

ATTACHMENT A

Form of Individual Financial Statement



Collection Information Statement for Wage Earners and Self-Employed Individuals

Department of the Treasury
Internal Revenue Service

www.irs.gov

Form 433-A (Rev. 5-2001)
Catalog Number 20312N

Complete all entry spaces with the most current data available.

Important! Write "N/A" (not applicable) in spaces that do not apply. We may require additional information to support "N/A" entries.

Failure to complete all entry spaces may result in rejection or significant delay in the resolution of your account.

Section 1 Personal Information

1. Full Name(s) _____ 1a. Home Telephone (____) _____ Best Time To Call: _____ am _____ pm (Enter Hour)

Street Address _____

City _____ State _____ Zip _____

2. Marital Status: Married Separated Unmarried (single, divorced, widowed)

County of Residence _____

How long at this address? _____

3. Your Social Security No. (SSN) _____ 3a. Your Date of Birth (mm/dd/yyyy) _____

4. Spouse's Social Security No. _____ 4a. Spouse's Date of Birth (mm/dd/yyyy) _____

5. Own Home Rent Other (specify, i.e. share rent, live with relative) _____

Check this box when all spaces in Sect. 1 are filled in.

6. List the dependents you can claim on your tax return: (Attach sheet if more space is needed.)

First Name	Relationship	Age	Does this person live with you?	First Name	Relationship	Age	Does this person live with you?
_____	_____	_____	<input type="checkbox"/> No <input type="checkbox"/> Yes	_____	_____	_____	<input type="checkbox"/> No <input type="checkbox"/> Yes
_____	_____	_____	<input type="checkbox"/> No <input type="checkbox"/> Yes	_____	_____	_____	<input type="checkbox"/> No <input type="checkbox"/> Yes

Section 2 Your Business Information

Check this box when all spaces in Sect. 2 are filled in and attachments provided.

7. Are you or your spouse self-employed or operate a business? (Check "Yes" if either applies)

No Yes If yes, provide the following information:

7a. Name of Business _____ 7c. Employer Identification No., if available: _____

7b. Street Address _____ 7d. Do you have employees? No Yes

City _____ State _____ Zip _____ 7e. Do you have accounts/notes receivable? No Yes

If yes, please complete Section 8 on page 5.

ATTACHMENTS REQUIRED: Please include proof of self-employment income for the prior 3 months (e.g., invoices, commissions, sales records, income statement).

Section 3 Employment Information

Check this box when all spaces in Sect. 3 are filled in and attachments provided.

8. Your Employer _____ 9. Spouse's Employer _____

Street Address _____ Street Address _____

City _____ State _____ Zip _____ City _____ State _____ Zip _____

Work telephone no. (____) _____ Work telephone no. (____) _____

May we contact you at work? No Yes May we contact you at work? No Yes

8a. How long with this employer? _____ 9a. How long with this employer? _____

8b. Occupation _____ 9b. Occupation _____

ATTACHMENTS REQUIRED: Please provide proof of gross earnings and deductions for the past 3 months from each employer (e.g., pay stubs, earnings statements). If year-to-date information is available, send only 1 such statement as long as a minimum of 3 months is represented.

Section 4 Other Income Information

Check this box when all spaces in Sect. 4 are filled in and attachments provided.

10. Do you receive income from sources other than your own business or your employer? (Check all that apply.)

Pension Social Security Other (specify, i.e. child support, alimony, rental) _____

ATTACHMENTS REQUIRED: Please provide proof of pension/social security/other income for the past 3 months from each payor, including any statements showing deductions. If year-to-date information is available, send only 1 such statement as long as a minimum of 3 months is represented.

11. CHECKING ACCOUNTS. List all checking accounts. (If you need additional space, attach a separate sheet.)

Type of Account	Full Name of Bank, Savings & Loan, Credit Union or Financial Institution	Bank Routing No.	Bank Account No.	Current Account Balance
11a. Checking	Name _____ Street Address _____ City/State/Zip _____	_____	_____	\$ _____
11b. Checking	Name _____ Street Address _____ City/State/Zip _____	_____	_____	\$ _____
11c. Total Checking Account Balances				\$ _____

12. OTHER ACCOUNTS. List all accounts, including brokerage, savings, and money market, not listed on line 11.

Type of Account	Full Name of Bank, Savings & Loan, Credit Union or Financial Institution	Bank Routing No.	Bank Account No.	Current Account Balance
12a. _____	Name _____ Street Address _____ City/State/Zip _____	_____	_____	\$ _____
12b. _____	Name _____ Street Address _____ City/State/Zip _____	_____	_____	\$ _____
12c. Total Other Account Balances				\$ _____



ATTACHMENTS REQUIRED: Please include your current bank statements (checking, savings, money market, and brokerage accounts) for the past three months for all accounts.

13. INVESTMENTS. List all investment assets below. Include stocks, bonds, mutual funds, stock options, certificates of deposits, and retirement assets such as IRAs, Keogh, and 401(k) plans. (If you need additional space, attach a separate sheet.)

Name of Company	Number of Shares / Units	Current Value	Loan Amount	Used as collateral on loan?
13a. _____	_____	\$ _____	\$ _____	<input type="checkbox"/> No <input type="checkbox"/> Yes
13b. _____	_____	_____	_____	<input type="checkbox"/> No <input type="checkbox"/> Yes
13c. _____	_____	_____	_____	<input type="checkbox"/> No <input type="checkbox"/> Yes
13d. Total Investments				\$ _____

14. CASH ON HAND. Include any money that you have that is not in the bank.

14a. Total Cash on Hand \$ _____

15. AVAILABLE CREDIT. List all lines of credit, including credit cards.

Full Name of Credit Institution	Credit Limit	Amount Owed	Available Credit
15a. Name _____ Street Address _____ City/State/Zip _____	_____	_____	\$ _____
15b. Name _____ Street Address _____ City/State/Zip _____	_____	_____	\$ _____
15c. Total Credit Available			\$ _____

Section 5
Financial Information
Current data available

Current Value
Indicate the amount you could sell the asset for today

Section 5
Continued

16. LIFE INSURANCE. Do you have life insurance with a cash value? No Yes
(Term Life Insurance does not have a cash value.)
If yes:

16a. Name of Insurance Company _____

16b. Policy Number(s) _____

16c. Owner of Policy _____

16d. Current Cash Value \$ _____

16e. Outstanding Loan Balance \$ _____

Subtract "Outstanding Loan Balance" line 16e from "Current Cash Value" line 16d = 16f \$ _____



ATTACHMENTS REQUIRED: Please include a statement from the life insurance companies that includes type and cash/loan value amounts. If currently borrowed against, include loan amount and date of loan.

Section 6
Other Information

17. OTHER INFORMATION. Respond to the following questions related to your financial condition: (Attach sheet if you need more space.)

