

Part C. Debtor's Wage Information

What is the gross amount of your paycheck, before taxes/other deductions are taken out? 900

How often do you get paid? once a week every two weeks

twice a month once a month other _____

What is your estimated overtime pay per month? 0

How much is taken out of each paycheck for taxes, Medicare, and social security? (combined total) 105.27

How much is taken out of each paycheck for Mandatory Contributions to Retirement? 0

How much is taken out of each paycheck for Voluntary Contributions to Retirement? 0

How much is taken out of each paycheck for Required Repayments of Retirement fund Loans? 0

How much is automatically deducted for insurance? 1.72

How much is taken out for Domestic Support Obligations? 0

How much is deducted for union dues? 0

Other Deduction (describe): _____

Other Deduction (describe): _____

Other Deduction (describe): _____

Do you receive income from business operations outside of your regular paycheck listed above? _____

No Yes

If yes, how much do you receive per month? _____

Do you receive income from interest or dividends outside of your regular paycheck listed above? _____

No Yes

If yes, how much do you receive per month? _____

Do you receive income from alimony or family support payments for your use or for the care of your dependents? _____

No Yes

If yes, how much do you receive per month? _____

Do you receive income from Unemployment? _____

No Yes

If yes, how much do you receive per month? _____

Do you receive income from Social Security? _____

No Yes

If yes, how much do you receive per month? _____

Do you receive monetary government assistance? _____

No Yes

If yes, please describe: _____

How much do you receive per month? _____

Do you receive retirement or pension money? _____

No Yes

If yes, how much do you receive per month? _____

Do you have any other source of income not listed? _____

No Yes

If yes, please describe _____

How much do you receive per month? _____

Are you expecting any increase or decrease in salary next year? _____

No Yes

If yes, please describe _____

Part D. Joint Debtor's (Spouse's) Wage Information

What is the gross amount of your paycheck, before taxes/other deductions are taken out? _____

How often do you get paid? once a week every two weeks

twice a month once a month other _____

What is your estimated overtime pay per month? _____

How much is taken out of each paycheck for taxes, Medicare, and social security? (combined total) _____

How much is taken out of each paycheck for Mandatory Contributions to Retirement? _____

How much is taken out of each paycheck for Voluntary Contributions to Retirement? _____

How much is taken out of each paycheck for Required Repayments of Retirement fund Loans? _____

How much is automatically deducted for insurance? _____

How much is taken out for alimony or family support for the care of your dependents? _____

How much is deducted for union dues? _____

Other Deduction (describe): _____

Other Deduction (describe): _____

Other Deduction (describe): _____

Do you receive income from business operations outside of your regular paycheck listed above? _____

No Yes

If yes, how much do you receive per month? _____

Do you receive income from interest or dividends outside of your regular paycheck listed above? _____

No Yes

If yes, how much do you receive per month? _____

Do you receive income from alimony or family support payments for your use or for the care of your dependents? _____

No Yes

If yes, how much do you receive per month? _____

Do you receive income from Unemployment? _____

No Yes

If yes, how much do you receive per month? _____

Do you receive income from Social Security? _____

No Yes

If yes, how much do you receive per month? _____

Do you receive monetary government assistance? _____

No Yes

If yes, please describe: _____

How much do you receive per month? _____

Do you receive retirement or pension money? _____

No Yes

If yes, how much do you receive per month? _____

Do you have any other source of income not listed? _____

No Yes

If yes, please describe _____

How much do you receive per month? _____

Are you expecting any increase or decrease in salary next year? _____

No Yes

If yes, please describe _____

Part E. Debtor's Current Monthly Income Calculation

Fill in your monthly income for the categories below in the column labeled "Month 1." If your income for one of the below categories varies from month to month, complete the below chart by entering in your income for all six months.

