

AMERICAN STUDENT ASSISTANCE REHABILITATION AGREEMENT AND ACKNOWLEDGMENT OF OBLIGATION TO REPAY

Borrower Section (Please print neatly or type. Complete fully. Update any incorrect preprinted information in items 1 through 9.)

1. Last Name SILVERMAN	First Name LINDSAY E	2. ASA Account Number 5426	3. Social Security Number 2276
4. Permanent Street Address 126 CHESTERFIELD RD		5. Telephone Number 757-660-6122	6. Driver's License #
City HAMPTON	State VA	Zip Code 23661-3226	7. Date of Birth (Month/Day/Year)
			8. Email Address vasundevil99@gmail.com

9. References (List two references not living with you and each at a different address.) Complete fully both reference sections.

Reference Names	1. MAX SILVERMAN	2. MICHAEL SILVERMAN
Permanent Address	68 INKBERRY CIR	12709 DEEP SPRINGS RD
City, State, Zip Code	GAITHERSBURG, MD 20878	POTOMAC, MD 20854
(Area Code) & Telephone Number	301-258-8203	301-424-5824
Relationship to Borrower	REF	R

REHABILITATION AGREEMENT

I understand that I have met or will soon meet the criteria for rehabilitation of my defaulted loan(s) by making nine voluntary, reasonable and affordable and timely payments (hereinafter, "Payments") to Massachusetts Higher Education Assistance Corporation d/b/a American Student Assistance ("ASA") or one of its agents and agree to all the terms and conditions noted on this Rehabilitation Agreement and Acknowledgement of Obligation to Repay (this "Agreement"). I understand that after ASA receives this signed Agreement from me and I have made at least nine Payments as required under applicable laws and regulations, ASA will attempt to secure an eligible lender (as defined in 34 CFR 682.200; hereinafter "eligible lender") to purchase the loan(s) set forth below. I understand that ASA will not attempt to secure an eligible lender if any information contained in the Borrower Section of this Agreement is untrue, incomplete or incorrect in any way. I understand that upon the completion of the rehabilitation sale, this loan(s) will be owned by an eligible lender. I agree that both the outstanding interest as well as collection costs in the amount of 16% of the total outstanding principal and interest at the time of the sale of my loan(s) will be capitalized and added to the principal balance of my loan.

I agree that the account balance information listed below is correct:

Original default balance: \$32115.06
Current Principal Balance: \$32115.06
Collection Costs as of 09/08/14: \$6245.08
Interest Rate: 6.62%

Total Payments made since default: \$1564.91
Outstanding accrued interest as of 09/08/14: \$2579.21
Remaining balance as of 09/08/14: \$ 40939.35
Estimated Number of Months left to repay: 291

Estimated monthly payment amount after Rehabilitation: \$279.59

PLEASE SEE REVERSE SIDE FOR ADDITIONAL INFORMATION

PROMISE TO PAY AND BORROWER CERTIFICATION AND AUTHORIZATION

I promise to pay the eligible lender to which my loan(s) is sold or a subsequent holder of my identified loan(s), all sums under this Agreement, plus interest and other fees which may become due as provided in this Agreement. If I fail to make payments when due, I will also pay collection costs, including attorney's fees, court costs and collection fees, if applicable. I understand that this is an acknowledgment of my obligation to repay the outstanding balance of my student loan(s) identified on this Agreement. I will not sign this Agreement before reading it, including the reverse side, even if otherwise advised. I am entitled to an exact copy of this Agreement. My signature certifies that I have read, understand, and agree to the terms of this Agreement, including the additional provisions on the reverse side.

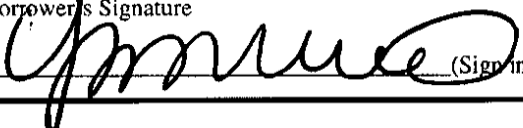
I ACKNOWLEDGE THAT THE LOAN(S) IDENTIFIED ON THIS AGREEMENT MUST BE REPAID.

I declare the following under penalty of perjury:

- (1) I certify that the information contained in the Borrower Section of this Agreement is true to the best of my knowledge and belief and is made in good faith.
- (2) I authorize ASA, or its agents, to investigate my credit record and report information concerning my loan status to proper persons and organizations.

Borrower's Signature

Today's Date (Month/Day/Year)


(Sign in black or blue ink)

9/15/2014

Name	ASA Account Number	Social Security Number
LINDSAY E SILVERMAN	5426	

REHABILITATION AGREEMENT (Continued)

I understand that a loan that is rehabilitated is subject to the same conditions and qualifies for the same benefits as any other loan under the Federal Family Education Loan Program, subject to benefits used prior to rehabilitation. I agree to continue to make monthly Payments to ASA until I am notified that my loan(s) has been purchased by an eligible lender and I acknowledge that failure to do so could result in the loss of eligibility for rehabilitation. I understand that any loan rehabilitated on or after August 14th, 2008 may not be rehabilitated again at any time.

I acknowledge that the following identified CONS loan(s) make up the loans that are being rehabilitated through this Agreement and that the terms and conditions of my existing promissory notes for these loans remain in effect:

Disbursement Date

05/02/05

Disbursement Amount

\$31413.14

Completion of the rehabilitation sale to an eligible lender will result in the following:

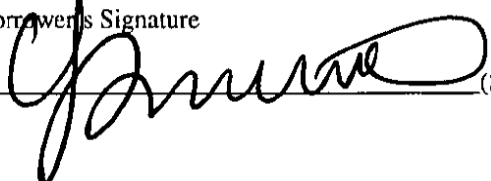
- The loan(s) will be removed from default status.
- The balance due as noted herein above together with any additional accrued interest and collection costs will become my new principal balance and my new monthly payment may increase.
- Within 45 days of the sale, ASA will report to all national consumer reporting agencies that the loan(s) is no longer in a default status and that the default is to be removed from my credit history. ASA will also advise the prior loan holder of the rehabilitation so they can remove the default status from my credit report.
- I may again be eligible to receive Title IV Funds.

MISCELLANEOUS

If any one or more of the provisions contained in this Agreement are determined to be invalid, illegal or unenforceable in any respect, the validity, legality and enforceability of the remaining provisions contained herein shall not in any way be affected or impaired thereby. This Agreement shall be governed and construed in accordance with the laws of the Commonwealth of Massachusetts, without regard to its conflicts of laws principles.

Borrower's Signature

Today's Date (Month/Day/Year)


(Sign in black or blue ink)

1/15/2014

2/15/14