17a. Are there any garnishments against your wages? No Yes
If yes, who is the creditor? _____ Date creditor obtained judgement _____ Amount of debt \$ _____

17b. Are there any judgments against you? No Yes
If yes, who is the creditor? _____ Date creditor obtained judgement _____ Amount of debt \$ _____

17c. Are you a party in a lawsuit? No Yes
If yes, amount of suit \$ _____ Possible completion date _____ Subject matter of suit _____

17d. Did you ever file bankruptcy? No Yes
If yes, date filed _____ Date discharged _____

17e. In the past 10 years did you transfer any assets out of your name for less than their actual value? No Yes
If yes, what asset? _____ Value of asset at time of transfer \$ _____
When was it transferred? _____ To whom was it transferred? _____

17f. Do you anticipate any increase in household income in the next two years? No Yes
If yes, why will the income increase? _____ (Attach sheet if you need more space.)
How much will it increase? \$ _____

17g. Are you a beneficiary of a trust or an estate? No Yes
If yes, name of the trust or estate _____ Anticipated amount to be received \$ _____
When will the amount be received? _____

17h. Are you a participant in a profit sharing plan? No Yes
If yes, name of plan _____ Value in plan \$ _____

Check the box when appropriate

Section 7
Assets and Liabilities

Current Value
Indicate the amount you could sell the asset for today

18. PURCHASED AUTOMOBILES, TRUCKS AND OTHER LICENSED ASSETS. Include boats, RV's, motorcycles, trailers, etc. (If you need additional space, attach a separate sheet.)

Description (Year, Make, Model, Mileage)	Current Value	Current Loan Balance	Name of Lender	Purchase Date	Amount of Monthly Payment
18a. Year _____ Make/Model _____ Mileage _____	_____	_____	_____	_____	\$ _____
18b. Year _____ Make/Model _____ Mileage _____	_____	_____	_____	_____	\$ _____
18c. Year _____ Make/Model _____ Mileage _____	_____	_____	_____	_____	\$ _____

Section 8
Continued

19. LEASED AUTOMOBILES, TRUCKS AND OTHER LICENSED ASSETS. Include boats, RV's, motorcycles, trailers, etc. (If you need additional space, attach a separate sheet.)

Description (Year, Make, Model)	Lease Balance	Name and Address of Lessor	Lease Date	Amount of Monthly Payment
19a. Year Make/Model				\$
19b. Year Make/Model				\$



ATTACHMENTS REQUIRED: Please include your current statement from lender with monthly car payment amount and current balance of the loan for each vehicle purchased or leased.

20. REAL ESTATE. List all real estate you own. (If you need additional space, attach a separate sheet.)

Street Address, City, State, Zip, and County	Date Purchased	Purchase Price	Current Value	Loan Balance	Name of Lender or Lien Holder	Amount of Monthly Payment	*Date of Final Payment
20a.		\$				\$	
20b.		\$				\$	



ATTACHMENTS REQUIRED: Please include your current statement from lender with monthly payment amount and current balance for each piece of real estate owned.

21. PERSONAL ASSETS. List all Personal assets below. (If you need additional space, attach separate sheet.) Furniture/Personal Effects includes the total current market value of your household such as furniture and appliances. Other Personal Assets includes all artwork, jewelry, collections (coin/gun, etc.), antiques or other assets.

Description	Current Value	Loan Balance	Name of Lender	Amount of Monthly Payment	*Date of Final Payment
21a. Furniture/Personal Effects				\$	
Other: (List below)					
21b. Artwork				\$	
21c. Jewelry				\$	
21d.					
21e.					

22. BUSINESS ASSETS. List all business assets and encumbrances below, include Uniform Commercial Code (UCC) filings. (If you need additional space, attach a separate sheet.) Tools used in Trade or Business includes the basic tools or books used to conduct your business, excluding automobiles. Other Business Assets includes any other machinery, equipment, inventory or other assets.

Description	Current Value	Loan Balance	Name of Lender	Amount of Monthly Payment	*Date of Final Payment
22a. Tools used in Trade/Business				\$	
Other: (List below)					
22b. Machinery				\$	
22c. Equipment				\$	
22d.					
22e.					

Current Value: Indicate the amount you could sell the asset for today.
Date of Final Payment: Enter the date the debt will be fully paid.

Check this box when all space on Section 8 and attachments provided

Section 9
Accounts
Receivable

23. ACCOUNTS/NOTES RECEIVABLE. List all accounts separately, including contracts awarded, but not started. (If you need additional space, attach a separate sheet.)

Description	Amount Due	Date Due	Age of Account
23a. Name _____ Street Address _____ City/State/Zip _____	\$ _____	_____	<input type="checkbox"/> 0 - 30 days <input type="checkbox"/> 30 - 60 days <input type="checkbox"/> 60 - 90 days <input type="checkbox"/> 90+ days
23b. Name _____ Street Address _____ City/State/Zip _____	\$ _____	_____	<input type="checkbox"/> 0 - 30 days <input type="checkbox"/> 30 - 60 days <input type="checkbox"/> 60 - 90 days <input type="checkbox"/> 90+ days
23c. Name _____ Street Address _____ City/State/Zip _____	\$ _____	_____	<input type="checkbox"/> 0 - 30 days <input type="checkbox"/> 30 - 60 days <input type="checkbox"/> 60 - 90 days <input type="checkbox"/> 90+ days
23d. Name _____ Street Address _____ City/State/Zip _____	\$ _____	_____	<input type="checkbox"/> 0 - 30 days <input type="checkbox"/> 30 - 60 days <input type="checkbox"/> 60 - 90 days <input type="checkbox"/> 90+ days
23e. Name _____ Street Address _____ City/State/Zip _____	\$ _____	_____	<input type="checkbox"/> 0 - 30 days <input type="checkbox"/> 30 - 60 days <input type="checkbox"/> 60 - 90 days <input type="checkbox"/> 90+ days
23f. Name _____ Street Address _____ City/State/Zip _____	\$ _____	_____	<input type="checkbox"/> 0 - 30 days <input type="checkbox"/> 30 - 60 days <input type="checkbox"/> 60 - 90 days <input type="checkbox"/> 90+ days
23g. Name _____ Street Address _____ City/State/Zip _____	\$ _____	_____	<input type="checkbox"/> 0 - 30 days <input type="checkbox"/> 30 - 60 days <input type="checkbox"/> 60 - 90 days <input type="checkbox"/> 90+ days
23h. Name _____ Street Address _____ City/State/Zip _____	\$ _____	_____	<input type="checkbox"/> 0 - 30 days <input type="checkbox"/> 30 - 60 days <input type="checkbox"/> 60 - 90 days <input type="checkbox"/> 90+ days
23i. Name _____ Street Address _____ City/State/Zip _____	\$ _____	_____	<input type="checkbox"/> 0 - 30 days <input type="checkbox"/> 30 - 60 days <input type="checkbox"/> 60 - 90 days <input type="checkbox"/> 90+ days
23j. Name _____ Street Address _____ City/State/Zip _____	\$ _____	_____	<input type="checkbox"/> 0 - 30 days <input type="checkbox"/> 30 - 60 days <input type="checkbox"/> 60 - 90 days <input type="checkbox"/> 90+ days
23k. Name _____ Street Address _____ City/State/Zip _____	\$ _____	_____	<input type="checkbox"/> 0 - 30 days <input type="checkbox"/> 30 - 60 days <input type="checkbox"/> 60 - 90 days <input type="checkbox"/> 90+ days
23l. Name _____ Street Address _____ City/State/Zip _____	\$ _____	_____	<input type="checkbox"/> 0 - 30 days <input type="checkbox"/> 30 - 60 days <input type="checkbox"/> 60 - 90 days <input type="checkbox"/> 90+ days