| | Month 1 (last month) <u>03/23</u> | Month 2 (2 months ago) <u>02/23</u> | Month 3 <u>01/23</u> | Month 4 <u>12/22</u> | Month 5 <u>11/22</u> | Month 6 <u>10/22</u> | For Office Use Only |
|--|---|---|--|--------------------------|--------------------------|--------------------------|------------------------|
| Gross wages, salary, tips, bonuses, overtime, commissions. | <u>36000</u> | <u>0</u> | <u>1,967⁶⁴</u> | <u>5835²⁴</u> | <u>5887⁸⁵</u> | <u>6369⁸⁶</u> | |
| Income from operation of business: a. Gross Income - b. Expenses = c. Net Income. | <u>0</u> | <u>0</u> | <u>0</u> | <u>0</u> | <u>0</u> | <u>0</u> | |
| Rent and other real property income: a. Gross Income - b. Expenses = c. Net Income. | <u>0</u> | <u>0</u> | <u>0</u> | <u>0</u> | <u>0</u> | <u>0</u> | |
| Interest, dividends, and royalties. | <u>0</u> | <u>0</u> | <u>0</u> | <u>0</u> | <u>0</u> | <u>0</u> | |
| Pension and retirement income (NOT Social Security). | <u>0</u> | <u>0</u> | <u>0</u> | <u>0</u> | <u>0</u> | <u>0</u> | |
| Regular contributions from others to the household expenses, including child support. | <u>0</u> | <u>0</u> | <u>0</u> | <u>0</u> | <u>0</u> | <u>0</u> | |
| Unemployment Compensation. | <u>0</u> | <u>0</u> | <u>0</u> | <u>0</u> | <u>0</u> | <u>0</u> | |
| Social Security income. | <u>0</u> | <u>0</u> | <u>0</u> | <u>0</u> | <u>0</u> | <u>0</u> | |
| Other sources not already mentioned. Describe: | <u>0</u> | <u>0</u> | <u>12,540¹¹</u> <u>Severance +</u> <u>Vacation Payout</u> | <u>0</u> | <u>0</u> | <u>0</u> | |

Part F. Joint Debtor's (Spouse's) Current Monthly Income Calculation

Fill in your monthly income for the categories below in the column labeled "Month 1." If your income for one of the below categories varies from month to month, complete the below chart by entering your income for all six months.

| | Month 1 (last month) / | Month 2 (2 months ago) / | Month 3 / / | Month 4 / / | Month 5 / / | Month 6 / / | For Office Use Only |
|---|------------------------------|--------------------------------|----------------|----------------|----------------|----------------|------------------------|
| Gross wages, salary, tips, bonuses, overtime, commissions. | | | | | | | |
| Income from operation of business: a. Gross Income - b. Expenses = c. Net Income. | | | | | | | |
| Rent and other real property income:: a. Gross Income - b. Expenses = c. Net Income. | | | | | | | |
| Interest, dividends, and royalties. | | | | | | | |
| Pension and retirement income (NOT Social Security). | | | | | | | |
| Regular contributions from others to the household expenses, including child support. | | | | | | | |
| Unemployment Compensation. | | | | | | | |
| Social Security income. | | | | | | | |
| Other sources not already mentioned. Describe: | | | | | | | |

Section 6 - Current Expenses (Schedule J)

1. Is this a Joint Filing with your Spouse?

No Yes

2. Please list all dependents of you and your spouse with their age and relationship to you (if applicable).

| Relationship | Age | Who does the dependent live with? |
|------------------------|---------------|-----------------------------------|
| <u>Joshua Molinaro</u> | <u>son 15</u> | <u>Both</u> |
| | | |
| | | |
| | | |

Do you and your spouse live separately and maintain separate households? No Yes. If yes, please let your attorney know and they will have to provide you with an additional copy of this section to detail the expenses for the completely separate household.

The following questions ask for your expenses each month. If you are unsure of the amount you pay each month, but know the amount for a different period (per week, per day, every 2 months, etc.), write in the amount and the frequency that you pay the amount.

