

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

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

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As of	MAY 16	2018

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

Return completed form to:

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 JAMISON LOCKE CUTTER	Business Phone
Home Address 731 MUELLER DRIVE	Home Phone

City, State, & Zip Code HIGHLANDS RANCH, COLORADO 80129

Business Name of Applicant CUTTER HIGHLANDS RANCH, CUTTER RETAURANT GROUP

ASSETS	(Omit Cents)	LIABILITIES (Omit Cents)
Cash on Hand & in banks	\$ 2,000 \$ 4.000 \$ 100,000 \$\$ \$\$\$\$	Accounts Payable
(Describe in Section 5) Total	\$ 906,000	*Must equal total in assets column.
Section 1. Source of Income.		Contingent Liabilities
Salary Net Investment Income Real Estate Income. Other Income (Describe below)*	\$	As Endorser or Co-Maker\$ Legal Claims & Judgments\$ Provision for Federal Income Tax\$ Other Special Debt\$

Description of Other Income in Section 1.

WIFES TEACHER SALARY

*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 Noteholder(s) Balance CAPITAL ONE VISA CAPITAL ONE VISA FRONTIER MASTERCARD Section 3. Stocks and Bonds. (Use attachments if necessary. Each attachment must be identified as part of this statement and signed.) Number of Shares Name of Securities Cost Market Value Quotation/Exchange Quotation/Exchange Total Value Quotation/Exchange Total Value Quotation/Exchange Name of Securities Cost Number of Shares Name of Securities Cost Name of Securities Cost	le to B	Banks and	d Others. (U:	se attachments	f necessary. Each	attachment mu	st be identifie	d as part of this st	atement and signed
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Section 8. Life Insurance Held. (Give face amount and cash surrend Beneficiaries.)	er value of policies – r	name of insurance company and
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I authorize the SBA/Lender/Surety Company to make inquiries as necess determine my creditworthiness.	sary to verify the accur	racy of the statements made and to
CERTIFICATION : (to be completed by each person submitting the information)	mation requested on th	nis form)
By signing this form, I certify under penalty of criminal prosecution that al information submitted with this form is true and complete to the best of m Lenders or Certified Development Companies or Surety Companies will I	y knowledge. I under	stand that SBA or its participating
application for a loan or a surety bond. I further certify that I have read the		
Signature	Date	5.16.2018
Print Name Jamey Cutter	Social Security No.	5.16.2018
Signature Mense MALS	Date	5/16/18
Print Name Character Cuttor	Social Security No.	568:21.8095
NOTICE TO LOAN AND SURETY BOND APPLICANTS: CRIMINAL P	ENALITIES AND ADM	MINISTRATIVE REMEDIES FOR
FALSE STATEMENTS:		
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 statement of not more than five years and/or a fine of up to \$250,000	atement is punishable	under 18 U.S.C. §§ 1001 and 3571 by
two years and/or a fine of not more than \$5,000; and, if submitted to a Fe	ederally-insured institu	tion, a false statement is punishable

under 18 U.S.C. § 1014 by imprisonment of not more than thirty years and/or a fine of not more than \$1,000,000. Additionally, false statements can lead to treble damages and civil penalties under the False Claims Act, 31 U.S.C. § 3729, and other administrative remedies including suspension and debarment.

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 (3245-0188), Office of Management and Budget, Washington, D.C. 20503. PLEASE DO NOT SEND FORMS TO OMB.