Add "Amount Due" from lines 23a through 23l = 23m

\$ _____

Check the box when all boxes in Section 9 are filled

Total Income

Source	Gross Monthly
24. Wages (Yourself) ¹	\$
25. Wages (Spouse) ¹	
26. Interest - Dividends	
27. Net Income from Business ²	
28. Net Rental Income ³	
29. Pension/Social Security (Yourself)	
30. Pension/Social Security (Spouse)	
31. Child Support	
32. Alimony	
33. Other	
34. Total Income	

Total Living Expenses

Expense items ⁴	Actual Monthly
35. Food, Clothing and Misc. ⁵	\$
36. Housing and Utilities ⁶	
37. Transportation ⁷	
38. Health Care	
39. Taxes (Income and FICA)	
40. Court ordered payments	
41. Child/dependent care	
42. Life Insurance	
43. Other secured debt	
44. Other expenses	
45. Total Living Expenses	

¹ **Wages, salaries, pensions, and social security:** Enter your gross monthly wages and/or salaries. Do not deduct withholding or allotments you elect to take out of your pay, such as insurance payments, credit union deductions, car payments etc. To calculate your gross monthly wages and/or salaries:

If paid weekly - multiply weekly gross wages by 4.3. Example: \$425.89 x 4.3 = \$1,831.33

If paid bi-weekly (every 2 weeks) - multiply bi-weekly gross wages by 2.17. Example: \$972.45 x 2.17 = \$2,110.22

If paid semi-monthly (twice each month) - multiply semi-monthly gross wages by 2. Example: \$856.23 x 2 = \$1,712.46

² **Net Income from Business:** Enter your monthly net business income. This is the amount you earn after you pay ordinary and necessary monthly business expenses. This figure should relate to the yearly net profit from your Form 1040 Schedule C. If it is more or less than the previous year, you should attach an explanation. If your net business income is a loss, enter "0". Do not enter a negative number.

³ **Net Rental Income:** Enter your monthly net rental income. This is the amount you earn after you pay ordinary and necessary monthly rental expenses. If your net rental income is a loss, enter "0". Do not enter a negative number.

⁴ **Expenses not generally allowed:** We generally do not allow you to claim tuition for private schools, public or private college expenses, charitable contributions, voluntary retirement contributions, payments on unsecured debts such as credit card bills, cable television and other similar expenses. However, we may allow these expenses, if you can prove that they are necessary for the health and welfare of you or your family or for the production of income.

⁵ **Food, Clothing and Misc.:** Total of clothing, food, housekeeping supplies and personal care products for one month.

⁶ **Housing and Utilities:** For your principal residence: Total of rent or mortgage payment. Add the average monthly expenses for the following: property taxes, home owner's or renter's insurance, maintenance, dues, fees, and utilities. Utilities include gas, electricity, water, fuel, oil, other fuels, trash collection and telephone.

⁷ **Transportation:** Total of lease or purchase payments, vehicle insurance, registration fees, normal maintenance, fuel, public transportation, parking and tolls for one month.

ATTACHMENTS REQUIRED: Please include:

- A copy of your last Form 1040 with all Schedules.
- Proof of all current expenses that you paid for the past 3 months, including utilities, rent, insurance, property taxes, etc.
- Proof of all non-business transportation expenses (e.g., car payments, lease payments, fuel, oil, insurance, parking, registration).
- Proof of payments for health care, including health insurance premiums, co-payments, and other out-of-pocket expenses, for the past 3 months.
- Copies of any court order requiring payment and proof of such payments (e.g., cancelled checks, money orders, earning statements showing such deductions) for the past 3 months.



Check the appropriate boxes if any of the items listed in Section 2 are filled in and attachments provided.

Check the appropriate boxes if any of the items listed in Section 3 are filled in and attachments provided.



Failure to complete all entry spaces may result in rejection or significant delay in the resolution of your account.

Certification: Under penalties of perjury, I declare that to the best of my knowledge and belief this statement of assets, liabilities, and other information is true, correct and complete.

Your Signature

Spouse's Signature

Date

ATTACHMENT B

Form of Corporate Financial Statement



Collection Information Statement for Businesses

Department of the Treasury
Internal Revenue Service

www.irs.gov

Form 433-B (Rev. 5-2001)
Catalog Number 16649P

Complete all entry spaces with the most current data available.

Important! Write "N/A" (not applicable) in spaces that do not apply. We may require additional information to support "N/A" entries.

Failure to complete all entry spaces may result in rejection or significant delay in the resolution of your account.

Section 1 Business Information

1a. Business Name _____
 Business Street Address _____
 City _____ State _____ Zip _____
 County _____

1b. Business Telephone (____) _____

2a. Employer Identification No. (EIN) _____

2b. Type of Entity (Check appropriate box below)
 Partnership Corporation Other _____

2c. Type of Business _____

3a. Contact Name _____
 3b. Contact's Business Telephone (____) _____
 Extension _____
 Best Time To Call _____ am _____ pm (Enter Hour)

3c. Contact's Home Telephone (____) _____
 Best Time To Call _____ am _____ pm (Enter Hour)

3d. Contact's Other Telephone (____) _____
 Telephone Type (i.e. fax, cellular, pager) _____

3e. Contact's E-mail Address _____

Check this box when all spaces in Sect. 1 are filled in.

Section 2 Business Personnel and Contacts

4. PERSON RESPONSIBLE FOR DEPOSITING PAYROLL TAXES

4a. Full Name _____ Title _____ Social Security Number _____
 Home Street Address _____ Home Telephone (____) _____
 City _____ State _____ Zip _____ Ownership Percentage & Shares or Interest _____

5. PARTNERS, OFFICERS, MAJOR SHAREHOLDERS, ETC.

5a. Full Name _____ Title _____ Social Security Number _____
 Home Street Address _____ Home Telephone (____) _____
 City _____ State _____ Zip _____ Ownership Percentage & Shares or Interest _____

5b. Full Name _____ Title _____ Social Security Number _____
 Home Street Address _____ Home Telephone (____) _____
 City _____ State _____ Zip _____ Ownership Percentage & Shares or Interest _____

5c. Full Name _____ Title _____ Social Security Number _____
 Home Street Address _____ Home Telephone (____) _____
 City _____ State _____ Zip _____ Ownership Percentage & Shares or Interest _____

5d. Full Name _____ Title _____ Social Security Number _____
 Home Street Address _____ Home Telephone (____) _____
 City _____ State _____ Zip _____ Ownership Percentage & Shares or Interest _____

Check this box when all spaces in Sect. 2 are filled in.