3. Do your expenses include another person's expenses other than yourself and your dependents?

No Yes

Indicate how much you pay for each item each month:

| | |
|--|----------------|
| 4. Primary rent or home mortgage: | \$ <u>1840</u> |
| Does that amount include real estate taxes? | |
| <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | |
| If no, how much do you pay? \$ <u>0</u> | |
| Does that amount include property, homeowner's, or renter's insurance? | |
| <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | |
| If no, how much do you pay? \$ <u>0</u> | |
| Does that amount include any home maintenance, repair, or upkeep expenses? | |
| <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | |
| If no, how much do you pay? \$ <u>0</u> | |
| Does that amount include any homeowner's association or condominium dues? | |
| <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | |
| If no, how much do you pay? \$ <u>0</u> | |
| 5. Are there additional mortgage payments? | \$ |
| <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | |
| If yes, how much do you pay? | <u>0</u> |
| 6. Utilities: | |
| a. Electricity and heating fuel: | \$ <u>150</u> |
| b. Water and sewer: | \$ <u>30</u> |
| c. Telephone service/long distance: | \$ <u>168</u> |
| d. Do you have any other utility bills? If yes, describe and enter monthly amount below: | <u>0</u> |
| 7. Food and housekeeping supplies | \$ <u>500</u> |

| | | |
|-----|---|--------|
| 8. | Childcare and Children Education Costs | \$ 0 |
| 9. | Clothing, laundry, and dry cleaning: | \$ 0 |
| 10. | Personal care products and services: | \$ 0 |
| 11. | Medical and dental expenses: | \$ 0 |
| 12. | Transportation (do NOT include car payments): | \$ 250 |
| 13. | Recreation, entertainment, newspapers, magazines, and books: | \$ 25 |
| 14. | Charitable contributions and religious donations: | \$ 0 |
| 15. | Insurance NOT deducted from wages or included in home mortgage payments or other real estate property expenses: (Do not include amounts entered in Line 4 or Line 20) | |
| a. | Life insurance: | \$ 100 |
| b. | Health insurance: | \$ 500 |
| c. | Auto insurance: | \$ 0 |
| d. | Other insurance (describe and list monthly amount): | |
| | | \$ 0 |
| | | \$ 0 |
| | | \$ 0 |
| 16. | Tax bills NOT deducted from wages or included in home mortgage payments or other real estate property expenses: | |
| | | \$ 0 |
| | | \$ 0 |
| | | \$ 0 |
| 17. | Installment payments for car, furniture, etc. (Describe): <i>Auto Payment</i> | |
| | | \$ 800 |
| | | \$ 0 |
| | | \$ 0 |
| | | \$ 0 |
| | | \$ 0 |
| 18. | Alimony, maintenance and support paid to others: | \$ 0 |
| 19. | Payments for support of additional dependents not living at your home: | \$ 0 |
| 20. | Other Real Estate Property expenses NOT included with Rent or Home Mortgage Property (Do not include amounts entered in Line 4 or Line 5) | |
| a. | Mortgage payment on other Real Estate Property | \$ 0 |
| b. | Taxes on other Real Estate Property | \$ 0 |
| c. | Other Real Property, Homeowner's, or Renter's Insurance payments | \$ 0 |
| d. | Home maintenance (including repairs and upkeep) | \$ 0 |
| e. | Homeowner's association or condominium dues | \$ 0 |
| 21. | Other expenses (Describe): (please see "Additional Expenses" below before putting anything here) | |
| | | \$ 0 |
| | | \$ 0 |
| | | \$ 0 |
| | | \$ 0 |
| | | \$ 0 |

Describe any increase or decrease in expenses you expect to occur within the next year?

