Statement of Financial Condition

2. Sum	mary of Financial Statemen	t			
Name					
Address					4,
City			State	Zip Code	
the respecti	iabilities are broken down by ownership ve schedules on page 2. Below should in ify any assets or liabilities that are not he	dicate a total of the p		er individuals or entities, ind	icate their ownership percentage in
	Assets	Total \$	Liabilit	ties	Total \$
Cash in In	stitutions: Schedule A		Notes Payable to bank	ks: Schedule E	
U.S. Gov't Securities: Schedule B			Notes Payable to other: Schedule E		
Marketable Securities: Schedule B			Revolving debt and of		
Other Equity Interest: Schedule C			Unpaid income taxes:		
Real Estat	e Owned: Schedule D		Mortgage Loans:	FN4004	
Partnersh	ip Interest: Schedule E		Other Liabilities:		
Accounts	& Notes Receivable:				
	nt Accounts:				
Retireme	sted Retirements Accounts:				
Other Ves	ets/Personal Property:				
Other Ves	ets/Personal Property:		Total Liabilities:		
Other Ves	ets/Personal Property:		Total Liabilities: Net Worth (Assets less	s Liabilities):	

Annual Income	(Individual)	(Joint)	Annual Expenses	(Individual)	(Joint)
Salary			Mortgage/Rental Payment		
Bonus/Commissions			RE Taxes		
Dividends/Interest			Insurance Payments		
Real Estate Income			Car/Credit Card		
Other Income			Other		
Total Income			Total Expenses		

3. Exhibits to Financial Statement

Schedule A: CASH, CHECKING & SAVINGS ACCOUNTS, CDs AND MONEY MARKET FUNDS

List here the names of all institutes at which you maintain a deposit account and/or where you have obtained loans or lines of credit. Please provide account statements for verification purposes. (attach separately)

Please submit bank statements verifying liquidity. Life insurance, retirement accounts and any other asset accounts that cannot not be immediately converted to cash without penalty are not eligible. Any accounts submitted must name the KP(s) as the sole owner and controller of the account. If accounts are submitted in the name of an entity or organization other than the KP(s), supporting documentation conveying complete control by the KP(s) must be provided.

Type of Account	Owner	If Pledged, to Whom?	Balance
	Type of Account	Type of Account Owner	Type of Account Owner If Pledged, to Whom?

Schedule B: U.S. GOVERNMENT & MARKETABLE SECURITIES

Please provide account statements for verification purposes. (attach separately)

Description	Number of Shares	In Name Of	If Pledged, to Whom?	Cost	Market Value

Schedule C: NON-MARKETABLE SECURITIES

Description	Number of Shares	In Name Of	If Pledged, to Whom?	Cost	Market Value

Signature:

Schedule E: LIABILITIES AND NOTES PAYABLE (Excluding Real Estate)

	Amount of Liability	Maturity Date

Date Signed: