

OMB APPROVAL NO.: 3245-0188 EXPIRATION DATE: 01/31/2018

PERSONAL FINANCIAL STATEMENT 7(a) / 504 LOANS AND SURETY BONDS

U.S. SMALL BUSINESS	ADMINISTRATION
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As of MAY 16

SBA uses the information required by this Form 413 as one of a number of data sources in analyzing the repayment ability and creditworthiness of an application for an SBA guaranteed 7(a) or 504 loan or a guaranteed surety.

Complete this form for: (1) each proprietor; (2) general partner; (3) managing member of a limited liability company (LLC); (4) each owner of 20% or more of the equity of the Applicant (including the assets of the owner's spouse and any minor children); and (5) any person providing a guaranty on the loan

For 7(a) loans: the lender processing the application for SBA guaranty

For 504 loans: the Certified Development Company (CDC) processing the application for SBA guaranty For Surety Bonds: the Surety Company or Agent processing the application for surety bond guaranty

Name JOHN CUTTER

Business Phone

Home Address 2188 WYNTERBROOK DR

Home Phone

City, State, & Zip Code HIGHLANDS RANCH, COLORADO 80126

Business Name of Applicant CUTTER HIGHLANDS RANCH, CUTTER RETAURANT GROUP

ASSETS	(Omit Cents)	LIABILITIES	(Omit Cents)		
Cash on Hand & in banks	\$ 25,000	Accounts Payable	\$		
Savings Accounts	\$	Notes Payable to Banks and Others	\$		
IRA or Other Retirement Account	\$	(Describe in Section 2)			
(Describe in Section 5)		Installment Account (Auto)	\$_9,000		
Accounts & Notes Receivable		Mo. Payments \$Installment Account (Other)	85,000		
(Describe in Section 5) Life Insurance – Cash Surrender Value Only	8	Installment Account (Other)	\$		
(Describe in Section 8)	/\$ <u>&</u>	Mo. Payments \$			
Stocks and Bonds	£ 2,100,000	Loan(s) Against Life Insurance	\$		
		(Describe in Section 4)	\$ 333,000		
(Describe in Section 3) Real Estate	\$ 900,000	Unpaid Taxes	\$		
(Describe in Section 4)	50,000	(Describe in Section 6)			
Automobiles	\$ 50,000	Other Liabilities	\$		
(Describe in Section 5, and include		(D ib - i - 0 - 4) - 7)			
Year/Make/Model)	\$ 60,000	(Describe in Section 7) Total Liabilities	\$ 433,000		
Other Personal Property		Net Worth	\$ 6,179,500		
(Describe in Section 5) Other Assets	£3,500,000	- · ·	\$ 6,612,500		
(Describe in Section 5)		Total	_		
Total	\$ 6,612,500	- Wust equal to	tal in assets column		
Section 1. Source of Income.		Contingent Liabilities			
Salary	\$ 150,000	_ As Endorser or Co-Maker	s 100,000		
Net Investment Income		Legal Claims & Judgments\$			
Real Estate Income		Dravision for Foderal Income To	φ		
		Provision for Federal Income Tax	<u>\$</u>		
Other Income (Describe below)*	\$	Other Special Debt\$			

*Alimony or child support payments should not be disclosed in "Other Income" unless it is desired to have such payments counted toward total income.

Names and Addresses of		Original	Current	Payment	Frequency		How Secured or Endorsed	
Noteholder(s) PUBLIC SERVE CREDIT UN		Balance 90,000	Balance 85,000	900.00	Amount (monthly, etc.) 900.00 MONTHLY		Туре	of Collateral
Section 3. Stocks and Bo	onds. (Use a	ttachments if nec	essary. Each at				Control of the contro	d.)
Number of Shares	Name of Securities		Cost	Market Value Quotation/Exchange				Total Value
								2,100,000
Section 4. Real Estate Ownd signed.)	ned. (List ea	ach parcel separa	itely. Use attach	ment if necessary.	. Each attachn	nent must be i	dentified as a pa	rt of this statement
		Property	A	P	roperty B		Pro	operty C
Type of Real Estate (e.g. Primary Residence, Other Residence, Rental Property Land, etc.)	100	NAL RESIDENC	E					
Address	2188 WYNTERBROOK DR							
Date Purchased	2008							
Original Cost	550,000							
Present Market Value	900,000							
Name & Address of Mortgage Holder	DITECH MORTGAGE							
Mortgage Account Number	0030101356							
Mortgage Balance	339,946							<u></u>
Amount of Payment per Month/Year	3,088 MONTH							
Status of Mortgage	CURREN	NT						
Section 5. Other Persona nolder, amount of lien, term HR & CRG INVESTMENT Section 6. Unpaid Taxes	s of paymer	nt and, if deline	quent, describ	e delinquency.)				
Section 6. Unpaid Taxes lien attaches.)	s. (Describ	e in detail as	to type, to wh	om payable, w	then due, a	mount, and	to what prop	erty, if any, a

Section 8. Life Insurance Held. (Give face amount and cash surrend	der value of policies – name of insurance company and
Beneficiaries.)	
I authorize the SBA/Lender/Surety Company to make inquiries as neces determine my creditworthiness. CERTIFICATION: (to be completed by each person submitting the infor	
By signing this form, I certify under penalty of criminal prosecution that a information submitted with this form is true and complete to the best of m	Il information on this form and any additional supporting ny knowledge. I understand that SBA or its participating
Lenders or Certified Development Companies or Surety Companies will application for a loan or a surety bond. I further certify that I have read the	rely on this information when making decisions regarding an ne attached statements required by law and executive order.
Signature July Lul	Date 5/16/19
Print Name / John L Cutter	Social Security No. <u>542</u> - 50 - 7455
Signature	Date
Print Name	Social Security No.
NOTICE TO LOAN AND SURETY BOND APPLICANTS: CRIMINAL P	ENALITIES AND ADMINISTRATIVE REMEDIES FOR
Knowingly making a false statement on this form is a violation of Federal penalties, and a denial of your loan or surety bond application. A false stamprisonment of not more than five years and/or a fine of up to \$250,000 two years and/or a fine of not more than \$5,000; and, if submitted to a Federal B U.S.C. § 1014 by imprisonment of not more than thirty years an statements can lead to treble damages and civil penalties under the Fals remedies including suspension and debarment.	atement is punishable under 18 U.S.C. §§ 1001 and 3571 by ; under 15 U.S.C. § 645 by imprisonment of not more than ederally-insured institution, a false statement is punishable ad/or a fine of not more than \$1,000,000. Additionally, false

PLEASE NOTE:

The estimated average burden hours for the completion of this form is 1.5 hours per response. If you have questions or comments concerning this estimate or any other aspect of this information, please contact Chief, Administrative Branch, U.S. Small Business Administration, Washington, D.C. 20416, and Clearance officer, paper Reduction Project (3245-0183), Office of Management and Budget, Washington, D.C. 20503. PLEASE DO NOT SEND FORMS TO OMB.