Due to the nature of the Federal Bankruptcy forms there is a special separate category of expenses that needs to be filled out with some unusual numbering. Please ignore the numbering and fill out everything that you can below:

Additional Expenses (707(b)Expenses for Form 122)

| | | | |
|------------|--|----|----|
| 17. | Mandatory payroll deductions not already listed: | \$ | 0 |
| | | \$ | 0 |
| | | \$ | 0 |
| 19. | Court ordered payments not already listed: | \$ | 0 |
| | | \$ | 0 |
| | | \$ | 0 |
| 20. | Education for employment or for a physically or mentally challenged child: | \$ | 0 |
| 21. | Child care (<i>baby sitting, day care, nursery & preschool, etc.</i>): | \$ | 0 |
| 25. | Disability Insurance (<i>if not listed above</i>): | \$ | 0 |
| | Health Savings Account: | \$ | 0 |
| 26. | Care for elderly, chronically ill or disabled family members: | \$ | 0 |
| 27. | Protection from family violence: | \$ | 0 |
| 29. | Education expense for your children under 18: | \$ | 40 |
| 41. (c13s) | Non-mandatory contributions to retirement accounts (<i>including loan repayments</i>): | \$ | 0 |
| | | \$ | 0 |
| | | \$ | 0 |

Section 7 - Statement of Financial Affairs (Form 107)

If you are filing jointly with your spouse, include information about both you and your spouse.

1. List every address where you have lived other than where you live now during the last 3 years.

NONE

| Previous Address(es) | From | To |
|---|--------|--------|
| 12800 Cypress Cape Cir #129 Fort Myers FL 33916 | 2/2021 | 1/2023 |
| 4918 Silver Gate Ln #203 Fort Myers FL 33907 | 2/2020 | 2/2021 |

2. If you lived with a spouse or domestic partner in a community property state or territory (Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin) within the last 8 years, list the state or territory where you lived and the name and current address of your spouse or domestic partner.

NONE

| Community Property State or Territory | Name and Address of Spouse or Domestic Partner |
|---------------------------------------|--|
| | |

3. List the total amount of income that you received from all jobs and all businesses, including part-time activities, during this year and the two previous calendar years.

NONE

| Debtor | Source of income | Gross income (before deductions and exclusions) |
|---|--|---|
| Period | | |
| January 1 of this year through date of commencement of case | <input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business | 18,107.79 wages & severance |
| Last year (January 1 - December 31) | <input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business | 2022 \$116,742.15 |
| The year before last (January 1 - December 31) | <input checked="" type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business | 2021 \$143,586.46 |

| Spouse (if applicable) | Source of income | Gross income (before deductions and exclusions) |
|---|---|---|
| Period | | |
| January 1 of this year through date of commencement of case | <input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business | |
| Last year (January 1 - December 31) | <input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business | |
| The year before last (January 1 - December 31) | <input type="checkbox"/> Wages, commissions, bonuses, tips <input type="checkbox"/> Operating a business | |

4. List any other income that you received during this year and the two previous calendar years.

NONE

| Debtor | Source of income (describe) | Gross income (before deductions and exclusions) |
|---|-----------------------------|---|
| Period | | |
| January 1 of this year through date of commencement of case | | |
| Last year (January 1 - December 31) | | |
| The year before last (January 1 - December 31) | | |
| Spouse (if applicable) | Source of income | Gross income (before deductions and exclusions) |
| Period | | |
| January 1 of this year through date of commencement of case | | |
| Last year (January 1 - December 31) | | |
| The year before last (January 1 - December 31) | | |

5. If your debts are primarily consumer debts (i.e. non-business), list each creditor to whom you paid a total of \$600 or more within the last 90 days. Do not include payments for domestic support obligations, such as child support and alimony.

