

DBA Name		Live A Little Productions		Legal Name		Live A Little Productions		
Type of Business		Marketing & Event Managemer		nt Ta	x ID	46-4314866		Corp
Full Business Addre	SS	111 NORTH 3962	EAST					
Full Billing Address								
Phone at Location (208) 670-0996		(208) 670-0996			est Phone (208)	670-0996	Fax	
Business Email		skyler@livealittleproductions.		com Website		www.livealittleproductions.com		
Years In Business		4 Average Ticket Gross Annual Sales 900,000.00		ales <u>900,000.00</u>				
Do you currently ha	ave cash	advance?	No W	ith who?			Balance	
Current Credit Card Processor					Average	Processing Volur	me	
Last Month Vol.		#of Tick	ets		2nd Month Vol.		#of Tickets	
3rd Month Vol.		#of Tick	ets		4th Month Vol.		#of Tickets	
Owner #1 Name	SKYLER B	3 NEIBAUR		Title	CEO			
Date of Birth	06-21-19	84		SSN 519-31-70		59 		
Full Home Address	111 NORTH 3962 EAST							
Home Phone	(208) 670	0-0996 Cell Pl	hone (208) 670-09	96 Email	skyler@l	ivealittleproductions.com	
Own/Rent	\$ <u>0 Own</u>	<u> </u>	There 4	Dri	vers Lience # V	R114898G	_StateID	
Owner #2 Name				Title				
Date of Birth				SSN				
Full Home Address				3311				
Home Phone		Cell Pl	hone		Email			
Own/Rent	\$		 There	Dri	vers Lience #		State	
· 	·				_			
Business Home Bas	ed?	Yes Location:	Lease/Own	Owned	Lease Terr	n	Monthly Rent	
Landlord / Mortgage	e Co				Conta	ct _		
Contact Phone	_		Cell			Email		
Bank Name/Branch	Bank of	f Commerce/Rigby	Contact			Phone		
Trade Reference#1			Contact			Phone		
Trade Reference#2			Contact			Phone		
Trade Reference#3			- Contact			Phone		
I horoby represent that all	the above in	oformation is true and up	dorstand that mak	ving false state	monts might be sen	sidered fraud. By prov	viding the above information t	ho applicant(s)

I hereby represent that all the above information is true and understand that making false statements might be considered fraud. By providing the above information, the applicant(s) authorize you to whom this application is made or your agents to investigate my/our financial responsibility and credit worthiness, specifically principal and corporate entities, and will provide financial statements, tax returns, etc. as you deem necessary. A photocopy of this authorization will be deemed as acceptable for release of credit information. I/We authorize Money Works Direct, Inc. to receive pertinet information regarding the commercial lease for the above referenced location from my leasing company and or agent. I/we authorize you to update my/our credit profile from time to time in the future, as you deem appropriate. By signing below, each of the aboe listed business and business ownet/officer (individually and collectiverly, "you") authorize Money Works Direct and each of its representatives, successors, assigns and designees ("Recipients") that may be involved with or acquire commercial loans having daily repayment features or purchases of future receivables including Merchant Cash Advance transcation, including without limitation the application therefor (collectively, "Transcation") to obtain consumer or personal, business and investigative reports and other information about you, including credit card processor statements and bank statements, from one or more consumer reporting agencies, such as TransUnion, Experian and Equifax, and from other credit bureaus, banks, creditors and other third parties. You also authorize Money Works Direct to transmit this application form, along with any of the foregoing information obtained in connection with this application, to any or all of the Recipients for the foregoing purposes. You also consent to the release, by any creditor or financial institution, of any information relating to any of you, to Money Works Direct and to each of the Recipients, on its own behalf.

Signature#1	Printed Name	SKYLER NEIBAUR	Date	11/06/2017
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