Section 3 Accounts/Notes Receivable

See page 6 for additional space if needed.

Check this box when all spaces in Sect. 3 are filled in.

6. ACCOUNTS/NOTES RECEIVABLE. List all contracts separately, including contracts awarded, but not started.

Description	Amount Due	Date Due	Age of Account
6a. Name _____ Street Address _____ City/State/Zip _____	\$ _____	_____	<input type="checkbox"/> 0 - 30 days <input type="checkbox"/> 30 - 60 days <input type="checkbox"/> 60 - 90 days <input type="checkbox"/> 90+ days
6b. Name _____ Street Address _____ City/State/Zip _____	\$ _____	_____	<input type="checkbox"/> 0 - 30 days <input type="checkbox"/> 30 - 60 days <input type="checkbox"/> 60 - 90 days <input type="checkbox"/> 90+ days
6a + 6b = 6c		\$ _____	
Amount from Page 6 +		\$ _____	
6q. Total Accounts/Notes Receivable =		\$ _____	

Business Name _____

EIN _____

Section 4

Other Financial Information

- 7. OTHER FINANCIAL INFORMATION.** Respond to the following business financial questions.
- 7a. Does this business have other business relationships (e.g. subsidiary or parent, corporation, partnership, etc.)? No Yes
If yes, list related EIN _____ Additional EIN _____
- 7b. Does anyone (e.g. officer, stockholder, partner or employees) have an outstanding loan borrowed from the business? No Yes
If yes, amount of loan \$ _____ Date of loan _____ Current balance \$ _____
- 7c. Are there any judgments or liens against your business? No Yes
If yes, who is the creditor? _____ Date creditor obtained judgment/lien _____ Amount of debt \$ _____
- 7d. Is your business a party in a lawsuit? No Yes
If yes, amount of suit \$ _____ Possible completion date _____ Subject matter of suit _____
- 7e. Has your business ever filed bankruptcy? No Yes
If yes, date filed _____ Date discharged _____ Petition No. _____
- 7f. In the past 10 years have you transferred any assets from your business name for less than their actual value? No Yes
If yes, what asset? _____ Value of asset at time of transfer \$ _____
When was it transferred? _____ To whom or where was it transferred? _____
- 7g. Do you anticipate any increase in business income (e.g. contracts bid but not yet awarded)? No Yes
If yes, why will the income increase? _____ (Attach sheet if you need additional space.)
How much will it increase? _____ When will the business income increase? _____
- 7h. Is your business a beneficiary of a trust, an estate or a life insurance policy? No Yes
If yes, name of the trust, estate or policy? _____ Anticipated amount to be received? _____
When will the amount be received? _____

Check this box when all spaces in Sect. 4 are filled in.

Section 5

Business Assets

Current Value: Indicate the amount you could sell the asset for today.

- 8. PURCHASED AUTOMOBILES, TRUCKS AND OTHER LICENSED ASSETS.** Include boats, RV's, motorcycles, trailers, etc. (If you need additional space, attach a separate sheet.)
- | Description (Year, Make, Model, Mileage) | Current Value | Loan Balance | Name of Lender | Purchase Date | Amount of Monthly Payment |
|---|---------------|--------------|----------------|---------------|---------------------------|
| 8a. Year _____
Make/Model _____
Mileage _____ | \$ _____ | \$ _____ | _____ | _____ | \$ _____ |
| 8b. Year _____
Make/Model _____
Mileage _____ | \$ _____ | \$ _____ | _____ | _____ | \$ _____ |
| 8c. Year _____
Make/Model _____
Mileage _____ | \$ _____ | \$ _____ | _____ | _____ | \$ _____ |
- 9. LEASED AUTOMOBILES, TRUCKS AND OTHER LICENSED ASSETS.** Include boats, RV's, motorcycles, trailers, etc. (If you need additional space, attach a separate sheet.)
- | Description (Year, Make, Model) | Lease Balance | Name of Lessor | Lease Date | Amount of Monthly Payment |
|------------------------------------|---------------|----------------|------------|---------------------------|
| 9a. Year _____
Make/Model _____ | \$ _____ | _____ | _____ | \$ _____ |
| 9b. Year _____
Make/Model _____ | \$ _____ | _____ | _____ | \$ _____ |



ATTACHMENTS REQUIRED: Please include your current statement from lender with monthly car payment amount and current balance of the loan for each vehicle purchased or leased.

Business Name _____

EIN _____

Section 5
continued

Current Value:
Indicate the amount you could sell the asset for today.

***Date of Final Payment:**
Enter the date the loan or lease will be fully paid.

10. REAL ESTATE. List all real estate owned by the business. (If you need additional space, attach a separate sheet.)

Street Address, City, State, Zip, and County	Date Purchased	Purchase Price	Current Value	Loan Balance	Name of Lender or Lien Holder	Amount of Monthly Payment	*Date of Final Payment
10a. _____	_____	\$ _____	\$ _____	\$ _____	_____	\$ _____	_____
10b. _____	_____	\$ _____	\$ _____	\$ _____	_____	\$ _____	_____



ATTACHMENTS REQUIRED: Please include your current statement from lender with monthly payment amount and current balance for each piece of real estate owned.

Check this box if you are attaching a depreciation schedule for machinery/equipment in lieu of completing line 11.

11. BUSINESS ASSETS. List all business assets and encumbrances below, include Uniform Commercial Code (UCC) filings. (If you need additional space, attach a separate sheet.) Note: If attaching a depreciation schedule, the attachment must include all of the information requested below.

Description	Current Value	Loan Balance	Name of Lender	Amount of Monthly Payment	*Date of Final Payment
11a. Machinery	\$ _____	\$ _____	_____	\$ _____	_____
Equipment	_____	_____	_____	_____	_____
Merchandise	_____	_____	_____	_____	_____
Other Assets: (List below)					
11b. _____	\$ _____	\$ _____	_____	\$ _____	_____
11c. _____	_____	_____	_____	_____	_____



ATTACHMENTS REQUIRED: Please include your current statement from lender with monthly payment amount and current loan balance for assets listed which have an encumbrance.

Section 6
Investment Banking and Cash Information

12. INVESTMENTS. List all investment assets below. Include stocks, bonds, mutual funds, stock options and certificates of deposits.

