

# Loan Application Commercial Revitalization Loan Fund (CRLF) and ED-RLF



		Version: 5.22.20
	SECTION A: APPLICANT INF	ORMATION
Business Legal Name:	Quality Transit, LLC	
Doing Business As (DBA):	Quality Transit, LLC	
Street Address:	4706 Barby Lane	
City/State/Zip:	Madison, WI 53704	
Municipality:		
Web Site:		
DUNS Number*:		
Contact Person Regarding	this Application	
Name:	Kodzo Michel Yawo	
Title/Position Function:	Owner/Manager	
Street Address:	4706 Barby Lane	
City/State/Zip:	Madison, WI 53704	
Phone Number:	(608) 335-0332	
Alternate Phone:		
Fax Number:	(608) 467-3944	-
E-mail Address:	michelyawo@gmail.com	
*A Data Universal Numberi may contact Dun & Bradstre	ng System (DUNS) number must b et at 1-800-333-0505 to register and	e provided for each business. A busine obtain a free DUNS number.
	SECTION B: BUSINESS INFO	RMATION
Legal Structure (check one)		
☐ Sole Proprietorship	☐ Corporation	☐ Limited Liability Company (LLC)
General Partnership	S-Corporation	☐ Limited Liability Partnership (LLP
Limited Partnership	Other	
s there a written operating agre	ement, partnership agreement, or bylaws	s? 🗌 Yes 📑 No
If an LLC, is the LLC managed t	oy all members? ☑ Yes ☐No. If no, wh	no is the managing member?
Date Business Originally Establi	shed August 1, 2013	
Number of Years Under Current		
e, elider editeris		

6.	Type of Business (che	ck all that apply):		
	☐ Architecture ☐ Fabricator	☐ Consultant☐ Finance	☐ Construction Contractor ☐ Manufacturing	☐ Engineering ☐ Retail/Vendor
	☐ Service	▼ Transportation		☐ Legal
	☐ Broker	Other (specify)		
7.	Certifications held by I	ousiness (check all that apply	):	
	Minority Business	Enterprise	Small Business Enterprise	•
	☐ Section 3 Busines	s	☐ Women-Owned Business Enter	erprise
8.	How many years have	you been doing business un	der your present firm or trade name?	
9.	Please list any other n	ames under which this busin	ess may have operated:	•
	N/A			
-				
-		Ę	ime <u>1</u> Part-time	
11.	How many hours per v			
12.	Briefly describe the pr	imary products and/or service	es of the business.	
	business to ambula	C provides contractual pratory and disabled clients of the provided the contract of the contra	ofessional transportation as a min s from their residence to medical a o their residence.	ority independent ppointments or
13.	Briefly describe critica	I trends in the business/indus	try in which this business is operating.	
	The transportation	needs in Dane County,	particularly for elderly people and	
	people with disab	ilities are growing. The r	needs particularly of wheelchair ac	cessible van are increasing rast
	with the aging of vehicles to 6 whe	the Dane County popula eelchair vehicles to meet	tion. I could increase my vehicles the demands.	capacity from 5 wheelchair
14.	Describe the existing a	and potential target customer	s of the business.	
	Older adults; ped	pple with disabilities.		

15. Ownership of Business - Identify all owners; attach separate sheet if necessary. Personal financial statements will be required for each owner of 20% or more of the business.

		Latino or			Owne	Ownership	
Name	Address	Hispanic (Y / N)	Race*	Gender*	%	Date	Voting %
Kodzo Michel Yawo	4706 Barby Lane, Madiso Wl 53704	n N	Black	M	100	8/1/201 To Pres	
		:	L GIANY L				-

<sup>\*</sup> Demographic Options

Gender:	Race: (Indicate all that apply)
<ul><li>Female</li><li>Male</li></ul>	<ul> <li>African-American, Black (B)</li> <li>Asian (A)</li> <li>Native American (NA)</li> <li>White, Caucasian (W)</li> <li>Pacific Islander (PI)</li> </ul>

16. If your business is incorporated please provide names of all officers.

Board of Directors	Title	Latino or Hispanic	Race*	Gender*
N/A	President			
	Vice President			
	Secretary			
	Treasurer			

17. Provide information on the key members of your management team. Please be sure to attach resumes.

Management Team	Title	Latino or Hispanic	Race*	Gender*
Kodzo Michel Yawo	Owner/Manager	No	Black	M
			1	
// AND // - / / / / / / / / / / / / / / / / /				

#### SECTION C: PROJECT AND FINANCING REQUEST

18. Provide a description of the location where the project will take place, indicate whether the site is leased or owned, and the current zoning. Attach a map to this application.