NONE

| Name and Address of Creditor | Dates of Payment | Total Amount Paid | Amount Still Owed | Was this payment for ... |
|------------------------------|--|-------------------|-------------------|--|
| Space Coast Credit Union | Jan 20 th Feb 20 th March 20 th | 800 800 800 | 37,700 | <input type="checkbox"/> Mortgage <input checked="" type="checkbox"/> Car <input type="checkbox"/> Credit card <input type="checkbox"/> Loan repayment <input type="checkbox"/> Suppliers or vendor <input type="checkbox"/> Other: |

| Name and Address of Creditor | Dates of Payment | Total Amount Paid | Amount Still Owed | Was this payment for ... |
|------------------------------|------------------|-------------------|-------------------|--|
| Affirm | 3/3 | 11875 | 0 | <input type="checkbox"/> Mortgage <input type="checkbox"/> Car <input type="checkbox"/> Credit card <input checked="" type="checkbox"/> Loan repayment <input type="checkbox"/> Suppliers or vendor <input type="checkbox"/> Other: |

(have since sold this item)

| Name and Address of Creditor | Dates of Payment | Total Amount Paid | Amount Still Owed | Was this payment for ... |
|------------------------------|------------------|-------------------|-------------------|---|
| | | | | <input type="checkbox"/> Mortgage <input type="checkbox"/> Car <input type="checkbox"/> Credit card <input type="checkbox"/> Loan repayment <input type="checkbox"/> Suppliers or vendor <input type="checkbox"/> Other: |

6. If your debts are primarily non-consumer debts (i.e. business), list each creditor to whom you paid a total of \$6,425 or more in one or more payments within the last 90 days. Do not include payments for domestic support obligations, such as child support and alimony.

NONE

| Name and Address of Creditor | Dates of Payment | Total Amount Paid | Amount Still Owed | Was this payment for ... |
|------------------------------|------------------|-------------------|-------------------|---|
| | | | | <input type="checkbox"/> Mortgage <input type="checkbox"/> Car <input type="checkbox"/> Credit card <input type="checkbox"/> Loan repayment <input type="checkbox"/> Suppliers or vendor <input type="checkbox"/> Other: |

| Name and Address of Creditor | Dates of Payment | Total Amount Paid | Amount Still Owed | Was this payment for ... |
|------------------------------|------------------|-------------------|-------------------|---|
| | | | | <input type="checkbox"/> Mortgage <input type="checkbox"/> Car <input type="checkbox"/> Credit card <input type="checkbox"/> Loan repayment <input type="checkbox"/> Suppliers or vendor <input type="checkbox"/> Other: |

| Name and Address of Creditor | Dates of Payment | Total Amount Paid | Amount Still Owed | Was this payment for ... |
|------------------------------|------------------|-------------------|-------------------|---|
| | | | | <input type="checkbox"/> Mortgage <input type="checkbox"/> Car <input type="checkbox"/> Credit card <input type="checkbox"/> Loan repayment <input type="checkbox"/> Suppliers or vendor <input type="checkbox"/> Other: |

7. List all payments that you made within the past 1 year to any "insider." ("Insiders" include your relatives, your business partners and their relatives, your corporations, or your affiliates.)

NONE

| Name and Address of Insider | Dates of Payment | Total Amount Paid | Amount Still Owed | Reason for payment |
|-----------------------------|------------------|-------------------|-------------------|----------------------------|
| Ariel Molinaro | 1/25/23 | 1500 | \$ | Paying back funds borrowed |
| Ariel Molinaro | 2/13/23 | 1300 | \$ | Paying back funds borrowed |

8. List all payments or transfers of property that you made within the past **1 year** that benefitted an "insider."

NONE

| Name and Address of Insider | Dates of Payment | Total Amount Paid | Amount Still Owed | Reason for payment (include the creditor's name) |
|--|------------------|-------------------|-------------------|--|
| Jeff Molinao 2747 Evergreen Dr Lakeland FL 33810 | 2/3/23 | 0 | 0 | Put vehicle solely in his name |

9. List any lawsuits, court actions, or administrative proceedings to which you are or were a party within the past **1 year**.

NONE

| Case Title and Case Number | Nature of the Case | Court or Agency and Location | Status or Disposition |
|----------------------------|--------------------|------------------------------|-----------------------|
| | | | |

10. Describe all property that has been repossessed, foreclosed, garnished, attached, seized, or levied within the past **1 year**.

