

## SPENCER P.O. Box 1049 Market St. and Parking Plaza

Spencer, WV 25276-1049 Phone: (304) 927-1750 Fax: (304) 927-3675 PARKERSBURG P.O. Box 4565 4416 Emerson Avenue Parkersburg, WV 26104 Phone: (304) 485-7641 Fax: (304) 485-8267

|  |                      |                    | FINA          | NCIAL  | STATEME                     | INT                             |                   |                    |              |          |  |  |  |  |  |
|--|----------------------|--------------------|---------------|--|-----------------------------|---------------------------------|-------------------|--------------------|--------------|----------|--|--|--|--|--|
|  |                      |                    |               | TYPE OF CREDIT – CHECK THE APPROPRIATE BOX           |                             |                                 |                   |                    |              |          |  |  |  |  |  |
|  |                      |                    |               | □ Individual–Provide your financial information only |                             |                                 |                   |                    |              |          |  |  |  |  |  |
|  |                      |                    |               | □Joint, with   |                             |                                 |                   |                    |              |          |  |  |  |  |  |
|  |                      |                    |               | □ Information on separate financial statements       |                             |                                 |                   |                    |              |          |  |  |  |  |  |
| I  | plicant's Name and   |                    |               |  | Relationsh                  | •                               |                   |                    |              |          |  |  |  |  |  |
|  | IVIDUAL INFOR        | MATION             |               |  |                             |                                 | RTY INFORM        | IATION             |              |          |  |  |  |  |  |
| Business or Occupation                                       |                      |                    |               |  | Business or Occupation      |                                 |                   |                    |              |          |  |  |  |  |  |
| Employer's Name and  |                      |                    |               |  | Employer's                  | Name and Address                |                   |                    |              |          |  |  |  |  |  |
|  |                      |                    |               |  |                             |                                 |                   |                    |              |          |  |  |  |  |  |
| Length of Employment   |                      | DI .               |               |  | Length of E                 |                                 |                   |                    |              |          |  |  |  |  |  |
| Home Phone   |                      | s Phone            |               |  | Home Phon<br>Date of Birt   |                                 | ss Phone          |                    |              |          |  |  |  |  |  |
| Date of Birth  |                      | Security #         | -+ 0-         |  |                             |                                 |                   | Security #         | <b>`</b> C   |          |  |  |  |  |  |
| ASSE   |                      |                    | ote: Co       | mplete   | SCHEDU                      |                                 | LI                | ABILITIE           | .5           |          |  |  |  |  |  |
| Cash On Hand and In Ban<br>Cash Value of Life Insuran        |                      | Sched A<br>Sched B |               |  | Notes Due t                 | o Banks                         | de                | Sched A<br>Sched H |              |          |  |  |  |  |  |
| US Gov Securities  | ice                  | Sched B            |               |  | Notes Due t                 |                                 | us                | Sched H            |              |          |  |  |  |  |  |
| Other Marketable Securitie                                   | 20                   | Sched C            |               |  |                             | nd Bills Payable                |                   | Sched H            |              |          |  |  |  |  |  |
|  |                      | Junea C            |               |  |                             | fe Insurance Policies           |                   | Sched B            |              |          |  |  |  |  |  |
|  |                      |                    |               |  |                             | counts Payable                  | Sched H           |                    |              |          |  |  |  |  |  |
|  |                      |                    |               |  | Cash Rent F                 |                                 |                   |                    |              |          |  |  |  |  |  |
|  | TOTAL LIQU           | ID ASSETS          |               |  | Other Liabil                |                                 |                   |                    |              |          |  |  |  |  |  |
| Real Estate Owned  |                      | Sched E            |               |  |                             |                                 |                   |                    |              |          |  |  |  |  |  |
| Mortgages and Contracts                                      | Owned                | Sched F            |               |  |                             |                                 |                   | 1                  |              |          |  |  |  |  |  |
| Notes and Accounts Recei                                     | vable – current      | Sched D            |               |  |                             |                                 |                   |                    |              |          |  |  |  |  |  |
| Notes and Accounts Recei                                     | vable – over 90      | Sched D            |               |  |                             | TOTAL SHORT TERM LIABILITIES    |                   |                    |              |          |  |  |  |  |  |
| Notes Due From Relatives                                     |                      | Sched D            |               |  | Real Estate                 | Sched E                         |                   |                    |              |          |  |  |  |  |  |
| Other Securities – Not Rea                                   | adily Marketable     | Sched C            |               |  |                             | ssessments Payable              |                   |                    |              |          |  |  |  |  |  |
| Personal Property  |                      | Sched G            |               |  | Other Debts                 |                                 |                   |                    |              |          |  |  |  |  |  |
| IRA and Tax Deferred Acc                                     |                      |                    |               |  | TOTAL LONG TERM LIABILITIES |                                 |                   |                    |              |          |  |  |  |  |  |
