yyyy format. This may be a calendar year, fiscal year or quarter. Enter each quarter requested for quarterly returns. Example: Enter 12/31/2018 for a calendar year 2018 Form 1040 transcript.

Signature and date. Form 4506-C must be signed and dated by the taxpayer listed on line 1a or 2a. The IRS must receive Form 4506-C within 120 days of the date signed by the taxpayer or it will be rejected. Ensure that all applicable lines, *including lines 5a through 8*, are completed before signing.



You must check the box in the signature area to acknowledge you have the authority to sign and request the information. The form will not be processed if unchecked.

Individuals. Transcripts listed on on line 6 may be furnished to either spouse if jointly filed. Only one signature is required. Sign Form 4506-C exactly as your name appeared on the original return. If you changed your name, also sign your current name.

Corporations. Generally, Form 4506-C can be signed by:

(1) an officer having legal authority to bind the corporation, (2) any person designated by the board of directors or other governing body, or (3) any officer or employee on written request by any principal officer and attested to by the secretary or other officer. A bona fide shareholder of record owning 1 percent or more of the outstanding stock of the corporation may submit a Form 4506-C but must provide documentation to support the requester's right to receive the information.

Partnerships. Generally, Form 4506-C can be signed by any person who was a member of the partnership during any part of the tax period requested on line 8.

All others. See section 6103(e) if the taxpayer has died, is insolvent, is a dissolved corporation, or if a trustee, guardian, executor, receiver, or administrator is acting for the taxpayer.

Note: If you are Heir at law, Next of kin, or Beneficiary you must be able to establish a material interest in the estate or trust.

Documentation. For entities other than individuals, you must attach the authorization document. For example, this could be the letter from the principal officer authorizing an employee of the corporation or the letters testamentary authorizing an individual to act for an estate.

Signature by a representative. A representative can sign Form 4506-C for a taxpayer only if the taxpayer has specifically delegated this authority to the representative on Form 2848, line 5. The representative must attach Form 2848 showing the delegation to sign Form 4506-C.

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to establish your right to gain access to the requested tax information under the Internal Revenue Code. We need this information to properly identify the tax information and respond to your request. You are not required to request any transcript; if you do request a transcript, sections 6103 and 6109 and their regulations require you to provide this information, including your SSN or EIN. If you do not provide this information, we may not be able to process your request. Providing false or fraudulent information may subject you to penalties.

Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, and cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by section 6103.

The time needed to complete and file Form 4506-C will vary depending on individual circumstances. The estimated average time is:

If you have comments concerning the accuracy of these time estimates or suggestions for making Form 4506-C simpler, we would be happy to hear from you. You can write to:

Internal Revenue Service Tax Forms and Publications Division 1111 Constitution Ave. NW, IR-6526 Washington, DC 20224

Do not send the form to this address. Instead, see Where to file on this page.



OMB APPROVAL NO.: 3245-0188 EXPIRATION DATE: 03/31/2021

PERSONAL FINANCIAL STATEMENT 7(a) / 504 LOANS AND SURETY BONDS

U.S. SMALL BUSINESS ADMINISTRATION

| As of | , | |
|-------|---|--|
| | | |

SBA uses the information required by this Form 413 as one of a number of data sources in analyzing the repayment ability and creditworthiness of an application for an SBA guaranteed 7(a) or 504 loan or, with respect to a surety bond, to assist in recovery in the event that the contractor defaults on the contract. Submission of this information is required as part of your application for assistance. Failure to provide the information would impact the agency's decision on your application.

Complete this form for: (1) each proprietor; (2) general partner; (3) managing member of a limited liability company (LLC); (4) each owner of 20% or more of the equity of the Applicant (including the assets of the owner's spouse and any minor children); and (5) any person providing a guaranty on the loan

Return completed form to:

For 7(a) loans: the Lender processing the application for SBA guaranty

For 504 loans: the Certified Development Company (CDC) processing the application for SBA guaranty For Surety Bonds: the Surety Company or Agent processing the application for surety bond guarantee

| e Business Phone | | | | | | | |
|--|--|--|--|--|--|--|--|
| Home Address | ess Home Phone | | | | | | |
| City, State, & Zip Code | | | | | | | |
| Business Name of Applicant | | | | | | | |
| ASSETS (Omit Cents) | LIABILITIES (Omit Cents) | | | | | | |
| Cash on Hand & in banks | Notes Payable to Banks and Others\$ (Describe in Section 2) Installment Account (Auto)\$ Mo. Payments \$ Installment Account (Other)\$ Mo. Payments \$ Loan(s) Against Life Insurance\$ Mortgages on Real Estate\$ (Describe in Section 4) Unpaid Taxes\$ (Describe in Section 6) Other Liabilities\$ (Describe in Section 7) Total Liabilities\$ Net Worth\$ Total \$ *Must equal total in assets column. | | | | | | |
| Section 1. Source of Income. | Contingent Liabilities | | | | | | |
| Salary\$ Net Investment Income\$ Real Estate Income\$ Other Income (Describe below)*\$ Description of Other Income in Section 1. | Legal Claims & Judgments\$ | | | | | | |

