DATE OF STATEMENT

FINANCIAL STATEMENT-COMMERCIAL

TO FINANCIAL INSTITUTION NAMED:	NAME OF BUSINESS
FIRST BETHANY BANK & TRUST **6500 NW 39TH EXPRESSWAY** **BETHANY, OK 73008**	

MAILING ADDRESS	OFFICE PHONE	EIN	EMAIL ADDRESS

PHYSICAL ADDRESS	FAX NO.	TYPE OF BUSINESS	YEARS IN OPERATION

ASSETS (Omit Cents)		**LIABILITIES** (Omit Cents)	
Cash in This Financial Institution (Schedule A)		Notes Payable to Financial Institutions (Schedule F)	
Cash on Other Financial Institutions (Schedule A)		Other Notes and Accounts Payable (Schedule F)	
Retirement Accounts		Loans Secured by Real Estate (Schedule E)	
Notes and Loans Receivable (Schedule B)		Life Insurance Policy Loans (Schedule D)	
Other Accounts Due Me (Schedule B)		Taxes (Federal, State, Local) Due and Unpaid	
Stocks and Bonds-Marketable (Schedule C)		Credit Card Indebtedness	
Other Stocks and Bonds (Schedule C)		Due to Brokers in Margin Accounts	
Partnership and Proprietorship Interests			
Cash Surrender Value Life Insurance (Schedule D)			
Real Estate Owned (Schedule E)			
Other Assets		*TOTAL LIABILITIES*	
		NET WORTH	
TOTAL ASSETS		*TOTAL LIABILITIES and NET WORTH*	

INCOME AND EXPENSE for year ending			
Salaries, Wages. Commissions and Bonuses		Interest Paid	
Interest and Dividends		Rent Paid	
Business and Partnership Income		Federal and State Income Taxes	
Rentals		Other Taxes	
Income from Estates and Trusts		Alimony, Child Support and Separate Maintenance Paid	
Other *(Describe)-Alimony, Child Support or Separate Maintenance need not be revealed if you do not wish to have it considered as a basis for repaying any obligation.*			
TOTAL ALL INCOME		*TOTAL*	

Federal Income Tax Return has been Filed Through . Any Additional Assessments? No Yes Amount $

CONTINGENT LIABILITIES		
NATURE OF LIABILITY	*DESCRIPTION*	*AMOUNT*
Liabilities as Endorser, Co-Maker or Guarantor		
Liabilities on Leases and Contracts		
Liabilities on Letters of Credit		
Contested Tax Liens		
Involvement in Pending Actions, Claims, Judgements, etc.		

SCHEDULE A: CASH IN FINANCIAL INSTITUTIONS AND MONEY MARKET ACCOUNTS

NAME OF FINANCIAL INSTITUTION	*ACCOUNT IN NAME OF:*	*TYPE OF ACCOUNT*	*ACCOUNT NUMBER*	*CURRENT BALANCE*

SCHEDULE B: NOTES AND LOANS RECEIVABLE AND OTHER ACCOUNTS DUE ME

ORIGINAL AMOUNT	DUE FROM	BALANCE OWING	PAYMENT SCHEDULE	MATURITY	COLLATERAL

SCHEDULE C: STOCKS AND BONDS

ISSUING COMPANY	REGISTERED IN NAME OF:	NO. OF SHARES OR FACE AMT. OF BONDS	VALUE		IF PLEDGED, TO WHOM?	WHERE TRADED
			Per Share	Total		

SCHEDULE D: LIFE INSURANCE

INSURANCE COMPANY	POLICY NUMBER	POLICY OWNER	BENEFICIARY	TYPE OF POLICY	FACE AMOUNT	CASH VALUE	LOANS AGAINST POLICY

SCHEDULE E: REAL ESTATE

LOCATION and DESCRIPTION		ORIGINAL COST	MARKET VALUE	MO. INCOME	MORTGAGE PAYABLE TO:	MORTGAGE AMT.	PER MONTH

SCHEDULE F: NOTES AND ACCOUNTS PAYABLE TO FINANCIAL INSTITUTIONS AND OTHERS

DUE TO WHOM	AMOUNT	HOW PAYABLE	MATURITY	COLLATERAL PLEDGED

SCHEDULE G: BUSINESSES IN WHICH UNDERSIGNED IS A PRINCIPAL OR PARTNER

NAME AND ADDRESS OF BUSINESS	TYPE OF BUSINESS	% OWNERSHIP	POSITION/TITLE	FINANCIAL INSTITUTION OF ACCOUNT

Has Undersigned executed a will disposing of estate in event of death? ☐ Yes ☐ No If yes, name of Executor _____

Has Undersigned made an assignment for benefit of creditors or been involved in bankruptcy proceedings during the past ten years? ☐ Yes ☐ No

If yes, please state details: _____

SIGNATURES

This Financial Statement, supporting schedules and information are submitted by the Undersigned to the herein named Financial Institution for the purpose of establishing, obtaining, or maintaining credit. It is a true, complete, and correct representation of the Undersigned's financial condition as of the date shown above. The Financial Institution is authorized by the Undersigned to check credit and employment history, to verify the accuracy of the information contained herein, and to answer questions about its credit experience with the Undersigned.

SIGNATURE	DATE SIGNED	WITNESS
SIGNATURE	DATE SIGNED	WITNESS