Project Name:	At this moment I work from home	
Street Address:	4706 Barby Lane	
City/State/Zip:	Madison, WI 53704	
Municipality:	Dane County	

	Owned or Leased:	Owned			
	Current Zoning:				
19.	Provide a description of the	proposed project.			
	Quality Transit, LLC wa Between 2005 and 202 from 5,000 to 10,000 (	20, Dane County Po	pulation of older ad	ults 85 years and pl	us has increased 100
	3 additional wheelchair	accessible vans.			
20.	Provide information on the proposed facility, whether the in each facility.	site acreage, square le business will own or	footage of the facility r lease each facility, ar	currently used by you nd the current and prop	ir business (if any) and losed number of tenants
	Facility	Site Acreage	Square Footage	Own/Lease	Number of Tenants
L	Existing Facility	N/A			<u></u>
L	New/Rehabbed Facility	N/A			
21.	If this project involves the pu	rchase of land, provide	e a legal description of	the property to be purc	hased.
	N/A				
22.	If this project involves the puuses of the property.	rchase of land and/or	existing building(s), pro	ovide a description of th	e current and any prior
	N/A				
23.	If this project involves the pu ☐ Yes ☐ No ( If yes, plea		ing buildings, have any	environmental studies	been done?
24.	Will the project require any o	hange in zoning? 🔲	Yes ፟ No		
25.	Will the project involve the d	emolition or conversion	n of any existing structu	ıres? ☐ Yes 💆 No	
26.	Provide a description of the sources and uses of all fund			ease note that a detaile	ed budget showing the
	Uses of Funds	Dane County CRLF/RLF Funds	Source 2 Name:	Source 3 Name:	Total
	Acquisition of Land or Buildings	N/A			
	Rehab or remodeling	N/A			
	New Equipment	N/A			

Uses of Funds	Dane County CRLF/RLF Funds	Source 2 Name:	Source 3 Name:	Total
Inventory				
Working Capital				
Other,				
Total				
			Total	

27. Business Loan Terms. For each existing loan source identified in 26, please indicate the loan terms, original amount of the loan, the current outstanding balance, and the name and phone number of your contact person.

Source	Interest Rate	Terms	Original Amount	Current Outstanding Balance	Contact Name/ Phone Number
	·				

28. Collateral. Provide a description of the collateral for this proposed loan. (Please attach one copy of any appraisals that have been done.)

Collateral	Cost	Appraised Value	Source of Appraisal	Other Lien Holder(s)

29. Describe the reason for requesting funds under the Dane County Commercial Revitalization Loan Program (Check all that apply and describe):

ployment,
)

30. Project Timeline. Provide a timeline for this project. Milestones may be such items as securing all financing, bidding on construction, acquiring equipment, or hiring employees. Please customize this for your project.

Milestone	Timeline
Purchase of 3 wheelchar accessible vans by	Create 6 jobs for minority and women or
December 2017	to low-or moderate income people by
	December 2017

Milestone	Timeline

**JOBS** are the major inducement for the County to provide loan funds. One full-time equivalent (FTE) job must be created or retained for every \$35,000 in CRLF funds loaned. At least 51 percent of those jobs (computed on a full-time equivalent basis) must be made available to or held by a low-and-moderate income person. A full time equivalent is a 40 hour per week or 2,080 hour per year job. If two persons are hired for 20 hours per week for 52 weeks per year, that is 1 full-time equivalent job.

The following requirements must be met for jobs to be considered created or retained.

- For projects that create jobs, at least 51% of the jobs must be held by or made available to lowand-moderate income persons.
- b. For projects that **retain** jobs, there must be sufficient documentation that the jobs would be lost without this loan and that one or both of the following apply to at least 51% of the jobs:
  - The job is currently held by a low-and-moderate income person; or
  - The job can reasonably be expected to turn over within the following two years and steps will be taken to ensure that the job will be filled by, or made available to, a low-andmoderate income person.