^{*}Alimony or child support payments should not be disclosed in "Other Income" unless it is desired to have such payments counted toward total income.

| Names and Addr Noteholder | | of | Original Balance | Current Balance | Payment Amount | Frequ (monthl | | | red or Endorsed of Collateral |
|--|---------|--------------------|---------------------|--------------------|--------------------|----------------------|----------------|--------------------|----------------------------------|
| | | | | | | | | | |
| | | | | | | | | | |
| Section 3. Stocks and | d Bond | S. (Use at | tachments if nec | essary. Each at | | | | | .) |
| Number of Shares | Na | ame of S | Securities | Cost | | t Value /Exchange | | n/Exchange | Total Value |
| | | | | | | | | | |
| ection 4. Real Estate d signed.) | Owned | I. (List ea | ch parcel separa | ately. Use attach | nment if necessary | . Each attachm | nent must be i | dentified as a par | t of this statement |
| | | | Property | Α | F | Property B | | Pro | operty C |
| Type of Real Estate (e. Primary Residence, Oth Residence, Rental Prop Land, etc.) | ner | | | | | | | | |
| Address | | | | | | | | | |
| Date Purchased | | | | | | | | | |
| Original Cost | | | | | | | | | |
| Present Market Value | | | | | | | | | |
| Name & Address of Mortgage Holder | | | | | | | | | |
| Mortgage Account Num | nber | | | | | | | | |
| Mortgage Balance | | | | | | | | | |
| Amount of Payment pe Month/Year | r | | | | | | | | |
| Status of Mortgage | | | | | | | | | |
| Section 5. Other Personal Section 5. Other 5 | | | | | | | s security, s | tate name and | l address of lien |
| | | | · | | | | | | |
| Section 6. Unpaid Ta | 2006 / | Describ | e in detail as | to type, to w | hom navable v | when due a | mount and | to what prop | erty if any a ta |
| en attaches.) | axes. (| Describ | e iii detaii as | to type, to w | nom payable, v | when due, a | mount, and | to what prop | erry, ii arry, a ta |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

| Section 7. Other Liabilities. (Describe in detail.) | | |
|---|--|--|
| | | |
| | | |
| | | |
| Section 8. Life Insurance Held. (Give face amount and ca Beneficiaries.) | sh surrender value of policies – na | me of insurance company and |
| | | |
| | | |
| | | |
| | | |
| I authorize the SBA/Lender/Surety Company to make inquiries determine my creditworthiness. | s as necessary to verify the accurac | cy of the statements made and to |
| CERTIFICATION : (to be completed by each person submittin more owner when spousal assets are included) | ng the information requested on this | form and the spouse of any 20% or |
| By signing this form, I certify under penalty of criminal prosecution information submitted with this form is true and complete to the Lenders or Certified Development Companies or Surety Compaphication for a loan or a surety bond. I further certify that I have | e best of my knowledge. I understa panies will rely on this information w | and that SBA or its participating when making decisions regarding an |
| Signature | Date _ | |
| Print Name | Social Security No | |
| Signature | Date _ | |
| Print Name | Social Security No | |
| | | |

NOTICE TO LOAN AND SURETY BOND APPLICANTS: CRIMINAL PENALITIES AND ADMINISTRATIVE REMEDIES FOR FALSE STATEMENTS:

Knowingly making a false statement on this form is a violation of Federal law and could result in criminal prosecution, significant civil penalties, and a denial of your loan or surety bond application. A false statement is punishable under 18 U.S.C. §§ 1001 and 3571 by imprisonment of not more than five years and/or a fine of up to \$250,000; under 15 U.S.C. § 645 by imprisonment of not more than two years and/or a fine of not more than \$5,000; and, if submitted to a Federally-insured institution, a false statement is punishable under 18 U.S.C. § 1014 by imprisonment of not more than thirty years and/or a fine of not more than \$1,000,000. Additionally, false statements can lead to treble damages and civil penalties under the False Claims Act, 31 U.S.C. § 3729, and other administrative remedies including suspension and debarment.

