

Last Name: _____

which you are or were a signatory since the date of the first violation alleged against you. For each account, specify the location of the account, account number, balance and balance date. Please identify all accounts, regardless of their location.

3. List all 401(k) plans, pension plans, Keogh plans, individual retirement accounts, profit sharing plans, thrift plans, life insurance policies or annuities in which you have an interest, vested or otherwise. For each account, specify the account name, the location of the account, account number, balance and balance date. For each account state whether you are permitted to borrow against or make withdrawals from the account.
4. Identify the location and account number of all your safe deposit boxes. Include any boxes in which you have property or papers, whether or not you are the account holder.
5. Identify all patents, trademarks, service marks, royalty agreements, licenses, or other general intangibles in which you have an interest.

H. Liability Schedules

1. For each liability greater than \$2,000 listed in Section II.C., indicate the creditor, the account number, if any; the date incurred; the original amount of the liability; the length of the obligation; the interest rate; the collateral or security, if any; the outstanding balance; and the name(s) and address(es) of any other obligee(s). State whether you are related to or have a personal or social relationship with the creditor, its management or owners.
2. List all credit cards and lines of credit in your name or to which you are a signatory, including the name of the credit issuer, account number, credit limit, and amount of indebtedness.
3. List all contingent liabilities. Include any notes on which you are a co-maker, guarantor or endorser and all pending lawsuits in which you are named as a defendant.

I. Schedules of Income, Receipts and Disbursements

1. Disbursements by Others on Your Behalf. List any payments or disbursements having a value of \$1,000 or greater made by any other person or entity to a third party on your behalf since the date of the first violation alleged against you. Include the amount of the disbursement and the name and address of the person or entity who made the disbursement. If no such disbursements have been made, please so state.
2. Fringe Benefits. List any fringe benefits, such as the lease of an automobile, currently provided by your employer.
3. Asset Transfers by You. List any assets or property with a cost or fair market value of \$2,000 or more that you transferred or otherwise disposed of since the date of the first violation alleged against you. State the value of the asset, the consideration received, and your relationship with the transferee. If no such transfers have been made, please so state.
4. Additional Deposits by You. Identify any financial institution accounts (other than those identified in section G.2. above) in which you have deposited more than \$2,000 since the date of the first violation alleged against you. If no such deposits have been made, please so state.