

DATE OF STATEMENT

**FINANCIAL STATEMENT-COMMERCIAL**

<b>TO FINANCIAL INSTITUTION NAMED:</b>		<b>NAME OF BUSINESS</b>	
<b>FIRST BETHANY BANK &amp; TRUST 6500 NW 39TH EXPRESSWAY BETHANY, OK 73008</b>			
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	<i>TOTAL LIABILITIES</i>
	<i>NET WORTH</i>
<i>TOTAL ASSETS</i>	<i>TOTAL LIABILITIES and NET WORTH</i>

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.	
<i>TOTAL ALL INCOME</i>	<i>TOTAL</i>

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

<b>SCHEDULE B: NOTES AND LOANS RECEIVABLE AND OTHER ACCOUNTS DUE ME</b>					
ORIGINAL AMOUNT	DUE FROM	BALANCE OWING	PAYMENT SCHEDULE	MATURITY	COLLATERAL

<b>SCHEDULE C: STOCKS AND BONDS</b>						
ISSUING COMPANY	REGISTERED IN NAME OF:	NO. OF SHARES OR FACE AMT. OF BONDS	VALUE		IF PLEDGED, TO WHOM?	WHERE TRADED
			Per Share	Total		

<b>SCHEDULE D: LIFE INSURANCE</b>							
INSURANCE COMPANY	POLICY NUMBER	POLICY OWNER	BENEFICIARY	TYPE OF POLICY	FACE AMOUNT	CASH VALUE	LOANS AGAINST POLICY

<b>SCHEDULE E: REAL ESTATE</b>							
LOCATION and DESCRIPTION		ORIGINAL COST	MARKET VALUE	MO. INCOME	MORTGAGE PAYABLE TO:	MORTGAGE AMT.	PER MONTH

<b>SCHEDULE F: NOTES AND ACCOUNTS PAYABLE TO FINANCIAL INSTITUTIONS AND OTHERS</b>				
DUE TO WHOM	AMOUNT	HOW PAYABLE	MATURITY	COLLATERAL PLEDGED

<b>SCHEDULE G: BUSINESSES IN WHICH UNDERSIGNED IS A PRINCIPAL OR PARTNER</b>				
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