NONE

| Creditor's Name and Address | Description and Value of Property | Date | Explain what happened |
|-----------------------------|-----------------------------------|------|---|
| | | | <input type="checkbox"/> Property was repossessed <input type="checkbox"/> Property was foreclosed <input type="checkbox"/> Property was garnished <input type="checkbox"/> Property was attached, seized, or levied |

| Creditor's Name and Address | Description and Value of Property | Date | Explain what happened |
|-----------------------------|-----------------------------------|------|---|
| | | | <input type="checkbox"/> Property was repossessed <input type="checkbox"/> Property was foreclosed <input type="checkbox"/> Property was garnished <input type="checkbox"/> Property was attached, seized, or levied |

11. List all setoffs made by any creditor, including a bank or financial institution, against a debt or deposit within **90 days** before the filing of this case. Include any refusals by a creditor to make a payment because you owed a debt.

NONE

| Creditor's Name and Address | Description of action taken by creditor | Date Action Taken | Setoff Amount and Last 4 Digits of Account Number |
|-----------------------------|---|-------------------|---|
| | | | |

12. Within the past **1 year**, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official?

No

Yes

13. List any gifts that you made within the past **2 years** that have a total value of more than \$600 per person.

NONE

| Name and Address of Recipient | Relationship to You | Description of Gifts | Dates Gifts Given | Value |
|-------------------------------|---------------------|----------------------|-------------------|-------|
| | | | | |

14. List any gifts or contributions that you made to a charity within the past **2 years** that have a total value of more than \$600.

NONE

| Name and Address of Charity | Description of Contribution | Contribution Date | Value |
|-----------------------------|-----------------------------|-------------------|-------|
| | | | |

15. List all losses from fire, theft, or other disaster, or gambling within the past **1 year or since the filing of this case**.

NONE

| Description of Property and How Loss Occurred | Description of any Insurance Coverage <i>(include the amount that insurance has paid)</i> | Date of Loss | Value of Property Lost |
|---|--|--------------|------------------------|
| | | | |

16. List all payments made or property transferred by you or by someone acting on your behalf to anyone you consulted about filing for bankruptcy or preparing a bankruptcy petition within the past **1 year**. Include any attorneys, bankruptcy petition preparers, or credit counseling agencies.

NONE

| Name and Address of Person Paid | Name of Person Who Made the Payment, if Not You | Description and Value of Any Property Transferred | Date of Payment or Transfer | Amount of Payment |
|---------------------------------|---|---|-----------------------------|-------------------|
| | | | | |

17. List all payments made or property transferred by you or by someone acting on your behalf within the past **1 year** to anyone who promised to help you deal with your creditors or to make payments to your creditors.

NONE

| Name and Address of Person Paid | Name of Person Who Made the Payment, if Not You | Description and Value of Any Property Transferred | Date of Payment or Transfer | Amount of Payment |
|--|---|---|-----------------------------|-------------------|
| Trinity Debt mgmt 11229 Reading Rd Cincinnati OH 45241 | Trinity | funds for payment | 25+ | 453 |

Payment goes to them for Citi / Paypal / Ameta credit cards

18. List all property, other than property transferred in the ordinary course of your business or financial affairs, that you sold, traded, or transferred either absolutely or as a security within the past **2 years**.

NONE

| Name and Address of Person Who Received the Transfer/ Relationship to You | Description and Value of Property Transferred | Describe Any Property or Payments Received or Debts Paid in Exchange | Date of Transfer |
|--|---|--|------------------|
| | | | |

19. List all property you transferred within the past **10 years** to a self-settled trust or a similar device of which you are a beneficiary.

NONE

| Name of Trust | Description and Value of Property Transferred | Date of Transfer |
|---------------|---|------------------|
| | | |

20. List all financial accounts and instruments held in your name or for your benefit that were closed, sold, moved, or transferred within the past 1 year.

