

SMALL BUSINESS LOAN APPLICATION

Name: David Wiesemann

Business Name (as reflected on loan application): 1900 Corporate Center, LLC/David Wiesemann Real Es

Business Name (as on file with Secretary of State): a

Social Security #: 496-70-5712 Tax I.D #: 46-5512271 Number of F/T Employees: 1

Business Mailing Address: 1900 NW South Outer Rd, ,

City: Blue Springs County: Jackson State: Missouri Zip: 64015-2953

Physical address of Business (if different than mailing address): 1900 NW South Outer Rd

City: Blue Springs County: Jackson State: Missouri Zip: 64015

Phone #: (816) 224-8484 FAX #: _____

Type of Business: o Applicant's Equity*: % 0.18
(*business total assets minus total liabilities divided by total assets)

Amount Requested: \$ 1.00 Total Cost of Project: \$ 1.00

New Business Expansion of Existing Business Number of Borrowers: 1

Use of Loan Proceeds: Renewal

DEMOGRAPHIC INFORMATION:

Have you participated in the Missouri Linked Deposit Program Previously? Yes No

If yes, what time period: 06/24/2016

Are you a minority-owned firm and/or a female-owned firm or neither (question required by 30.758, RSMo)

Are you a veteran, reservist or member of National Guard or the spouse of such or neither

Are you using a Small Business Administration (SBA) guarantee for this loan? Yes No

APPLICANT CERTIFICATION:

In submitting this application, I the undersigned eligible borrower, have read the following and hereby certify and agree that I meet the following eligibility criteria:

- (a) Am headquartered in Missouri True False
- (b) Maintain operations and transact business in Missouri True False
- (c) Employ fewer than 100 full time employees True False
- (d) Am organized for profit True False
- (e) Employ only legal workers* True False
- (f) Do not currently owe any unpaid, non-prottested taxes to the State or any political subdivision* True False
- (g) Business has no environmental compliance issues with the MO Department of Natural Resources.* True False





(h) No owner has pleaded guilty to or been found guilty of, or is currently incarcerated, on probation or on parole, for a felony or a crime of moral turpitude; no owner is currently facing charges for a felony or a crime of moral turpitude; and no owner is currently on probation for any crime.* True False

(i) I have read and verify I am in compliance with all state statutes and policies of the Missouri State Treasurer's office relative to the Missouri Linked Deposit Program. True False

* NOTE: The Missouri State Treasurer's office may require documentation to verify compliance with these statements.

I further certify that the reduced rate loan will be used exclusively for necessary small business expenses or for the refinancing of an existing loan for such purposes, and that I am aware of the Conflict of Interest Policy adopted by the Missouri State Treasurer's office and I comply with that policy. Additionally, I attest that I am in compliance with all state and federal laws. In the event that the loan proceeds are not used for allowable operating expenses, the remaining loan proceeds will be immediately returned to the lending institution and any loan proceeds already used shall be repaid to the lending institution as soon as practicable. I understand that the Missouri State Treasurer may request additional information during the term of the deposit or for a reasonable period thereafter, and agree to respond immediately to all reasonable requests including preparation of an updated application. I understand that any intentional misrepresentation or misuse of linked deposit loan funds subjects the responsible party to criminal liability.

I understand that by participating in the Missouri Linked Deposit Program I am subject to all Revised Missouri Statutes related to receiving state monies, including chapter 610, the Missouri Sunshine Law. By signing below and accepting the linked deposit, I acknowledge that information related to this linked deposit application may be released in the promotion of the Missouri Linked Deposit Program within the constraints set forth in Chapter 610, RSMo.

o _____

Name (type or print)

Title (if business)

Signature on file at the Financial Institution

1/1/2011

Signature

Date

BANK CERTIFICATION:

After undertaking appropriate review of this loan application, on behalf of the lending institution I find and certify that this applicant is eligible to participate in the Missouri Linked Deposit Program. If the lending institution receives any information during the deposit period which reasonably causes it to question the continued eligibility of this applicant, the institution will immediately notify the Missouri State Treasurer's office and, if requested, the lending institution will re-examine and re-certify the applicant's eligibility. The lending institution further attests that it has no knowledge of any adverse information which would be material to the Missouri State Treasurer's office in determining whether this applicant is an appropriate participant in the Missouri Linked Deposit Program and agrees to immediately notify the Missouri State Treasurer's office if it becomes aware of any such information during the deposit period or for a reasonable time thereafter. The lending institution also hereby acknowledges and reaffirms the terms and conditions previously certified in the Deposit Application for this loan.

I further certify that the bank is maintaining the documentation that proves eligibility of applicant(s) and can provide this information if requested by the Missouri State Treasurer's office. (Resources that may be used to verify certification includes copies of driver's license (age), tax return (address), financial statement (equity of applicant), and the county appraisal (acreage owned in county)).

The interest rate that would normally apply to this loan is 1.00%

I am requesting a multi-year fixed rate? Yes No If yes, please submit justification and indicate term.

See Attachments.

For Lender

o _____

o _____

1/1/2011

Signature (Electronically Signed)

Title

Date



ATTACHMENTS

Please attach a brief narrative describing the nature of your business, the reason you're requesting a Linked Deposit and the impact it will have on your business.

Renewal

If requesting multi-year fixed rate, attach justification and indicate term.