PLEASE NOTE:

According to the Paperwork Reduction Act, you are not required to respond to this request for information unless it displays a valid OMB Control Number. The estimated average burden hours for the completion of this form is 1.5 hours per response. If you have questions or comments concerning this estimate or any other aspect of this information collection, please contact: Director, Records Management Division, Small Business Administration, 409 Third Street SW, Washington, D.C. 20416, and SBA Desk Officer, Office of Management and Budget, New Executive Office Building, Room 10202, Washington, D.C. 20503. PLEASE DO NOT SEND COMPLETED FORMS TO OMB.

PLEASE READ, DETACH, AND RETAIN FOR YOUR RECORDS

STATEMENTS REQUIRED BY LAW AND EXECUTIVE ORDER

SBA is required to withhold or limit financial assistance, to impose special conditions on approved loans, to provide special notices to applicants or borrowers and to require special reports and data from borrowers in order to comply with legislation passed by the Congress and Executive Orders issued by the President and by the provisions of various interagency agreements. SBA has issued regulations and procedures that implement these laws and executive orders. These are contained in Parts 112, 113, and 117 of Title 13 of the Code of Federal Regulations and in Standard Operating Procedures.

Privacy Act (5 U.S.C. 552a)

Any person can request to see or get copies of any personal information that SBA has in his or her file when that file is retrieved by individual identifiers such as name or social security numbers. Requests for information about another party may be denied unless SBA has the written permission of the individual to release the information to the requestor or unless the information is subject to disclosure under the Freedom of Information Act.

Under the provisions of the Privacy Act, you are not required to provide your social security number. Failure to provide your social security number may not affect any right, benefit or privilege to which you are entitled. Disclosures of name and other personal identifiers are, however, required for a benefit, as SBA requires an individual seeking assistance from SBA to provide it with sufficient information for it to make a character determination. In determining whether an individual is of good character, SBA considers the person's integrity, candor, and disposition toward criminal actions. Additionally, SBA is specifically authorized to verify your criminal history, or lack thereof, pursuant to section 7(a)(1)(B), 15 USC Section 636(a)(1)(B) of the Small Business Act (the Act). Further, for all forms of assistance, SBA is authorized to make all investigations necessary to ensure that a person has not engaged in acts that violate or will violate the Act or the Small Business Investment Act, 15 USC Sections 634(b)(11) and 687(b)(a), respectively. For these purposes, you are asked to voluntarily provide your social security number to assist SBA in making a character determination and to distinguish you from other individuals with the same or similar name or other personal identifier.

The Privacy Act authorizes SBA to make certain "routine uses" of information protected by that Act. One such routine use is the disclosure of information maintained in SBA's investigative files system of records when this information indicates a violation or potential violation of law, whether civil, criminal, or administrative in nature. Specifically, SBA may refer the information to the appropriate agency, whether Federal, State, local or foreign, charged with responsibility for, or otherwise involved in investigation, prosecution, enforcement or prevention of such violations. Another routine use is that SBA may disclose the information maintained in SBA's investigative files to other Federal agencies conducting background checks to the extent the information is relevant to the requesting agencies' function. In addition, another routine use is that SBA may transfer information related to a debt that a person is delinquent in paying to SBA in connection with its loan programs for publication on a computer database system maintained by the Department of Housing and Urban Development, or other Federal agency, to allow searches by participating Government agencies and approved private lenders, consistent with applicable law. SBA and its authorized lenders may also use this computer database system to perform a computer match to determine a loan applicant's credit status with participating agencies of the Federal Government. See Revision of Privacy Act System of Records, 74 F.R. 14890 (April 1, 2009) and 77 F.R. 61467 (October 9, 2012) for additional background and other routine uses, which may be amended from time to time.

Right to Financial Privacy Act of 1978 (12 U.S.C. 3401) -- This is notice to you as required by the Right to Financial Privacy Act of 1978, of SBA's access rights to financial records held by financial institutions that are or have been doing business with you or your business, including any financial institutions participating in a loan or loan guaranty. The law provides that SBA shall have a right of access to your financial records in connection with its consideration or administration of assistance to you in the form of a Government guaranteed loan. SBA is required to provide a certificate of its compliance with the Act to a financial institution in connection with its first request for access to your financial records, after which no further certification is required for subsequent accesses. The law also provides that SBA's access rights continue for the term of any approved loan guaranty agreement. No further notice to you of SBA's access rights is required during the term of any such agreement. The law also authorizes SBA to transfer to another Government authority any financial records included in an application for a loan, or concerning an approved loan or loan guarantee, as necessary to process, service or foreclose on a loan guaranty or collect on a defaulted loan guaranty.