Name of Company	Number of Shares / Units	Current Value	Loan Amount	Used as collateral on loan?
12a. _____	_____	\$ _____	\$ _____	<input type="checkbox"/> No <input type="checkbox"/> Yes
12b. _____	_____	_____	_____	<input type="checkbox"/> No <input type="checkbox"/> Yes
12c. Total Investments		\$ _____	_____	_____

Business Name _____

EIN _____

Section 6
continued

Complete all
entry spaces
with the most
current data
available.

13. BANK ACCOUNTS. List all checking and savings accounts. (If you need additional space, attach a separate sheet.)

Type of Account	Full Name of Bank, Savings & Loan, Credit Union or Financial Institution	Bank Routing No.	Bank Account No.	Current Account Balance
13a. Checking	Name _____ Street Address _____ City/State/Zip _____	_____	_____	\$ _____
13b. Checking	Name _____ Street Address _____ City/State/Zip _____	_____	_____	\$ _____
13c. Savings	Name _____ Street Address _____ City/State/Zip _____	_____	_____	\$ _____
13d. Total Bank Account Balances				\$ _____



ATTACHMENTS REQUIRED: Please include your current bank statements (checking and savings) for the past three months for all accounts.

14. OTHER ACCOUNTS. List all accounts including brokerage accounts, money market, additional checking and savings accounts not listed on line #13 and any other accounts not listed in this section.

Type of Account	Full Name of Bank, Savings & Loan, Credit Union or Financial Institution	Bank Routing No.	Bank Account No.	Current Account Balance
14a. _____	Name _____ Street Address _____ City/State/Zip _____	_____	_____	\$ _____
14b. _____	Name _____ Street Address _____ City/State/Zip _____	_____	_____	\$ _____
14c. Total Other Account Balances				\$ _____



ATTACHMENTS REQUIRED: Please include your current bank statements (checking, savings, money market, and brokerage accounts) for the past three months for all accounts.

15. CASH ON HAND. Include any money that you have that is not in the bank.

15a. Total Cash on Hand

\$ _____

16. AVAILABLE CREDIT. List all lines of credit, including credit cards.

Full Name of Credit Institution	Credit Limit	Amount Owed	Available Credit
16a. Name _____ Street Address _____ City/State/Zip _____	_____	_____	\$ _____
16b. Name _____ Street Address _____ City/State/Zip _____	_____	_____	\$ _____
16c. Total Credit Available			\$ _____

Check this box when all spaces in Sect. 6 are filled in and attachments provided.

Business Name _____

EIN _____

Section 7
Monthly
Income and
Expenses

Complete all
entry spaces
with the most
current data
available.

17. The following information applies to income and expenses from your most recently filed Form 1120 or Form 1065.
Fiscal Year Period _____ to _____

18. Accounting Method Used: Cash Accrual

The information included on lines 19 through 39 should reconcile to your business federal tax return.

Total Income

Source	Gross Monthly
19. Gross Receipts	\$ _____
20. Gross Rental Income	_____
21. Interest	_____
22. Dividends	_____
Other Income (specify in lines 23-25)	_____
23.	_____
24.	_____
25.	_____
(Add lines 19 through 25)	_____
26. TOTAL INCOME	\$ _____

Total Expenses

Expense Items	Actual Monthly
27. Materials Purchased ¹	\$ _____
28. Inventory Purchased ²	_____
29. Gross Wages & Salaries	_____
30. Rent	_____
31. Supplies ³	_____
32. Utilities / Telephone ⁴	_____
33. Vehicle Gasoline / Oil	_____
34. Repairs & Maintenance	_____
35. Insurance	_____
36. Current Taxes ⁵	_____
Other Expenses (include installment payments, specify in lines 37-38)	_____
37.	_____
38.	_____
(Add lines 27 through 38)	_____
39. TOTAL EXPENSES	\$ _____

- 1 **Materials Purchased:** Materials are items directly related to the production of a product or service.
- 2 **Inventory Purchased:** Goods bought for resale.
- 3 **Supplies:** Supplies are items used in your business that are consumed or used up within one year, this could be the cost of books, office supplies, professional instruments, etc.
- 4 **Utilities:** Utilities include gas, electricity, water, fuel, oil, other fuels, trash collection and telephone.
- 5 **Current Taxes:** Real estate, state and local income tax, excise, franchise, occupational, personal property, sales and the employer's portion of employment taxes.

Check this box when all spaces in Sect. 7 are filled in.

Check this box when all spaces in all sections are filled in and all attachments provided.



Failure to complete all entry spaces may result in rejection or significant delay in the resolution of your account.

Certification: Under penalties of perjury, I declare that to the best of my knowledge and belief this statement of assets, liabilities, and other information is true, correct and complete.

Print Name _____

Title _____

Your Signature _____

Date _____

Business Name _____

EIN _____

Section 3
Accounts/
Notes
Receivable
continued

ACCOUNTS/NOTES RECEIVABLE CONTINUATION PAGE. List all contracts separately, including contracts awarded, but not started. (If you need additional space, copy this page and attach to the 433-B package.)

Use only if needed

Check this box if this page is not needed.

Description	Amount Due	Date Due	Age of Account
6d. Name _____ Street Address _____ City/State/Zip _____	\$ _____	_____	<input type="checkbox"/> 0 - 30 days <input type="checkbox"/> 30 - 60 days <input type="checkbox"/> 60 - 90 days <input type="checkbox"/> 90+ days
6e. Name _____ Street Address _____ City/State/Zip _____	\$ _____	_____	<input type="checkbox"/> 0 - 30 days <input type="checkbox"/> 30 - 60 days <input type="checkbox"/> 60 - 90 days <input type="checkbox"/> 90+ days
6f. Name _____ Street Address _____ City/State/Zip _____	\$ _____	_____	<input type="checkbox"/> 0 - 30 days <input type="checkbox"/> 30 - 60 days <input type="checkbox"/> 60 - 90 days <input type="checkbox"/> 90+ days
6g. Name _____ Street Address _____ City/State/Zip _____	\$ _____	_____	<input type="checkbox"/> 0 - 30 days <input type="checkbox"/> 30 - 60 days <input type="checkbox"/> 60 - 90 days <input type="checkbox"/> 90+ days
6h. Name _____ Street Address _____ City/State/Zip _____	\$ _____	_____	<input type="checkbox"/> 0 - 30 days <input type="checkbox"/> 30 - 60 days <input type="checkbox"/> 60 - 90 days <input type="checkbox"/> 90+ days
6i. Name _____ Street Address _____ City/State/Zip _____	\$ _____	_____	<input type="checkbox"/> 0 - 30 days <input type="checkbox"/> 30 - 60 days <input type="checkbox"/> 60 - 90 days <input type="checkbox"/> 90+ days
6j. Name _____ Street Address _____ City/State/Zip _____	\$ _____	_____	<input type="checkbox"/> 0 - 30 days <input type="checkbox"/> 30 - 60 days <input type="checkbox"/> 60 - 90 days <input type="checkbox"/> 90+ days
6k. Name _____ Street Address _____ City/State/Zip _____	\$ _____	_____	<input type="checkbox"/> 0 - 30 days <input type="checkbox"/> 30 - 60 days <input type="checkbox"/> 60 - 90 days <input type="checkbox"/> 90+ days
6l. Name _____ Street Address _____ City/State/Zip _____	\$ _____	_____	<input type="checkbox"/> 0 - 30 days <input type="checkbox"/> 30 - 60 days <input type="checkbox"/> 60 - 90 days <input type="checkbox"/> 90+ days
6m. Name _____ Street Address _____ City/State/Zip _____	\$ _____	_____	<input type="checkbox"/> 0 - 30 days <input type="checkbox"/> 30 - 60 days <input type="checkbox"/> 60 - 90 days <input type="checkbox"/> 90+ days
6n. Name _____ Street Address _____ City/State/Zip _____	\$ _____	_____	<input type="checkbox"/> 0 - 30 days <input type="checkbox"/> 30 - 60 days <input type="checkbox"/> 60 - 90 days <input type="checkbox"/> 90+ days
6o. Name _____ Street Address _____ City/State/Zip _____	\$ _____	_____	<input type="checkbox"/> 0 - 30 days <input type="checkbox"/> 30 - 60 days <input type="checkbox"/> 60 - 90 days <input type="checkbox"/> 90+ days