| Other Assets – Itemize                                       | □ (see attached it   |                    |               |  | Total Liabili               |                                 |                   |                    |              |          |  |  |  |  |  |
|  | TOTAL PRODUCTI       | VE ASSETS          |               |  | Net Worth (                 |                                 |                   |                    |              |          |  |  |  |  |  |
| TOTAL ASSETS   |                      |                    |               |  | TOTAL LIAE                  | TOTAL LIABILITIES AND NET WORTH |                   |                    |              |          |  |  |  |  |  |
|  | ANNUAL INCO          | OME                | 1             |  |                             | ESTIMATE O                      | F ANNUAL          | EXPENSE            | S            |          |  |  |  |  |  |
| Salary Bonuses and Comm<br>Dividends and Interest            | nissions             |                    |               |  | Income Tax                  | Other Taxes                     |                   |                    |              |          |  |  |  |  |  |
| Rental and Lease Income                                      | (Not)                |                    |               |  | Insurance P                 |                                 |                   |                    |              |          |  |  |  |  |  |
|  | not ho roug          | alad if            | Mortgage Pa   |  |                             |                                 |                   |                    |              |          |  |  |  |  |  |
| Alimony, child support or se<br>you do not wish to have it c |                      |                    | Rent Payabl   |  |                             |                                 |                   |                    |              |          |  |  |  |  |  |
| Other Income – Itemize                                       |                      | or ropujing (      | line opinguti |  | Other Exper                 |                                 |                   |                    |              |          |  |  |  |  |  |
| Provide the following infor                                  | mation only if Joint | Credit is che      | cked abov     | e.   |                             |                                 |                   |                    |              |          |  |  |  |  |  |
| Other Persons Salary, Bon                                    | -                    |                    |               |  |                             |                                 |                   |                    |              |          |  |  |  |  |  |
| Alimony, child support or se                                 |                      |                    | not be reve   | aled if  |                             |                                 |                   |                    |              |          |  |  |  |  |  |
| you do not wish to have it c                                 |                      |                    |               |  |                             |                                 |                   |                    |              |          |  |  |  |  |  |
| Other Income of Other Pe                                     | rson– Itemize        |                    |               |  |                             |                                 |                   |                    |              |          |  |  |  |  |  |
| TOTAL  |                      |                    |               |  | TOTAL                       |                                 |                   |                    |              |          |  |  |  |  |  |
| GEN  | NERAL INFORM         | IATION             |               |  |                             | CONTING                         | <b>GENT LIABI</b> | LITIES             |              |          |  |  |  |  |  |
| Are any Assets Pledged Other                                 | Than Described on SC | HEDULES            | 🗆 yes         | 🗆 no   | As Endorser                 |                                 | 🗆 yes             | 🗆 no               |              |          |  |  |  |  |  |
| Are You a Defendant in Ar                                    |                      |                    | 🗆 yes         | 🗆 no   | On Leases of                | or Contacts                     |                   |                    | 🗆 yes        | 🗆 no     |  |  |  |  |  |
| Income Tax Return Filed 1                                    | Fhrough What Date?   |                    |               |  | Legal Claim                 | S                               |                   | 🗆 yes              | 🗆 no         |          |  |  |  |  |  |
| Have you ever been declared                                  |                      | -                  | 🗆 yes         | 🗆 no   | Federal – St                | 🗆 yes                           | 🗆 no              |                    |              |          |  |  |  |  |  |
| Are you a Partner or Office                                  | er in any other Vent | ure?               | 🗆 yes         | 🗆 no   | Other -                     |                                 |                   |                    |              |          |  |  |  |  |  |
|  |                      |                    |               |  | DULES                       | F                               |                   |                    |              |          |  |  |  |  |  |
| A. CASH IN BANKS   | S AND NOTES          | (                  | List all Re   | al Estate  | e Loans in So               | hedule E)                       | 🗌 🗆 Additi        | onal Info          | rmatio       | <u>n</u> |  |  |  |  |  |
| NAME OF BANK   | Type of Account      | Type of C          | wnership      | 0  | n Deposit                   | Notes Due Banks                 | Collateral        | l; (if Any) and Ty | pe of Owners | hip      |  |  |  |  |  |
|  |                      |                    |               |  |                             |                                 |                   |                    |              |          |  |  |  |  |  |
|  |                      |                    |               |  |                             |                                 |                   |                    |              |          |  |  |  |  |  |
|  |                      |                    |               |  |                             |                                 |                   |                    |              |          |  |  |  |  |  |
|  | land                 |                    |               |  |                             |                                 |                   |                    |              |          |  |  |  |  |  |
| □ See Attached Itemization                                   | ТОТ                  | ALS                |               |  |                             |                                 |                   |                    |              |          |  |  |  |  |  |

