SCHEDULE OF PREVIOUS GOVERNMENT FINANCING

PLEASE LIST ALL EXISTING BUSINESS DEBTS

Name of Operating Company: _____

Date: _____*

Creditor Name	Original Amount	Original Date	Present Balance	Interest Rate	Maturity Date	Monthly Payments	Security	Current or Delinquent
Total Present Balance**			$	Total Montly Payment		$		

*Should be the same date as current financial statement.

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