NONE

| Name and Address of Institution | Last 4 Digits of Account Number | Type of Account or Instrument | Date Account Was Closed, Sold, Moved, or Transferred | Last Balance Before Closing or Transfer |
|---------------------------------|---------------------------------|--|--|---|
| Cuna 401K | Pen 900027 | <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market <input type="checkbox"/> Brokerage <input checked="" type="checkbox"/> Other: | Feb 2023 | 25380.65 |
| Cuna Pension | | | Mar 2023 | 13500 → rolled over to Ellevest |
| Chase Bank | 4756 | <input type="checkbox"/> Checking <input checked="" type="checkbox"/> Savings <input type="checkbox"/> Money Market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other: | Closed | 0 |

21. List each safe deposit box or other depository for securities, cash, or other valuables that you have had within the past 1 year.

NONE

| Name and Address of Financial Institution | Name and Address of Anyone With Access to Box or Depository | Description of Contents | Do You Still Have It? |
|---|---|-------------------------|---|
| | | | <input type="checkbox"/> No <input type="checkbox"/> Yes |

22. List any storage unit or place other than your home in which you have stored property within the past 1 year.

NONE

| Name and Address of Storage Facility | Name and Address of Anyone With Access to Box or Depository | Description of Contents | Do You Still Have It? |
|--------------------------------------|---|-------------------------|---|
| | | | <input type="checkbox"/> No <input type="checkbox"/> Yes |

23. List all property that you hold or control that is owned by someone else.

NONE

| Name and Address of Owner | Location of Property | Description of Property | Value |
|---------------------------|----------------------|-------------------------|-------|
| | | | |

24. List every site for which you received notice by a governmental unit that you may be liable under or in violation of an environmental law. Include the name and address of the governmental unit, the date of the notice, and, if known, the environmental law.

Environmental law means any federal, state, or local statute or regulation regulating pollution, contamination, releases of hazardous or toxic substances, wastes or material into the air, land, soil surface water, ground water, or other medium, including, statutes or regulations controlling the cleanup of these substances, wastes, or material.

Site means any location, facility, or property as defined under any environmental law, whether you own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.

Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, or contaminant or similar term.

NONE

| Site Name and Address | Name and Address of Governmental Unit | Environmental Law, If You Know It | Date of Notice |
|-----------------------|---------------------------------------|-----------------------------------|----------------|
| | | | |

25. List the name and address of every site for which you have notified a governmental unit of a hazardous material release. Include the name and address of the governmental unit to which the notice was sent, the date of the notice, and, if known, the environmental law.

NONE

| Site Name and Address | Name and Address of Governmental Unit | Date of Notice | Environmental Law |
|-----------------------|---------------------------------------|----------------|-------------------|
| | | | |

26. List all judicial or administrative proceedings, including settlements and orders, under any environmental law to which you have been a party. Include the case title and the case number, the court or agency, the nature of the case, and the status.

NONE

| Case Title and Case Number | Name and Address of Court or Agency | Nature of the Case | Status of the Case |
|----------------------------|-------------------------------------|--------------------|--|
| | | | <input type="checkbox"/> Pending <input type="checkbox"/> On Appeal <input type="checkbox"/> Concluded |

27. List the name and address, nature of business, name of accountant or bookkeeper, Employer Identification Number (EIN), and dates of operation of every business you owned or with which you had any of the following connections within the past **4 years**.

- A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time
- A member of a limited liability company (LLC) or limited liability partnership (LLP)
- A partner in a partnership
- An officer, director, or managing executive of a corporation
- An owner of at least 5% of the voting or equity securities of a corporation

NONE

| Business Name and Address | Nature of Business | Name of Accountant or Bookkeeper | Employer Identification Number (EIN) | Beginning and End Dates of Operation |
|---------------------------|--------------------|----------------------------------|--------------------------------------|--------------------------------------|
| | | | | |

28. List all financial institutions, creditors, or other parties to which you gave a financial statement about your business within the past **2 years**.

NONE

| Name and Address | Date Issued |
|------------------|-------------|
| | |