Created or retained jobs are only considered to be **made available to** low-and-moderate income persons when:

- Special skills that can only be acquired with substantial training or work experience or education beyond high school are **not** a prerequisite to fill such jobs, or the business agrees to hire unqualified persons and provide training; and
- The business takes actions to ensure that low-and-moderate income persons receive first consideration for filling such jobs, such as:
  - advertising the jobs to be filled with the Dane County Housing Authority, Centro Hispano of Dane County, Madison Apprenticeship Program, Madison Urban Ministry, Porchlight, and other non-profits serving low-and-moderate income populations;
  - o conducting a job fair in a low-and-moderate income neighborhood;
  - listing the jobs to be filled with Job Service;
  - providing a listing of the jobs to be filled to the Associate Division Manager of Economic Assistance and Work Services Division (EAWS) of the Dane County Department of Human Services who will work to refer eligible applicants
- The business must track the persons interviewed for each position and maintain income self-certification forms from each applicant for review by the County, HUD, and the Office of Inspector General.

For developments in which units or space will be leased or purchased by other tenants, such as a retail mall, the borrower/owner must ensure that the job creation and reporting requirements are incorporated into the lease or purchase agreements for each tenant.

31. Jobs Created. For each job to be created and filled in the next 24 months, please list the job title, job type, whether it will be full time or part time, the number of employees to be hired, whether the position requires any special skills, training, or education beyond a high school level, the number of hours per week, the hourly wage, and whether the job will be made available to low-and-moderate income persons. Please attach additional pages as needed.

# \* JobType:

Officials and Managers
Technicians
Office and Clerical
Operatives (Semi-Skilled)
Service Workers

Professional Sales Craft Workers (Skilled) Laborers For any jobs that require special skills, training, or education beyond high school prior to hiring and that will be made available to low-and-moderate income persons, please list by job title the actions that will be taken to assist low-and-moderate income persons to meet those requirements. 32

advertise this position with the Urban Leage of Greater Madison Jocated at 2222 S Park Street, Madison, WI 53713. I will advertise in local papers free to the public. WI 53713. I will advertise I will advertise this position at the Dane County Job Center located at 1819 Aberg Avenue, Madison WI 53704. The web site is JobCenterOfWisconsin.com. Their telephone is 888-258-9966. I will also Secretary -

33. Describe the actions that will be taken to ensure that jobs are made available to low-and-moderate income persons.

I will provide training and I will provide flexible schedule for the jobs I will advertise to low-and-moderate income persons. I will work with social service agencies to recruit and retain low-and-moderate income persons. 34. Job Retention. In order to claim job retention, a business must provide clear, convincing, and objective evidence that without the CRLF loan, the jobs would be lost to Dane County within an immediate time frame. If this application is for the retention of jobs, please indicate which of the following statements apply and attach the supporting documentation to this application.

Statement	Yes	٩
A notice of mass layoff or business closing has been filed with the Wisconsin Department of Workforce Development in the past 60 days.		Ø
A notice has been given to employees of layoff or business closing within the past 60 days.		X
Articles have appeared in a local newspaper or other trade publication related to employment loss.		X
Financial statements demonstrate the need for funds and/or a deteriorating competitive position that will result in a		ĺΣ
reduction in the workforce or the business closing.	]	3
Other, specify.		K)

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years. Please attach to this application, the most recent payroll in order to document current employment levels. The payroll should indicate whether each employee is part-time or full-time. Social security numbers and other sensitive identifiers should be redacted. Please note that for each employee who is being claimed as low-and-moderate income, an Employee Certification Form must be completed. 35. Jobs Retained. For jobs that are being claimed as created, please provide the job title, job type, full/part time status, number of hours per week, hourly wage, whether the job is held by a low-and-moderate income person, and whether the job can reasonably expect to turnover in the next two

	· · · · · · · · · · · · · · · · · · ·		T	·	1	 	 
المعارضة الإدارة المعارضة المع	Is Job Expected to Turn over in Next 2 years (Yes/No)						
Number of Current Employees Who Are:	Not LMI						
Number of Cur Who	Low and Moderate Income (LMI)						
	Hourly Wage						
	No. of Hours Per Week						
	Full-Time or Part Time (FT/PT)						
	Job Type						
	Job title	N/A					

ounty is prohibited from providing a ion from one Labor Market Area to ion will result in a significant loss of eant loss is defined as the loss of	88 of the Quality Housing and Work Responsibility Act of 1998. assistance that will result in the relocation of a plant, facility, or another, within three years of the date of assistance, if such jobs in the labor market area from which the relocation occurs. A 500 or more jobs or equal to or greater than one-tenth of one labor force of that Labor Market Area.
project relocate jobs from one labor mai	dicat to another? [] Van [W No
project reference jede it ett ette tabet itim.	rket to another? Thes Mino
now many jobs will be lost from the labor be relocated to or replaced at the projec	market area from which the jobs will be relocated? (Include jobs that t site.) jobs.
hich location will the jobs be relocated or	r lost?
City	State
be	e relocated to or replaced at the project ch location will the jobs be relocated o

Prior to the County being able to commit funds to a project, an environmental review must be conducted, and if needed, approval for the release of federal funds must be obtained from HUD (Department of Housing and Urban Development).

