COMMUNITY BANK OF MISSOURI

BUSINESS FINANCIAL STATEMENT AND SUPPORTING SCHEDULES

To:	
Name:	Business Phone:
Address:	

Nature of Business:

Sole Proprietorship Partnership Corporation The information contained in this statement is provided to induce you to extend from time to time, or to continue the extension of, credit, in any form whatever, to the undersigned. The undersigned acknowledges and understands that you are relying on the information provided herein in deciding to grant or continue credit to the undersigned. The undersigned represents, warants and certifies that the information provided herein is true, correct and complete. The undersigned agrees to inform you in writing immediately of any material adverse change (1) in any of the information contained in this statement or (2) in the financial condition of the undersigned or (3) in the ability of the undersigned to perform its obligations to you. You are authorized to make all inquiries you deem necessary to verify the accuracy of the information contained herein, and to determine the credit-worthiness of the undersigned. The undersigned authorizes you to answer questions about your credit experience with the undersigned.

BALANCE SHEET (omit cents)		PROFIT AND LOSS STATEMENT (or	nit cents)					
DATED		FROM TO						
ASSETS		INCOME STATEMENT						
CURRENT ASSETS		NET SALES \$						
Cash (Schedule A)		Less - Cost of Goods Sold						
Marketable Securities (Schedule B)		GROSS PROFIT'						
Accounts Receivable - Trade (Net) (Schedule C)		Less - Selling Expense						
Inventory (Net) (Schedule D)		General & Administrative Expense						
Other Current Assets - (itemize)		Officers' Compensation						
		Interest Expense						
TOTAL CURRENT ASSETS \$		Depreciation Expense						
NONCURRENT ASSETS		Provision for Bad Debts						
Fixed Assets (Net) (Schedule E)		Other Expenses: (itemize)						
Investments - Other (Schedule D)								
Due From Officers/Employees								
Deferred Receivables								
Deferred/Prepaid Expenses								
CSV - Life Insurance (Schedule F)	<u> </u>							
Other Noncurrent Assets: (itemize)		NET OPERATING PROFIT \$						
		Plus - Other Income (itemize)						
TOTAL NONCURRENT ASSETS \$								
TOTAL ASSETS \$								
LIABILITIES								
CURRENT LIABILITIES								
Notes Payable - Banks (Schedule A)								
Notes Payable - Trade: (itemize)		Less - Federal/State Taxes						
		NET PROFIT \$						
Accounts Payable - Trade		RECONCILIATION OF RETAINED EARNINGS						
Accounts Payable - Other		Retained Earnings - Beginning \$						
Due to Officers/Employees		Add - Net Profit						
Taxes - Income/Other		Less - Net Loss						
Accrued Expenses		Less - Dividends/Withdrawals	··					
Current Portion Long Term Debt (due within 1 yr.)		Adjustments						
Other Current Liabilities: (itemize)		Retained Earnings - Ending \$						
TOTAL CURRENT LIABILITIES \$		CONTINGENT LIABILITIES						
NON CURRENT LIABILITIES		Are any assets pledged other than those shown	a pladaad in the					
Notes Payable - Long Term		schedules on reverse? If yes, itemize: "	as piedged in the					
Mortgage Payable - Long Term								
Other Noncurrent Liabilities (itemize)								
Other Noncorrent Elabilities (Iterilize)		· · · · · ·						
TOTAL LIABILITIES \$		· · ·						
Preferred Stock		Are any liabilities secured other than those shown schedules on reverse? If yes, itemize:	as secured in the					
Common Stock		senteduce on reverse: If yes, Rennat;						
Paid-in Surplus								
Retained Earnings		· · · · · · · · · · · · · · · · · · ·						
NET WORTH \$								
TOTAL LIABILITIES AND NET WORTH \$								

© 1993 Robert Morris Associates - Form C-110-H, Rev. 3(83 ORDER FROM Bankers Systems, Inc., St. Cloud, MN Form C-110-H. 9/18/97 Successor to Cadwallader & Johnson These forms are intended for use in commercial redship transactions. Where any other use is contemplated, it is suggested that a careful review be made to ensure compliance with applicable laws and regulators.

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Unclassified	Past due 61 to	90 days										
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Is the extended coverage endorsement attached to fire policies? Basis%. Do any policies contain a coinsurance clause? Basis%. Is any insurance on a monthly reporting basis? Are employees having custody or control of property adequately bonded? Last independent audit by as of (Name of Auditing Firm) Income Tax Returns Audited through, Judgments or pending litigation The undersigned certifies that the information submitted to you herein has been carefully read and is true, accurate and complete. By: Title:	Producte liabilit		nd Strike	Auto Collision	Workman's	Como						
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The undersigned certifies that the information submitted to you herein has been carefully read and is true, accurate and complete. Title:												
has been carefully read and is true, accurate and complete.												
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