Check this box if all spaces in Sect. 3 are filled in.

Add lines 6d through 6o = 6p

\$ _____

(Add this amount to amount on line 6c, Section 3, page 1)

ATTACHMENT C

Consent to Release of Financial Records
Individual and Corporate

Consent to Release of Financial Records, Individual

I, _____, do hereby direct any bank, trust company, or financial institution, at which I have an account of any kind upon which I am authorized to draw, and its officers, employees, and agents, to disclose all information and deliver copies of all documents of every nature in their possession or control that relate to any such account to any attorney of the Federal Trade Commission, and to give evidence relevant thereto, in the matter of the Federal Trade Commission v. Stewart Finance Company Holdings, Case No. 1:03CV-2648-JTC, now pending in the United States District Court for the Northern District of Georgia, and this shall be irrevocable authority for so doing.

This direction is intended to apply to the laws of countries other than the United States that restrict or prohibit the disclosure of financial information without the consent of the holder of the account, or its officers, and shall be construed as consent with respect thereto.

Dated: _____, 2003

Signature: _____

Name: _____

Consent to Release of Financial Records, Corporate

I, _____, as an officer of _____, do hereby direct any bank, trust company, or financial institution, at which _____ has an account of any kind upon which _____ is authorized to draw, and its officers, employees, and agents, to disclose all information and deliver copies of all documents of every nature in their possession or control that relate to any such account to any attorney of the Federal Trade Commission, and to give evidence relevant thereto, in the matter of the Federal Trade Commission v. Stewart Finance Company Holdings, Case No. 1:03CV-2648-JTC, now pending in the United States District Court for the Northern District of Georgia, and this shall be irrevocable authority for so doing.

This direction is intended to apply to the laws of countries other than the United States that restrict or prohibit the disclosure of financial information without the consent of the holder of the account, or its officers, and shall be construed as consent with respect thereto.

Dated: _____, 2003

Signature: _____

Name: _____

Title: _____

ATTACHMENT D

Greene County Order

show cause why a preliminary injunction should not be granted. Upon consideration of the verified Complaint filed in this case and upon being further advised in the premises, this Court finds as follows:

1. This Court has jurisdiction over the persons and subject matter of this action, and venue in this Court is proper.
2. On February 10, 2003, Stewart Finance Company and Stewart National Finance Company filed voluntary petitions for relief under Chapter 11 of the Bankruptcy Code in the United States Bankruptcy Court, Middle District of Georgia, Case Nos. 03-30277 (RFH) and 03-30278 (RFH), respectively. On February 27, 2003, D & E Acquisitions, Inc. filed a voluntary petition for relief under Chapter 11 of the Bankruptcy Code in the same court, Case No. 03-30398 (RFH). On September 8, 2003, the Bankruptcy Court appointed a Chapter 11 Trustee in each of the foregoing bankruptcy cases.
3. Entry of this temporary order is in the public interest and has been consented to by the parties.

IT IS THEREFORE ORDERED AS FOLLOWS:

DEFINITIONS

- I. For the purposes of this Order, the following definitions shall apply:
 - A. "Defendants" means John Benjamin Stewart, Jr., Union Hosiery, Inc., Stewart Cash Advance, Inc., Pinewood Hunting, Inc., Stewart & Lawrence Insurance Agency of Georgia, Inc., Preferred Choice Auto Club, Inc., The Point Rental Purchase, Inc., Stewart Family Investments, LP, Stewart Insurance, Ltd., J & J Reinsurance, Ltd., and Stewart Mortgage Company, Inc.
 - B. "Document(s)" or "record(s)" means:

1. The original or a true copy of any written, typed, printed, electronically stored, transcribed, taped, recorded, filmed, punched, or graphic matter or other data compilations of any kind, including, but not limited to, letters, e-mail or other correspondence, messages, memoranda, interoffice communications, notes, reports, summaries, manuals, magnetic tapes or discs, tabulations, books, records, checks, invoices, work papers, journals, ledgers, statements, returns, reports, schedules, or files; and

2. Any information stored on any desktop personal computer ("PC") and workstations, laptops, notebooks, and other portable computers, whether assigned to individuals or in pools of computers available for shared use; and home computers used for work-related purposes, backup disks and tapes, archive disks and tapes, and other forms of offline storage, whether stored onsite with the computer used to generate them, stored offsite in another company facility or stored offsite by a third-party, such as in a disaster recovery center; and computers and related offline storage used by Defendants' participating associates, which may include persons who are not employees of the company or who do not work on company premises.

C. "Assets" means any legal or equitable interest in, right to, or claim to, any real and personal property, including but not limited to chattels, goods, instruments, equipment, fixtures, general intangibles, effects, leaseholds, mail or other deliveries, inventory, checks, notes, accounts, credits, receivables, funds, monies, and all cash, wherever located.

D. "Financial institution" means any bank, savings and loan institution, credit union, or any financial depository of any kind, including but not limited to any brokerage

house, trustee, broker-dealer, escrow agent, title company, commodity trading company, or precious metals dealer.

NO VIOLATIONS OF THE SECURITIES ACT

II. IT IS HEREBY ORDERED that Defendants and their officers, agents, servants, employees, and attorneys, and those persons in active concert or participation with Defendants who receive actual notice of this Order by personal service or otherwise, and each of them, are hereby restrained and enjoined from violating the Georgia Securities Act of 1973, as amended.