Freedom of Information Act (5 U.S.C. 552)

This law provides, with some exceptions, that SBA must supply information reflected in agency files and records to a person requesting it. Information about approved loans that will be automatically released includes, among other things, statistics on our loan programs (individual borrowers are not identified in the statistics) and other information such as the names of the borrowers (and their officers, directors, stockholders or partners), the collateral pledged to secure the loan, the amount of the loan, its purpose in general terms and the maturity. Proprietary data on a borrower would not routinely be made available to third parties. All requests under this Act are to be addressed to the nearest SBA office and be identified as a Freedom of Information request.

Flood Disaster Protection Act (42 U.S.C. 4011) -- Regulations have been issued by the Federal Insurance Administration (FIA) and by SBA implementing this Act and its amendments. These regulations prohibit SBA from making certain loans in an FIA designated floodplain unless Federal Flood insurance is purchased as a condition of the loan. Failure to maintain the required level of flood insurance makes the applicant ineligible for any financial assistance from SBA, including disaster assistance.

Executive Orders -- Floodplain Management and Wetland Protection (42 F.R. 26951 and 42 F.R. 26961) – SBA discourages settlement in or development of a floodplain or a wetland. This statement is to notify all SBA loan applicants that such actions are hazardous to both life and property and should be avoided. The additional cost of flood preventive construction must be considered in addition to the possible loss of all assets and investments due to a future flood.

Occupational Safety and Health Act (15 U.S.C. 651 et seq.) -- This legislation authorizes the Occupational Safety and Health Administration in the Department of Labor to require businesses to modify facilities and procedures to protect employees or pay penalty fees. Businesses can be forced to cease operations or be prevented from starting operations in a new facility. Therefore, SBA may require additional information from an applicant to determine whether the business will be in compliance with OSHA regulations and allowed to operate its facility after the loan is approved and disbursed. Signing this form as an applicant is certification that the OSHA requirements that apply to the applicant business have been determined and that the applicant, to the best of its knowledge, is in compliance. Furthermore, applicant certifies that it will remain in compliance during the life of the loan.

Civil Rights Legislation -- All businesses receiving SBA financial assistance must agree not to discriminate in any business practice, including employment practices and services to the public on the basis of categories cited in 13 C.F.R., Parts 112, 113, and 117 of SBA Regulations. This includes making their goods and services available to handicapped clients or customers. All business borrowers will be required to display the "Equal Employment Opportunity Poster" prescribed by SBA.

Equal Credit Opportunity Act (15 U.S.C. 1691) -- The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status or age (provided the applicant has the capacity to enter into a binding contract); because all or part of the applicant's income derives from any public assistance program, or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act.

Executive Order 11738 -- Environmental Protection (38 F.R. 251621) -- The Executive Order charges SBA with administering its loan programs in a manner that will result in effective enforcement of the Clean Air Act, the Federal Water Pollution Act and other environment protection legislation.

Debt Collection Act of 1982, Deficit Reduction Act of 1984 (31 U.S.C. 3701 et seq. and other titles) -- These laws require SBA to collect aggressively any loan payments which become delinquent. SBA must obtain your taxpayer identification number when you apply for a loan. If you receive a loan, and do not make payments as they come due, SBA may take one or more of the following actions: (1) report the status of your loan(s) to credit bureaus, (2) hire a collection agency to collect your loan, (3) offset your income tax refund or other amounts due to you from the Federal Government, (4) suspend or debar you or your company from doing business with the Federal Government, (5) refer your loan to the Department of Justice or other attorneys for litigation, (6) foreclose on collateral or take other action permitted in the loan instruments, or (7) if you default on an SBA loan and fail to fully reimburse SBA for any resulting loss, refer you to the computer database of delinquent Federal debtors maintained by the Department of Housing and Urban Development, or other Federal agency, which may disqualify you from receiving financial assistance from other Federal agencies. In addition, unless SBA is reimbursed in full for the loss, you will not be eligible for additional SBA financial assistance.

