

Tax ID	DBA Name		Lead Healthstaf	f	Legal Name		Anila Management, LLC		 C	
Full Business Address   Full Business Address					<del></del>					LC.
Phone at Location									<del></del>	
Phone at Location   Entropy   Phone at Location   Entropy   Ent	Full Billing Address	_								
Years In Business         8         Average Ticket         Gross Annual Sales         2,500,000.00           Do you currently have cash advance?         No         With who?         Balance           Current Credit Card Processor	_		(877) 271-0552			Best Phone (877) 271-0552		2 Fax	(949) 861-9383	
Do you currently have cash advance?         No         With who?         Balance           Current Credit Card Processor         Average Processing Volume           Last Month Vol.         #of Tickets         2nd Month Vol.         #of Tickets           3rd Month Vol.         #of Tickets         4th Month Vol.         #of Tickets           Owner #1 Name         Pattanaik         Title         Owner           Date of Birth         01-22-1978         SSN         545-61-7532           Full Home Address         8062 Lancashire Circle         Home Phone         (949) 228-1052         Email         benefits@leadhealthstaff.com           Own/Rent         \$ 0 Rent         Years There         3         Drivers Lience #         State         California           Will Home Address           Home Phone         Cell Phone         Email         Email           Own/Rent         \$ 2 Years There         Drivers Lience #         State           Business Home Based?         No         Location: Lease/Own         Lease Term         Monthly Rent           Landlord / Mortgage Co.         Tarzana Offices & Medical Buildings, LLC         Contact         Diana Antonio           Contact Phone         [818) 338-0756         Cell         [818) 338-0756 <td< td=""><td colspan="2">Business Email</td><td colspan="3">-</td><td>Website</td><td>www.le</td><td colspan="3"><del></del></td></td<>	Business Email		-			Website	www.le	<del></del>		
Current Credit Card Processor         Average Processing Volume           Last Month Vol.         # of Tickets         2nd Month Vol.         # of Tickets           3rd Month Vol.         # of Tickets         4th Month Vol.         # of Tickets           Owner #1 Name Pattanaik         Title         Owner           Date of Birth         01-22-1978         SSN         545-61-7532           Full Home Address         8062 Lancashire Circle           Home Phone         (949) 228-1052         Cell Phone         (949) 228-1052         Email         benefits@leadhealthstaff.com           Own/Rent         \$ 0 Rent         Years There         3         Drivers Lience #         State         California           Owner #2 Name         Title         SSN         SSN         State         California           Owner #2 Name         Cell Phone         Email         SSN         State         California           Date of Birth         SSN         SSN         Email         SSN         State         California           Home Phone         Cell Phone         Email         Monthly Rent         State         Contact         Diana Antonio           Drivers Lience #         Diana Antonio	Years In Business	8		Average T	icket		Gross A	Gross Annual Sales 2,500,000.00		
Last Month Vol.         #of Tickets         2nd Month Vol.         #of Tickets           Owner #1 Name         Pattanaik         Title         Owner           Date of Birth         01-22-1978         SSN         545-61-7532           Full Home Address         8062 Lancashire Circle           Home Phone         (949) 228-1052         Cell Phone         (949) 228-1052         Email         benefits@leadhealthstaff.com           Own/Rent         \$ 0 Rent         Years There         3         Drivers Lience #         State         California           Owner #2 Name         Title         SSN         SSN         SSN         State         California           Date of Birth         SSN         SSN         Email         State         California           Home Phone         Cell Phone         Email         Monthly Rent         Email           Own/Rent         \$ Years There         Drivers Lience #         State         State           Business Home Based?         No         Location: Lease/Own         Leased         Lease Term         Monthly Rent           Landlord / Mortgage Co.         Tarzana Offices & Medical Buildings, LLC         Contact         Diana Antonio           Contact Phone         (818) 338-0756         Cell         (818) 33	Do you currently have cash		lvance?	No	With who? _			Bal	ance	
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Date of Birth         01-22-1978         SSN         545-61-7532           Full Home Address         8062 Lancashire Circle           Home Phone         (949) 228-1052         Cell Phone         (949) 228-1052         Email         benefits@leadhealthstaff.com           Own/Rent         \$ 0 Rent         Years There         3         Drivers Lience #         State         California           Owner #2 Name         Title         SSN         Full Home Address           Full Home Address         Home Phone         Cell Phone         Email           Own/Rent         \$ Years There         Drivers Lience #         State           Business Home Based?         No         Location: Lease/Own         Leased         Lease Term         Monthly Rent           Landlord / Mortgage Co.         Tarzana Offices & Medical Buildings, LLC         Contact         Diana Antonio           Contact Phone         (818) 338-0756         Cell         (818) 338-0756         Email         TarzanaOffices18455@yahoo.com	3rd Month Vol.		#of Tic	kets		4th Month Vol.		#of	Tickets	
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	Landlord / Mortgage	Co. <u>Tar</u>	zana Offices & I	Medical Build	lings, LLC	Co	ntact	Diana Ar	ntonio	
Bank Name/Branch Union Bank/Buena Park Contact Diego DeLama Phone (714) 739-1425	Contact Phone	(818)	338-0756	Cell	(818)	338-0756	Emai	I <u>Tarzana</u>	aOffices18455@yahoo.co	<u>om</u>
	Bank Name/Branch	Bank Name/Branch			Diego DeLa	ma	Phone	(714) 739-142	25	
Trade Reference#1 The Joint Commission Contact Kristy Krywanio Phone (630) 792-5824	Trade Reference#1	de Reference#1 The Joint Commission			Kristy Krywa	anio	Phone	(630) 792-582	24	
Trade Reference#2 Paypro Administrators Contact Yvonne McCool Phone (951) 656-9273	Trade Reference#2	ference#2 Paypro Administrators			Yvonne McCool		Phone	(951) 656-927	73	
	Trade Reference#3	Theodore D	rew & Assoc.	Contact	Thad Dufelr	neier	Phone	(310) 567-149	91	
	Trade Reference#3	eference#3 Theodore Drew & Assoc. Contact			Thad Dufeln	neier	Phone	(310) 567-149	91	

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.

nitu Pattanaik 💮 🛚 🗈	Date	01/25/2017
d	nitu Pattanaik	nitu Pattanaik Date