APPOINTMENT OF AUDITOR AND ASSET FREEZE

III. IT IS HEREBY ORDERED that Russel J. Lipford, Jr., C.P.A., of the firm of Clifton, Lipford, Hardison & Parker, LLP, CPA's of 1020 Riverside Drive, Macon, Georgia, 31202 is hereby appointed Auditor of the assets of the Defendants, to serve, without bond, until further Order of this Court (the "Auditor"). The Auditor shall identify, locate, investigate and verify the assets and liabilities of the Defendants and shall prepare an initial report itemizing the same within a time to be agreed upon among the parties and such Auditor. Thereafter, the Auditor shall prepare and submit to the parties monthly reports of the assets, liabilities, income and expenses of the Defendants, until further Order of this Court.

In addition to the foregoing duties, the Auditor shall receive the reports required under this Order regarding proposed disbursements by the Defendants and shall report any proposed disbursements which the Auditor concludes, in the exercise of his independent professional judgment, are excessive, to the Parties. Said reporting shall not constitute a waiver of the attorney-client privilege, work-product doctrine, or any other

privilege, state or federal. The Auditor and the Parties shall not disclose information except amounts contained in any invoice from any attorney employed by the Defendants; except in camera to this Court.

The Auditor shall be compensated by the Defendants upon a time-billing basis, at such Auditor's usual hourly billing rates, upon application to this Court and notice by the Parties. The Auditor shall also be reimbursed his actual, necessary expenses incurred in performing his duties under this Order. Payment shall be made within five (5) business days from the date of entry of an order approving such fees and expenses.

IV. IT IS FURTHER ORDERED that Defendants and their officers, agents, servants, employees, attorneys, and all persons or entities directly or indirectly under the control of any of them, including any financial institution, and all other persons or entities acting in concert or participation with any of them who are served with a copy of this Order by personal service, facsimile, or otherwise, are hereby enjoined from directly or indirectly:

A. selling, liquidating, assigning, transferring, converting, loaning, encumbering, pledging, concealing, dissipating, spending, withdrawing, or otherwise disposing of any funds, real or personal property, or other assets or any interest therein, wherever located, including any assets outside the territorial United States, which are:

1. in the actual or constructive possession of any Defendant;
2. owned or controlled by, or held, in whole or in part for the benefit of, or subject to access by, or belong to, any Defendant;

3. in the actual or constructive possession of, or owned or controlled by, or subject to access by, or belong to, any corporation, partnership, trust or other entity directly or indirectly under the control of Defendants;

B. Incurring charges on any credit card issued in the name, singly or jointly of any Defendant;

C. Failing to report to the Auditor reasonable and necessary Attorney's fees incurred.

D. Notwithstanding the above, any Defendant may pay from its or his personal funds reasonable, usual, ordinary, and necessary living and business expenses.

E. The funds, property and assets affected by this Paragraph shall include both existing assets and assets acquired after the effective date of this Order, including without limitation, those acquired by loan or gift. Except as otherwise provided herein, the Defendants shall hold all assets, including without limitation, payments, loans, and gifts, received after service of this Order.

RETENTION OF ASSETS AND DOCUMENTS BY THIRD PARTY

V. IT IS FURTHER ORDERED that, pending determination of the Plaintiff's request for a preliminary injunction, any financial institution, or any person or other entity served with a copy of this Order shall:

A. Provide to counsel for the Plaintiff, within ten (10) days of the date of entry of this Order, a statement setting forth:

1. the identification of each account or asset titled in the name, individually or jointly, or held on behalf of, or for the benefit of, any Defendant or other party subject to Paragraph III above, whether in whole or in part;

2. the balance of each such account, or a description of the nature and value of such asset;

3. the identification of any safe deposit box that is either titled in the name of, individually or jointly, or is otherwise subject to access or control by, any Defendant or other party subject to Paragraph III above, whether in whole or in part; and

4. if the account, safe deposit box, or other asset has been closed or removed on or after March 31, 2001, the date closed or removed and the balance on said date.

B. The accounts subject to this provision include existing assets and assets deposited after the effective date of this Order. This Paragraph shall not prohibit transfers in accordance with any provision of this Order, or any further order of the Court.

C. The Plaintiff is granted leave to subpoena documents immediately from any such financial institution, account custodian, or other entity concerning the nature, location, status, and extent of the Defendants' assets and compliance with this Order, and such financial institution, account custodian or other entity shall respond to such subpoena within five business days after service.

FINANCIAL STATEMENTS

VI. IT IS FURTHER ORDERED that no later than (10) ten business days after entry of this Order, each Defendant shall provide counsel to the Auditor and to the Plaintiff:

A. A completed financial statement accurate as of the date of service of this Order upon such Defendant. The individual Defendant shall include all financial information as requested in the Department of Treasury - Internal Revenue Service Collection Information Statement for Individuals (Form 433-A). The corporate and trade name Defendants shall include all financial information as requested in the corresponding Collection Information Statement for Businesses (Form 433 - B); or in a form containing the same information.

B. A completed statement, verified under oath to the best of the individual Defendant's knowledge, of all payments, transfers, or assignment of funds, assets, or property having a value of \$1,000 or more since March 31, 2001. Such statement shall include (a) the amount transferred or assigned; (b) the name of each transferee or assignee; (c) the date of the assignment or transfer; (d) the type and amount of consideration paid the Defendant. Each statement shall specify the name and address of each financial institution and brokerage firm at which the Defendant has accounts or safe deposit boxes. Said statements shall include assets held in foreign as well as domestic accounts; and

C. A full accounting of all assets, accounts, or documents outside of the territory of the United States which are held either: (1) by Defendants; (2) for their benefit; (3) in trust by or for them, individually or jointly; or (4) under their direct or indirect control, individually or jointly.

REPATRIATION OF FOREIGN ASSETS

VII. IT IS FURTHER ORDERED that, within ten (10) business days following the date of entry of this Order, Defendants shall:

A. Provide the Plaintiff with a full accounting of all assets, accounts or documents outside of the territory of the United States which are held either (1) by Defendants; (2) for their benefit; (3) in trust by or for them, individually or jointly; or (4) under their direct or indirect control, individually or jointly;

B. Hold and retain all repatriated assets, accounts or document and prevent any transfer, disposition, or dissipation whatsoever of any such assets or documents except as allowed by this Order; and

C. Provide the Plaintiff access to Defendants' records and documents held by financial institutions outside the State of Georgia or the territorial United States, by signing a Consent to

Release of Financial Records.