39. This business understands and agrees that:

Statement	Yes	No
CRLF funds are provided under the Community Development Block Grant (CDBG) program which requires that projects obtain environmental clearance prior to any portion of the project moving forward or project funds will be rescinded and repaid to the County.	X	
The environmental review must cover the entire scope of the project as presented in this application. The project is defined and includes all line items listed in the application and all aspects necessary to successful completion of the project, including both private and public on and off-site investment by any party.	这	
It will assist the County in fulfilling it's environmental review requirements.	X	
Local and regional governmental and civic bodies and citizens must be notified of the project's potential effects on various aspects of the environment. In addition, the environmental review process may include coordination with several regulatory entities. These entities may have requirements such as archaeological studies, special permitting, and mitigation measures.	X	
Federal regulations may require that a public notice be published in a newspaper of general circulation and that a 15-day public comment period by observed. This process takes a minimum of 20 days and may take longer if public comments are received.	M	
Federal regulations may require that a approval for Release of Funds be obtained from HUD. This process takes a minimum of 20 days.	×	
If a purchase option is offered prior to the environmental review being completed, the option must contain contingency language indicating there will be no transfer of title to the purchaser until all environmental review procedures have been completed. Any deposits made must be nominal (less than \$1,000) or refundable (if more than \$1,000).	×	

SECTION F: LEGAL INFORMATION		
	<b>4</b>	
Statement	Yes	No
Has the applicant or any owner been involved in any lawsuits or judgments in the last five (5) years of have any lawsuits pending?		X
Has the applicant or any owner been involved in any bankruptcy or insolvency proceedings or have any proceedings pending?		\ <b>X</b>
Has the applicant or owner had any civil or criminal charges in the last five (5) years or have any charges pending?		×
Does the applicant or any owner have any outstanding tax liens or judgments?		X
Is the property tax delinquent?		×
Please attach a detailed explanation for any YES responses.	•	•
SECTION G: CONFLICT OF INTEREST		

#### **Immediate Family Ties**

Immediate family ties includes spouse (including fiancée/fiancé), parent (including step parents), child (including step-children), siblings (including step-brothers and step-sisters), grandparent, grandchild, and inlaws of a covered person.

40. For each owner of the business, please list any immediate family ties to any employees of Dane County, the County Board of Supervisors, or the CDBG Commission.

Business Owner	Name of Person to Whom the Business Owner has Immediate Family Ties	Relationship
N/A	N/A	N/A

#### SECTION H: CERTIFICATION

The Applicant for loan funds certifies:

- a. To the best of my knowledge and belief, all information contained in this application is true and correct.
- b. No work on this project has been accomplished and that no work will be undertaken until environmental clearance has been received and a contract with Dane County has been executed.
- That the applicant is in compliance with all laws, regulations, ordinances, and orders of public authorities applicable to it.
- d. That the applicant is not in default under the terms and conditions of any grant or loan agreements, leases, or financing arrangements with its creditors.
- e. That the applicant has disclosed and will continue to disclose any occurrence or event that could have an adverse material impact on the project. Adverse material impact includes, but is not limited to, lawsuits, criminal or civil actions, bankruptcy proceedings, regulatory intervention, or inadequate capital to complete the project.
- f. Understands that unless it qualifies as trade secret, all information submitted to the County is subject to Wisconsin's Open Records Law.

The applicant requests that the County treat the following items as TRADE SECRET:

Item	Yes	No	Not Applicable
Personal financial statements		X	
Personal or business tax returns		X	
Historic business financial statements			
Business financial projections			
Business plan or study		$\square$	
Other:		X	

g. I possess the legal authority to apply for this loan.

Title

willingly making false or fraudulent statements to any department of the United States Government.		
S. Alway	10/26/17	
Signature	Date	
Kodzo Mild VANO		
Name (Typed or Printed)		
- Owner Manager		
Title		
Signature	Date	
Name (Typed or Printed)		

Warning: Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and

IDENTIFICATION NUMBERS		
Please list the FEIN for the business.		
Federal Tax Identification No:	463040978	

Please list the Social Security Numbers for: 1) each proprietor, or 2) each limited partner who owns 20% or more interest and each general partner, or 3) each stockholder owning 20% or more voting stock, or 4) any partner or entity providing a guaranty on the loan.