| B. LIFE INSURANCE (List only those Policies that you own)  |                                 |           |       |                                 |            |          |                               |                       |            |                |                         |               |                 |                |                                  |                |                                  |            |                           |                                  |                   |
|--|---------------------------------|-----------|-------|---------------------------------|------------|----------|-------------------------------|-----------------------|------------|----------------|-------------------------|---------------|-----------------|----------------|----------------------------------|----------------|----------------------------------|------------|---------------------------|----------------------------------|-------------------|
| COMPANY Face Of Policy   |                                 |           |       |                                 |            |          | Cash Surrender Value          |                       |            |                | Policy Loan From Ins Co |               |                 |                | Other loans Policy As Collateral |                |                                  |            | BENEFICIARY               |                                  |                   |
|  |                                 |           |       |                                 |            |          |                               |                       |            |                |                         |               |                 |                |                                  |                |                                  |            |                           |                                  |                   |
|  |                                 |           |       |                                 |            |          |                               |                       |            |                |                         |               |                 |                |                                  |                |                                  |            |                           |                                  |                   |
| 🗆 Se   | See Attached Itemization TOTALS |           |       |                                 |            |          |                               |                       |            |                |                         |               |                 |                |                                  |                |                                  |            |                           |                                  |                   |
| C. SECURITIES OWNED (including US Gov't Bonds and Stocks and Bonds)  |                                 |           |       |                                 |            |          |                               |                       |            |                |                         |               |                 |                |                                  |                |                                  |            |                           |                                  |                   |
| Face Value-Bonds DESCRIPTION   |                                 |           |       |                                 |            |          |                               | Type of O             | wnershin   | C              |                         |               |                 | et Value Marke |                                  |                | ket Value MARKET VA<br>Not Readi |            |                           |                                  |                   |
| # of Shares of<br>Stock Indicate those Not Registered In Your N  |                                 |           |       |                                 |            | our Name | e Type of Ownership           |                       |            | C              |                         |               | Gov Sec         |                | N                                | Marketable Sec |                                  | Marketable |                           |                                  | To Secured Loan   |
|  |                                 |           |       |                                 |            |          |                               |                       | -          |                |                         |               |                 |                |                                  |                |                                  |            |                           |                                  |                   |
|  |                                 |           |       |                                 |            |          |                               |                       |            |                |                         |               |                 |                |                                  |                |                                  |            |                           |                                  |                   |
|  |                                 |           |       |                                 |            |          |                               |                       |            |                |                         |               |                 |                |                                  |                |                                  |            |                           |                                  |                   |
|  |                                 |           |       |                                 |            |          |                               |                       |            |                |                         |               |                 |                |                                  |                |                                  |            |                           |                                  |                   |
| See Attached Itemization TOTALS  |                                 |           |       |                                 |            |          |                               |                       |            |                |                         |               |                 |                |                                  |                |                                  |            |                           |                                  |                   |
| D. NOTES AND ACCOUNTS RECEIVABLE (Money Payable or Owed to You Individually-Indicate % of your Ownership Interest) |                                 |           |       |                                 |            |          |                               |                       |            |                |                         |               |                 |                |                                  |                |                                  |            |                           |                                  |                   |
|  | MAKER/DEBTOR %                  |           |       |                                 |            | Due      |                               | Origir                | nal Amount |                |                         | t Accounts    |                 |                | Over 90 Days                     |                | Relatives and Frie               |            |                           | :                                | Security (if any) |
|  |                                 |           |       |                                 |            |          |                               |                       |            |                |                         |               |                 |                |                                  |                |                                  |            |                           | <u> </u>                         |                   |
|  |                                 |           |       |                                 |            |          |                               |                       |            |                |                         |               |                 |                |                                  |                |                                  |            |                           |                                  |                   |
|  |                                 |           |       |                                 |            |          |                               | _                     |            |                |                         |               |                 |                |                                  |                |                                  |            |                           |                                  |                   |
| See Attached Itemization TOTA E. REAL ESTATE OWNED (Indicate % of you Ownership                                    |                                 |           |       |                                 |            |          |                               |                       |            | _              | .`                      |               |                 |                |                                  |                |                                  |            |                           |                                  |                   |
|  |                                 |           | Г     | Descripti                       |            |          |                               | <b>you Ow</b><br>Date |            |                | Droc                    | ent Value     | a.              | Amount         | t of I                           | ns             | MORT                             | GAGE       | OR CO                     | NTRAC                            | T PAYABLE         |
| TITLE IN NAME OF % Location  |                                 |           |       |                                 |            | quired   | Original Cost                 |                       |            | of Real Estate |                         | Carried       |                 |                | Bal Due                          |                | Payment                          |            | Maturity                  |                                  |                   |