NONINTERFERENCE WITH REPATRIATION

VIII. IT IS FURTHER ORDERED that Defendants are hereby temporarily restrained and enjoined from taking any action, directly or indirectly, which may result in the encumbrance or dissipation of foreign assets, or in the hindrance of the repatriation required by the preceding Section of this Order, including, but not limited to:

A. Sending any statement, letter, fax, email or wire transmission, or telephoning or engaging in any other act, directly or indirectly, that results in a determination by a foreign trustee or other entity that a "duress" event has occurred under the terms of a foreign trust agreement until such time that all assets have been fully repatriated pursuant to this Order;

B. Notifying any trustee, protector or other agent of any foreign trust or other related entities of either the existence of this Order or of the fact that repatriation is required pursuant to a court order, until such time that all assets have been fully repatriated pursuant to this Order.

EXPEDITED DISCOVERY

IX. IT IS FURTHER ORDERED that, notwithstanding the provisions of the Georgia Civil Practice Act, Plaintiff is granted leave, at any time after service of this Order, to take the deposition pursuant to the Rule 2004 of the Federal Rules of the Bankruptcy Procedure or under the Georgia Civil Procedure Act, on three (3) days' notice, of any person, whether or not a party, for the purpose of discovering (1) the nature, location, status, and extent of assets of Defendants or of their affiliates or subsidiaries; (2) the nature and location of documents reflecting the business transactions of Defendants, or their affiliates or subsidiaries; (3) the applicability of any evidentiary privileges to this action; or (4) any other matter that is relevant to the issue of locating and identifying assets. Service of discovery upon a party, taken pursuant to this Section,

shall be sufficient if made by confirmed facsimile or by overnight delivery.

RECORDKEEPING PROVISIONS

X. IT IS FURTHER ORDERED that Defendants, and those persons in active concert or participation with them who receive actual notice of this Order by personal service, facsimile, or otherwise, are hereby enjoined from:

A. Destroying, erasing, mutilating, concealing, altering, transferring or otherwise disposing of, in any manner, directly or indirectly, contracts, agreements, securities investor files, securities investor lists, securities investor addresses and telephone numbers, correspondence, advertisements, brochures, sales material, training material, sales presentations, documents evidencing or referring to the offer for sale or sale of the securities of Stewart Finance Company, Stewart National Finance Company, John Benjamin Stewart, Jr., and D & E Acquisitions, Inc., data, computer tapes, disks, or other computerized records, books, written or printed records, handwritten notes, telephone, logs, verification or compliance tapes or other audio or video tape recordings, receipt books, invoices, postal receipts, ledgers, personal and business canceled checks and check registers, bank statements, appointment books, copies of federal state or local business or personal income or property tax returns and other documents or records of any kind, including electronically-stored materials that relate to the business practices or business or personal finances of Defendants other entity directly or indirectly under the control of Defendants; and

B. Failing to create and maintain books, records, and accounts which, in reasonable detail, accurately, fairly, and completely reflect the incomes, assets, disbursements, transactions and use of monies by Defendants or other any entity directly or indirectly under the control of Defendants.

SERVICE OF THIS ORDER

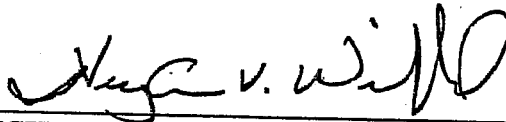
XI. IT IS FURTHER ORDERED that copies of this Order may be served by facsimile transmission, personal or overnight delivery, or U.S. Mail, by agents and employees of the Plaintiff or by private process server, on (1) Defendants, (2) any financial institution, entity or person that holds, controls, or maintains custody of any account or asset of any Defendant, or has held, controlled or maintained custody of any account or asset of any Defendant, or (3) any other person or entity that may be subject to any provision of this Order.

RETENTION OF JURISDICTION

XII. IT IS FURTHER ORDERED that this Court shall retain jurisdiction over the Parties hereto, the Assets frozen, and for all other purposes.

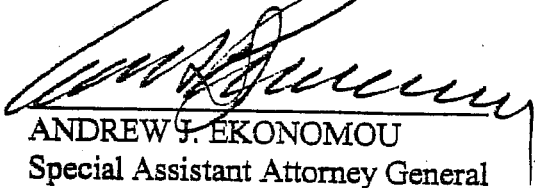
XIII. This Order may be executed by the Court in multiple originals.

SO ORDERED this 10th day of September, 2003, at 1:50 pm



HUGH V. WINGFIELD, III, Judge
Superior Court of Greene County
Ocmulgee Judicial Circuit

Consented to for the Plaintiff:



ANDREW J. EKONOMOU
Special Assistant Attorney General
EKONOMOU ATKINSON & LAMBROS, LLC
450 The Hurt Building
50 Hurt Plaza, S.E.
Atlanta, Georgia 30303
Telephone (404)221-1000
Telefax (404) 577-3900
Attorneys for the Plaintiff

Consented to for the Defendants:



THOMAS F. RICHARDSON
CHAMBLISS, HIGDON, RICHARDSON, KATZ AND GRIGGS
P.O. Box 246
Macon, Georgia 31298
Telephone (478) 745-1181
Attorneys for the Defendant

STATE OF GEORGIA
COUNTY OF GREENE

CLERK'S OFFICE, GREENE SUPERIOR COURT

I, Deborah Jackson, Clerk of the Superior Court, a court of record in and for said County, do hereby certify that the foregoing Consent Order is a true and correct copy of the original Order dated September 10, 2003 as same appears on file and record in said Clerk's Office.

WITNESS my official signature and seal of said Court this 10th day of September, 2003.

Cynthia Edmonds, Deputy
Clerk, Superior Court
Greene County, Georgia

STATE OF GEORGIA
COUNTY OF GREENE

IN THE SUPERIOR COURT OF SAID COUNTY:

I, Honorable Hugh V. Wingfield, III, Judge of the Superior Court of Ocmulgee Judicial Circuit, which said circuit includes the County of Greene in said State, do hereby certify that Deborah Jackson, whose signature is annexed to the above and foregoing certificates, is Clerk of the Superior Court of the County of Greene, State of Georgia; that the official acts and doings of said Clerk are entitled to full faith and credit, and that said attestation is in due form of law.

Given under my seal this 10th day of September, 2003.

Hugh V. Wingfield
Judge of the Superior Court
Ocmulgee Judicial Circuit

STATE OF GEORGIA
COUNTY OF GREENE

I, Deborah Jackson, Clerk of the Superior Court of the County of Greene, State of Georgia, do hereby certify under my hand and seal of my office that Honorable Hugh V. Wingfield, III, a Judge in said Superior Court of said County of Greene, is duly commissioned and qualified, and the signature of the said Honorable Hugh V. Wingfield, III, to the foregoing certificate is the true and genuine signature of said Honorable Hugh V. Wingfield, III, presiding Judge aforesaid.

IN WITNESS WHEREOF, I have hereunto set my official signature and annexed the seal of this Court, this 10th day of September, 2003.

Cynthia Edmonds, Deputy
Clerk, Superior Court, Greene County, Georgia