Business Owner Name	Social Security Number (SSN)
Kodzo Michel Yawo	395-06-2939

### **APPLICATION CHECKLIST**

Each completed application to be submitted to the County of Dane shall consist of the following:

Busin	ess L	Documents
	1. 2.	Completed CRLF Loan Application Business plan outlining management, marketing, competition, business history, and future potential (for new businesses and those in operation less than five (5) years.)
	3. 4. 5. 6. 7.	Detailed project budget Balance sheets for the preceding three years. Profit and loss statements for the preceding three years. Federal income tax returns for the prior three years. Three year projections of cash flow with the first year being on a month-to-month basis. Include an
DINJA DINJA DINJA	8. 9. 10.	explanation of all assumptions.  Three year projections of income and expenses. Include an explanation of all assumptions.  Aging of accounts receivable and payables, even dated with the current financial statements.  If claiming jobs as retained, documentation that without this loan, that jobs would be lost. (See item 29)/  If claiming jobs as retained, copy of most recent payroll.
Perso	nal/In	ndividual Information
	12.	Current personal financial statement of: 1) each proprietor, or 2) each limited partner who owns 20% or more interest and each general partner, or 3) each stockholder owning 20% or more voting stock, or 4) any person or entity providing a guaranty on the loan. NOTE: A notarized statement from a certified accountant indicating the net worth of each business owner under this section may be substituted for the personal financial statements.
□? □\/A	13. 14.	Resumes of all key management personnel. In the case of stock option, copies of Private Placement Memorandum.
Projec	t Info	ormation NA
	15. 16. 17.	Map of project location.  Evidence of site control, such as a signed offer to purchase, current building lease, etc  Copies of any estimates or quotes regarding work to be done or equipment to be purchased in connection with the project.
	18. 19. 20. 21.	Appraisal of real estate, property, or other collateral.  Pictures of collateral offered.  Copy of any environmental studies done for the project.  If the project involves acquisition of land or buildings, new construction, or rehabilitation, a letter of support signed by the chief elected official of the municipality where the project is located.
	22.	Real estate projects must include at least 4 photographs of the site and adjacent land uses from all
	23.	directions, including applicable street views. If applicable, copies of building lease(s).
Lende	r Doo	cuments
	24.	Commitment letter(s) from bank and/or other lenders that includes a description of the terms of the loan(s), a description of collateral and/or guarantees, listing of any co-signers, and a signed acceptance from borrower (s). The bank and other lenders should advise the County of all covenants and/or limitations relating to the loan(s).

Additional materials may be requested by the County. Please consult with the County's Economic Development Specialist as to the required documents for your specific loan request.

### Closing

Additio	onal ir	nformation will be required at the time of loan closing. This may include, but is not limited to:
	25.	Copies of Articles of Incorporation and Bylaws if a corporation; Articles of Organization and Operating Agreement if a LLC; or any written Partnership Agreement if a partnership.
	26.	Title Commitment/Equipment make, model, serial numbers
	27.	Appraisals
	28.	Environmental
	29.	Hazard Insurance
	30.	Life Insurance/Life Insurance Collateral Assignment Form
	31.	Proposed Lease Draft
	32.	Evidence of Equity Injection

## PERSONAL FINANCIAL STATEMENT Confidential Statement as of:

Complete this form for: 1) each proprietor, or 2) each limited partner who owns 20% or more interest and each general partner, or 3) each stockholder owning 20% or more voting stock, or 4) any person or entity providing a guaranty on the loan.

Name: Kodzo Michel Yawo	Business Phone: (608) 335-0332
Residence Address: 4706 Barby Lane	Residence Phone: (608) 237-7029
City, State, Zip Code: Madison, WI 53704	
Business Name of Applicant/Borrower: Quality Transit, L	LC
	pusinesses in which you have any financial interest. (Use
Legal Name of Business:	Quality Transit, LLC
Trademark Name (DBA):	Quality Transit, LLC
Entity Type (Corporation, LLC, LP, etc.)	LLC
Street Address:	4706 Barby Lane
City, State	Madison, WI
Percent Ownership:	100%
Legal Name of Business:	
Trademark Name (DBA):	
Entity Type (Corporation, LLC, LP, etc.)	
Street Address:	
City, State	
Percent Ownership:	
Legal Name of Business:	
Trademark Name (DBA):	
Entity Type (Corporation, LLC, LP, etc.)	
Street Address:	
City, State:	
Percent Ownership:	