Immigration Reform and Control Act of 1986 (Pub. L. 99-603) -- If you are an alien who was in this country illegally since before January 1, 1982, you may have been granted lawful temporary resident status by the United States Immigration and Naturalization Service pursuant to the Immigration Reform and Control Act of 1986. For five years from the date you are granted such status, you are not eligible for financial assistance from the SBA in the form of a loan guaranty under Section 7(a) of the Small Business Act unless you are disabled or a Cuban or Haitian entrant. When you sign this document, you are making the certification that the Immigration Reform and Control Act of 1986 does not apply to you, or if it does apply, more than five years have elapsed since you have been granted lawful temporary resident status pursuant to such 1986 legislation.

Lead-Based Paint Poisoning Prevention Act (42 U.S.C. 4821 et seq.) -- Borrowers using SBA funds for the construction or rehabilitation of a residential structure are prohibited from using lead-based paint (as defined in SBA regulations) on all interior surfaces, whether accessible or not, and exterior surfaces, such as stairs, decks, porches, railings, windows and doors, which are readily accessible to children under 7 years of age. A "residential structure" is any home, apartment, hotel, motel, orphanage, boarding school, dormitory, day care center, extended care facility, college or other school housing, hospital, group practice or community facility and all other residential or institutional structures where persons reside.

Executive Order 12549, Debarment and Suspension (2 CFR 180, adopted by reference in 2 CFR Part 2700 (SBA Debarment Regulations)) -- By submission of this loan application, you certify and acknowledge that neither you nor any Principals have within the past three years been: (a) debarred, suspended, declared ineligible from participating in, or voluntarily excluded from participation in a transaction by any Federal department or agency; (b) formally proposed for debarment, with a final determination still pending; (c) indicted, convicted, or had a civil judgment rendered against you for any of the offenses listed in the Regulations; or (d) delinquent on any amounts due and owing to the U.S. Government or its agencies or instrumentalities as of the date of execution of this certification.

If you are unable to certify and acknowledge (a) through (d), you must obtain and attach a written statement of exception from SBA permitting participation in this loan. You further certify that you have not and will not knowingly enter into any agreement in connection with the goods and/or services purchased with the proceeds of this loan with any individual or entity that has been debarred, suspended, declared ineligible from participating in, or voluntarily excluded from participation in a Transaction. All capitalized terms have the meanings set forth in 2 C.F.R. Part 180.



Credit Application Notifications

Thank you for your loan application with Celtic Bank. The following loan application disclosures are required by law or regulation and are provided for your information and use.

Fair Lending Disclosures

If your loan application is denied, you have the right to a written statement of the specific reason for the denial. To obtain the statement, please contact Celtic Bank, 268 S. State St, Suite 300, Salt Lake City, UT 84111, within 60 days from the date you are notified of our decision. We will send you a written statement of reasons for the denial within 30 days of receiving your request for a statement.

Under the Fair Credit Reporting Act, you are entitled to receive a free copy of your credit report from the agency that provided us with the credit information about you, provided you make a written request of the credit reporting agency within 60 days of your receipt of this notice. You may also dispute with the credit reporting agency the accuracy or completeness of any information contained in your consumer report furnished by that agency.

Equal Credit Opportunity Act

The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex, marital status, age (provided the applicant has the ability to enter into a binding contract); because all or part of the applicant's income derives from any public assistance program; or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The Federal agency that administers compliance with this law concerning this creditor is the: Federal Deposit Insurance Corporation, Consumer Response Center, 1100 Walnut St, Box #11, Kansas City, MO 64106, (800) 378-9581.

Fair Credit Reporting Act Disclosures

Information Reported to Consumer Reporting Agencies

Under the Fair Credit Reporting Act, you have the right to notify us if you believe we have reported inaccurate information about your account to any Consumer Reporting Agency. Such notices should be sent in writing and include your complete name, current address, Social Security number, telephone number, account number, type of account, specific item of dispute and the reason why you believe the information was reported in error. Send your notice to: Celtic Bank, 268 S. State St, Suite 300, Salt Lake City, UT 84111.

The USA Patriot Act

The USA Patriot Act has paved the way for financial institutions to help prevent fraud, identity theft, and the spread of terrorism. It requires financial institutions to obtain more information from an individual or legal entity to help establish identity.

Your cooperation is needed when you open a new account or request a loan. You may be asked more questions to establish and confirm your identity. It may also be required for you to provide one or more of the following types of identification:

Driver's License Passport & Country of Issuance U.S. taxpayer Identification (ID) Number

Alien ID Card Any other government issued document evidencing nationality or residence

USDA Non-Discrimination Statement

This institution is an equal opportunity provider and employer.