

INFORMATION REQUIRED FOR INDEMNITY AGREEMENT

FULL NAME OF CORPORATION: _____

ADDRESS: _____

TAX ID NO.: _____

PRESIDENT: _____

CORP. SECRETARY: _____

PLEASE PROVIDE SAME INFORMATION FOR ANY AFFILIATED COMPANIES

LEGAL NAME OF OWNER 1: _____

% OWNED: _____

SOCIAL SECURITY #: _____

SPOUSE'S FULL NAME: _____

SOCIAL SECURITY #: _____

PERSONAL ADDRESS: _____

LEGAL NAME OF OWNER 2: _____

% OWNED: _____

SOCIAL SECURITY #: _____

SPOUSE'S FULL NAME: _____

SOCIAL SECURITY #: _____

PERSONAL ADDRESS: _____

LEGAL NAME OF OWNER 3: _____

% OWNED: _____

SOCIAL SECURITY #: _____

SPOUSE'S FULL NAME: _____

SOCIAL SECURITY #: _____

PERSONAL ADDRESS: _____

PLEASE PROVIDE SAME INFORMATION FOR OTHER OWNERS

****IF LLC, PLEASE INCLUDE ARTICLES OF ORGANIZATION AND OPERATING AGREEMENT.**