ASSETS Omit ce	ents	LIABILITIES	Omit cents
Cash on hand and in banks 3,875	\$	Accounts Payable 650	\$
Savings Accounts 4501	\$	Notes Payable to banks & others 3,700	\$
IRA or Other Retirement Accounts	\$	Installment Account (Auto)	\$
		Mo. Payments \$	
Accounts & Notes Receivable	\$	Installment Account (Other)	\$
		Mo. Payments \$	
Life Insurance – Cash Surrender Value	\$	Loan on Life Insurance	\$
Stocks and Bonds (Describe in Sec. 3)	\$	Mortgages on Real Estate (Describe in Sec. 4)	\$
Real Estate 225,000	\$	Unpaid Taxes (Describe in Sec. 6)	\$
Automobile – present value 8,200	\$	Other Liabilities (Describe in Sec. 7)	\$
Other Personal Property /U,500	\$	Total Liabilities 99.726	\$
Other Assets (Describe in Sec. 5)	\$	Net Worth	\$
TOTAL 252,0	<b>K</b> \$	TOTAL <b>253,</b> 0	76 s
Section 2: Source of Income		Contingent Liabilities	
Salary 28975	\$	As Endorser or Co-Maker	\$
Net Investment Income	\$	Legal Claims & Judgments	\$
Real Estate Income	\$	Provision for Federal Tax Income	\$
Other Income (Describe below)	\$	Other Special Debt	\$
Description of other income in Section 1 (Alimon unless it is desired to have such payments count t		ild support payments need not be disclosed in "Othotal income.	er Income"

Name/Address of Note H	older(s) Origina Balanc		Payment Amount	Frequency (Monthly, etc.)	How Secured or Endorsed Type of Collateral
DANE County Co	4 7,580	3,700	140	MO	
DANE County CI	BANK 181,00	- 148,000	1553	MO	NA
	181,000	I			
Section 4: Stocks and Bor statement and signed.)		T CONTROL OF	ach attachme		
Name of Securities	S Number Shares	I COST	Quotatio Exchanç	n/ Quotation	n/ Total Value
	ŀ			1	1
Section 5: Real Estate (Li	st each parcel separa nent and signed )	l tely. Use attach	ments if neo	essary. Each a	ttachment must b
identified as part of this staten	nent and signed.) Property A		 nments if ned Property B		ttachment must b
identified as part of this staten  Type of Property	Personal Res				
identified as part of this staten Type of Property Street Address	Personal Res	, LW			
identified as part of this staten  Type of Property  Street Address  City, State	Personal Res  4706 BARba  MADISON W	t LW T			
identified as part of this staten Type of Property Street Address City, State Date Purchased	Personal Res  4706 BARbo  MADISON W	t LW T			
identified as part of this staten Type of Property Street Address City, State Date Purchased Original Cost	Personal Res  4706 BARba  MADISON W  6/2008	t LW T			
Type of Property Street Address City, State Date Purchased Original Cost Present Market Value	ment and signed.) Property A Personal Res 4706 BARbo MADISON W 6/2008 181,000	tw T			
Type of Property Street Address City, State Date Purchased Original Cost Present Market Value Name of Mortgage Holder	Personal Res  4706 BARba  MADISON W  6/2008	tw T			
Type of Property Street Address City, State Date Purchased Original Cost Present Market Value Name of Mortgage Holder Address of Mortgage Holder	ment and signed.) Property A Personal Res 4706 BARbo MADISON W 6/2008 181,000	tw T			
Type of Property Street Address City, State Date Purchased Original Cost Present Market Value Name of Mortgage Holder Address of Mortgage Holder Mortgage Account Number	MADISON WAS PROPERTY A  PERSON OF RES  4706 BARBO  MADISON WAS PROPERTY A  6/2008  181,000  DUST BAW	tw T			
Type of Property Street Address City, State Date Purchased Original Cost Present Market Value Name of Mortgage Holder Address of Mortgage Holder Mortgage Account Number Mortgage Balance	MADISON WAS NOT BAW	tw T			
identified as part of this staten Type of Property Street Address City, State Date Purchased	MADISON WAS PROPERTY A  PERSON OF RES  4706 BARBO  MADISON WAS PROPERTY A  6/2008  181,000  DUST BAW	tw T			