|  |                                 |           |       |                                 |            |          |                               |                       |            |                |                         |               |                 | +              |                                  |                | <u> </u>                         |            |                           |                                  |                   |
|  |                                 |           |       |                                 |            |          |                               |                       |            |                |                         |               |                 |                |                                  |                |                                  |            |                           |                                  |                   |
|  |                                 |           |       |                                 |            |          |                               |                       |            |                |                         |               |                 |                |                                  |                |                                  |            |                           |                                  |                   |
| See Attached Itemization TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL TOTAL   |                                 |           |       |                                 |            |          |                               |                       |            |                |                         |               |                 |                |                                  |                |                                  |            |                           |                                  |                   |
| F. N   | <u>/IORTC</u>                   | GAGES     | AND   | CON                             | TRA<br>Mak |          | )WI                           | NED (                 |            |                |                         |               | hip             | Interes        | st)                              |                |                                  |            |                           |                                  |                   |
| Cont   | Mtg                             | % Name    |       | Address                         |            | SS       | PROPER                        |                       | Y COVERED  |                | 5                       | Starting Date |                 | Payment        |                                  | Maturity       |                                  | у          | Balance Due               |                                  |                   |
|  |                                 |           |       |                                 |            |          |                               |                       |            |                |                         |               |                 |                |                                  |                |                                  |            |                           |                                  |                   |
|  |                                 |           |       |                                 |            |          |                               |                       |            |                |                         |               |                 |                |                                  |                |                                  |            |                           |                                  |                   |
| 🗆 Se   | e Attach                        | ed Itemiz | ation |                                 |            |          |                               |                       | •          |                |                         |               |                 |                |                                  |                |                                  |            | TO                        | TALS                             |                   |
| G. F   | PERSC                           | NAL P     | ROP   | ERTY                            | (Indi      | cate %   | 6 of                          | your O                | wnershi    | o Inte         | erest)                  |               | _               |                |                                  | -              |                                  |            |                           |                                  |                   |
| DESCRIPTION %  |                                 |           |       |                                 |            | %        |                               | Date Whe              | n Due      |                | Cost When New           |               |                 | Value Today    |                                  |                | Balance Due                      |            |                           | S ON PROPERTY<br>To Whom Payable |                   |
|  |                                 |           |       |                                 |            |          |                               |                       |            |                |                         |               |                 |                |                                  |                |                                  |            |                           |                                  |                   |
|  |                                 |           |       |                                 |            |          |                               |                       |            |                | -                       |               |                 |                |                                  |                |                                  | <u> </u>   |                           |                                  |                   |
| See Attached Itemization   |                                 |           |       |                                 |            |          |                               |                       |            | TOTALS         |                         |               |                 |                |                                  |                |                                  |            |                           |                                  |                   |
|  | NOTES                           |           |       |                                 |            |          |                               |                       |            | ·              |                         |               |                 |                |                                  |                |                                  |            |                           |                                  |                   |
|  |                                 |           | 0     | Other Obligors (If<br>Any) When |            | en Du    | n Due Relatives ar<br>Friends |                       |            |                | e "Others"<br>Banks)    |               | Accounts and Bi |                | lls Coi                          | ntracts Pa     | Payable COL                      |            | LLATERAL (If Any) Payable |                                  |                   |
|  |                                 |           |       | _                               |            |          |                               |                       |            |                |                         |               |                 |                |                                  |                |                                  |            |                           |                                  |                   |
|  |                                 |           |       |                                 |            | -        |                               |                       |            | $\rightarrow$  |                         |               |                 |                |                                  |                |                                  |            |                           |                                  |                   |
| See Attached Itemization   |                                 |           |       |                                 | Т          | OTA      | ALS                           |                       |            |                |                         |               |                 |                |                                  |                |                                  | 1          |                           |                                  |                   |

This information and the information provided on all accompanying financial statements and schedules is provided for the purpose of obtaining credit for the Applicant(s) or for the purpose of Applicant(s) guaranteeing credit for others. Applicant(s) acknowledge that representations made in this Statement will be relied on by Creditor in its decision to grant such credit. This Statement is true and correct in every detail and accurately represents the financial condition of the applicant(s) on the date given below. You are authorized to make all inquiries you deem necessary to verify the accuracy of the information contained herein and to determine the creditworthiness of the undersigned. Applicant(s) will promptly notify Creditor of any subsequent changes which would affect the accuracy of this Statement. Creditor is further authorized to answer any question about Creditors credit experience with Applicant(s). Applicant(s) are aware that any knowing or willful false statements regarding the value of the above property for purposes of influencing the actions of Creditor can be a federal law 18 U.S.C. sec. 1014 and may result in a fine or imprisonment or both.

By signing below, each representative of the Applicant declares that he/she has read and understands the statement above.

Date \_\_\_\_\_

Signature