FIRST NATIONAL BANK
OF BOSQUE COUNTY

Confidential
Financial Statement as of _____

NAME		DATE OF BIRTH	EMPLOYER	YEARS
HOME ADDRESS	PHONE	SOCIAL SECURITY NUMBER	OCCUPATION POSITION	YEARS
NAME OF SPOUSE (If married see note 1 on page 4)	NO OF DEPENDENTS	DRIVER'S LICENSE NO & STATE	BUSINESS ADDRESS	PHONE

ASSETS		(OMIT CENTS)
CASH (Schedule 1)	In This Bank	
	In Other Institutions	
SECURITIES (Schedule 2)	Marketable	
	Not Publicly Traded	
ACCOUNTS RECEIVABLE		
NOTES RECEIVABLE (Schedule 3)		
NET CASH VALUE OF INS. & ANNUITIES (Schedule 4)		
REAL ESTATE (Schedule 7)	Homestead	
	Other Wholly-Owned R/E	
	Partial Ownership in R/E	
OIL & GAS INTERESTS (Schedule 8)		
EQUIPMENT & OTHER BUSINESS ASSETS		
DEFERRED COMP. & RETIREMENT PLANS (Schedule 5)		
PERSONAL PROPERTY & AUTOMOBILES		
OTHER ASSETS (Itemize on page 4)		
TOTAL ASSETS		

LIABILITIES		(OMIT CENTS)
MORTGAGES PAYABLE (Schedule 7)	Homestead	
	Other Wholly-Owned R/E	
	Partially Owned R/E	
NOTES PAYABLE (Schedule 6)	To This Bank	
	Other Notes Payable	
OIL & GAS RELATED DEBT (Schedule 8)		
TAXES OWING	Income Taxes	
	Other Taxes	
ACCOUNTS PAYABLE		
ESTIMATED CREDIT CARD BALANCE		
OTHER LIABILITIES (Itemize on page 4)		
TOTAL LIABILITIES		
NET WORTH (Assets less Liabilities)		
TOTAL CONTINGENT LIABILITIES (Schedule 9)		

INCOME/EXPENSE INFORMATION

	SOURCES OF CASH (See note 2 on page 4)	LAST YEAR 20___	THIS YEAR 20___	PROJECTED NEXT YEAR 20___
RECURRING	SALARY & WAGES			
	COMMISSIONS, BONUS, ETC.			
	INTEREST & DIVIDENDS			
	RENTAL INCOME			
	OIL & GAS REV. AFTER OP. EXP.			
	OTHER BUSINESS INCOME			
	OTHER:			
	SUBTOTAL			
NON-RECURRING	COMMISSIONS, BONUS, ETC.			
	SALE OF ASSETS			
	TAX REFUND			
	OTHER:			
	TOTAL CASH SOURCES			

	USES OF CASH	THIS YEAR 20___	PROJECTED NEXT YEAR 20___
EXPENSES	INCOME TAXES & FICA		
	OTHER PAYROLL DED.		
	LIVING EXP. & MISC.		
	RENTAL EXPENSES		
	OIL/GAS CAP. EXPEND.		
	OTHER BUSINESS EXP.		
	OTHER:		
	SUBTOTAL		
DEBT SERVICE	REG/SCHED. PYMTS.		
	OTHER INTEREST		
	OTHER PRINCIPAL		
	CONTINGENT LIAB.		
	TOTAL CASH USES		
	NET CASH FLOW		

The above financial and supporting schedules, which are submitted to you for the purpose of obtaining credit from you, present a true, complete and correct statement of my financial condition as of the date shown. I understand that misrepresenting information on this statement is a criminal offense under federal law punishable by a fine and/or imprisonment.

I will notify you in writing of any material unfavorable change in my financial condition. In the absence of such notice, you may consider this a continuing statement and substantially correct. If I apply for further credit, this statement shall have the same force and effect as if delivered as an original statement of my financial condition at the time I request such further credit. You are authorized to contact any appropriate third parties for the purpose of verifying any stated information herein or at any time furnished by me to you, and obtaining credit information at any time from any of my creditors and or credit reporting agencies. This financial statement and any other information furnished to you shall be your property. You are authorized to answer questions about your credit experience with me. It is understood that the information provided herein may be shared with any subsidiary or affiliate.

WITNESS _____ DATE _____ SIGNATURE _____ DATE _____

SCHEDULE 1 - DEPOSIT ACCOUNTS

STYLE OF ACCOUNT	NAME & LOCATION WHERE HELD	BALANCE	TYPE OF ACCOUNT	ACCOUNT NUMBER	RESTRICTED YES OR NO?

TOTAL THIS BANK | | TOTAL IN OTHER INSTITUTIONS

SCHEDULE 2 - STOCKS AND BONDS

NAME OF ISSUER	WHERE TRADED	SHARES OR PAR	MARKET PER SHARE	MARKET VALUE	COST	PLEDGED? YES OR NO	RESTRICTED? YES OR NO	REGISTERED IN THE NAME OF

TOTAL MARKETABLE | | TOTAL NOT TRADED

*"RESTRICTED" MEANS TRADING OF THE SECURITY IS SUBJECT TO LIMITATIONS DUE TO LETTER, LEGEND OR CONTROL.

SCHEDULE 3 - NOTES RECEIVABLE

DUE FROM	ORIGINAL AMOUNT	PRESENT BALANCE	RATE	MATURITY	PAYMENT TERMS	COLLECTABLE YES OR NO	COLLATERAL

TOTAL TO PAGE 1 |

SCHEDULE 4 - LIFE INSURANCE AND ANNUITIES (Including employer provided)

COMPANY	FACE AMOUNT	BENEFICIARY	CASH VALUE	POLICY LOAN	NET CASH VALUE	INSURED	PLEDGED? YES OR NO

TOTAL TO PAGE 1 |

SCHEDULE 5 - DEFERRED COMPENSATION & RETIREMENT PLANS*

TRUSTEE OR PLAN ADMINISTRATOR	TYPE OF ACCOUNT	BENEFICIARY	BALANCE/VALUE	PLAN LOAN	NET PLAN VALUE	IN NAME OF	ACCESS DATE

*INCLUDES I.R.A. ACCOUNTS, KEOGH, 401(k), FULLY VESTED BENEFIT PLANS, ETC.

TOTAL TO PAGE 1 |

SCHEDULE 6 - NOTES PAYABLE (Exclude mortgages listed in Schedules 7 & 8)

DUE TO	ORIGINAL AMOUNT	PRESENT BALANCE	RATE	MATURITY	MONTHLY PAYMENT	CURRENT? YES OR NO	COLLATERAL**

TOTAL TO PAGE 1 |

**IF YOU ARE A COMAKER, LIST THE LOAN IN THIS SCHEDULE AND STATE THE BORROWER'S NAME IN THIS COLUMN.

SCHEDULE 7 — REAL ESTATE OWNED (Including partnership interests)

#	LOCATION, SIZE, IMPROVEMENTS	YEAR ACQUIRED	COST & IMPROVEMENTS	MARKET VALUE	RELATED DEBT (Mark "*" by amount if not personally liable)					ANNUAL INCOME	TAXES CURRENT? YES OR NO
					PRESENT BALANCE	LIENHOLDER	MATURITY	RATE	ANNUAL PAYMENTS		
	HOMESTEAD — TOTAL TO PAGE 1										
1											
	OTHER WHOLLY OWNED REAL ESTATE										
2											
						TOTALS TO PAGE 1					

	PARTIAL OWNERSHIP IN REAL ESTATE	%										
	YOUR PORTION OF MARKET VALUE AND DEBT						TOTALS TO PAGE 1					

REGARDING SCHEDULES 7 AND 8, IF THE AMOUNT OF DEBT WHICH CAN BE LEGALLY ENFORCED AGAINST YOU EXCEEDS YOUR % OWNERSHIP, PLEASE DETAIL IN SCHEDULE 9.

SCHEDULE 8 — OIL AND GAS INTERESTS (Including partnership interests)

	LOCATION, DESCRIPTION, TYPE OF INTEREST AND SOURCE OF VALUATION	%	YEAR ACQUIRED	DATE OF VALUATION	PRESENT VALUATION	RELATED DEBT (Mark "*" by amount if not personally liable)					NET OPERATING REVENUE*	TAXES CURRENT? YES OR NO
						PRESENT BALANCE	LIENHOLDER	MATURITY	RATE	ANNUAL PAYMENTS		
1												
2												
3												
4												
5												

*NET OPERATING REVENUE AFTER OPERATING EXPENSES. TOTALS TO PAGE 1

SCHEDULE 9 — CONTINGENT LIABILITIES

INSTRUCTIONS: STATE TOTAL AMOUNT BY TYPE OF LIABILITY AND PROVIDE APPROPRIATE DETAIL IN THE SPACE BELOW.

1. AS GUARANTOR OR ENDORSOR		5. STANDBY LETTER OF CREDIT	
2. ON LEASES OR CONTRACTS		6. LIABILITY IN EXCESS OF % IN PARTIALLY OWNED ASSETS	
3. LEGAL CLAIMS OR JUDGEMENTS		7. TAX LIABILITY IF ASSETS SOLD AT STATED VALUES	
4. INCOME TAX CLAIM OR DISPUTED AMOUNT		8. OTHER	

TYPE #	NAME OF PARTY RECEIVING BENEFIT	OBLIGATION AMOUNT, TIMING OF PAYMENTS	EXPLANATION; INCLUDE WHETHER YOU ANTICIPATE HAVING TO HONOR THIS LIABILITY	MATURITY OR EXPIRATION DATE

BUSINESS IN WHICH I AM A PARTNER, OFFICER, PRINCIPAL OWNER, ETC.	NATURE OF BUSINESS	BUSINESS' BANK OF ACCOUNT

I understand that the following questions are addressed to me and I have answered them as appropriate.

☐ Yes ☐ No 1. Are any of the Assets held in trust, in an estate or in any other name or capacity?

☐ Yes ☐ No 2. Were any of the Assets (i) owned or claimed by your spouse before marriage; or (ii) acquired by your spouse during marriage by gift or inheritances; or (iii) recovered for personal injuries sustained by your spouse during marriage; or (iv) acquired from the proceeds of liquidation of any of the preceding?

☐ Yes ☐ No 3. Are any of your real estate properties used by you in your business?

☐ Yes ☐ No 4. Do any of your Assets secure any debts which have not been reported in the preceding schedules?

☐ Yes ☐ No 5. Are you a party to any suit or are there any unsatisfied judgements against you?

☐ Yes ☐ No 6. Have you been through bankruptcy or made an assignment for benefit of creditors?

I have explained fully under "Additional Remarks" on this page any "Yes" answers to the foregoing questions.

☐ Yes ☐ No 7. I have made a will; the executor is _____.

ADDITIONAL REMARKS

NOTES: 1. Spouse information need not be revealed unless you reside in Texas or other community property state.
2. Alimony, child support or separate maintenance income need not be revealed unless you wish to have them considered as a basis for repaying the requested credit.