TO: WOODPECKER TRUCK & EQUIPMENT, INC.

P.O. BOX 1306

PENDLETON, OREGON 97801

PHONE: 541-276-5515 / FAX 541-276-9237

DATE

	ASSETS				LIABILITIES											
CASH ON HAND AND IN BAN	NKS	\$	ACCOL	INTS PAVARI F		\$										
ACCOUNTS RECEIVABLE					ACCOUNTS PAYABLE \$ NOTES PAYABLE BANKS (SECURED)											
NOTES RECEIVABLE				NOTES PAYABLE BANKS (UNSECURED)												
PERSONAL PROPERTY	(LIST):	U.S.		N EQUIPMENT		· ·										
	(LIOT).		"		TRAILERS	£ 1										
TRUCKS				OWE ON REAL ESTATE (MORTGAGES) ALL OTHER LIABILITES (LIST)												
										AUTOMOBILES	i e	-3 %-	ALLO	THEK LIABILI	IES (LIST)	
												12	TOTAL	LIABILITIES		-
INVESTMENTS		- 2 2	- 1012	LIABILITIES	(PREFERRED STO											
REAL ESTATE (LISTED BELC	2000			COPPORATIO		5625										
NEAE ESTATE (EISTED BEEC				IF CORPORATION COMMON STOCK												
ALL OTHER ASSETS (DESC	DIDE)		-12		SURPLUS											
ALL OTHER ASSETS (DESCI	XIBE)	= }	- N=	T WORTH (IE	NOT INCORPORAT	ED)										
			- NE	I WORTH (IF	NOT INCORPORAT											
TOTAL ASSETS \$				TOTAL LIABILITIES AND NET WORTH \$												
		REAL	ESTATE													
DESCRIPTION	LOCATIONS	TITLE IN NAME O	V-1000	PRESENT VALUE MOR		MORTGAGES HELD BY										
					_											
-		-				+										
		÷	\$. \$											
OTHER (DESCRIBE):	DRESS	P	HONE NO.	OWNER	DRIVERS:											
					STARTING DAT	EXPIRATION DATE										
ARS EXPERIENCE IN IS TYPE WORK	SLACK MONTHS	NO. OF TRUCKS OWNED	NO. OF INTL	NO. OF OTH	ER	NO. OF TRAILERS OWNED										
S TYPE WORK		OWNED	INTL		-											
S TYPE WORK ORMATION ON AUTOM	OTIVE INSURANCE I	OWNED F NOT PROVIDED F	OR THROL	JGH COMPAI	NY FINANCE PLAN											
ORMATION ON AUTOM TYPE OF COV	OTIVE INSURANCE I	OWNED	OR THROL	JGH COMPAI	-											
ORMATION ON AUTOM TYPE OF COV	OTIVE INSURANCE I	OWNED F NOT PROVIDED F	OR THROL	JGH COMPAI	NY FINANCE PLAN											
ORMATION ON AUTOM TYPE OF COV FIRE AND THEFT COLLISION	OTIVE INSURANCE I	OWNED F NOT PROVIDED F	OR THROL	JGH COMPAI	NY FINANCE PLAN											
ORMATION ON AUTOM TYPE OF COV FIRE AND THEFT COLLISION PUBLIC LIABILITY & PROPERTY DE LESMAN'S	OTIVE INSURANCE I	OWNED F NOT PROVIDED F	OR THROL	JGH COMPAI	NY FINANCE PLAN											
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ORMATION ON AUTOM TYPE OF COV FIRE AND THEFT COLLISION PUBLIC LIABILITY & PROPERTY DE	OTIVE INSURANCE I	OWNED F NOT PROVIDED F	OR THROL	JGH COMPAI	NY FINANCE PLAN											
S TYPE WORK ORMATION ON AUTOM	OTIVE INSURANCE I	OWNED F NOT PROVIDED F	OR THROL	JGH COMPAI	NY FINANCE PLAN											

RETURN COMPLETED APPLICATION WITH TWO YEARS TAX RETURNS AND TWO MONTHS BANK STATEMENTS

GENERAL INFORMATION

NAME			15577.552	ADDF	RESS						
☐ INDIVIDUAL	BUSINESS ADDRESS										
☐ PARTNERSHIP	TYPE OF BUSINESS	TYPE OF BUSINESS RES. PHONE NO. BUS. PHONE NO.									
☐ CORPORATION	THE OF BUSINESS			RES. PHO	NE N	J.		BUS. PHONE NO	<i>,</i> .		
IF INDIVIDUAL:											
D.O.B.	NO. OF YRS. IN		STATUS:	UNMARR		NO. OF	FORM	ER RESIDENCE			
DRIVERS LICENSE	BUSINESS	MARR	RIED	SOCIAL SECU		DEPENDENTS NO.					
NO. NEAREST RELATIVE N		STATE:		STO 10-0-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-		ADDRESS					
LIVING WITH ME:											
NAME OF EMPLOYER:			A	DDRESS				POSITION	NO. OF YRS.	SALARY	
CDOUGE EMPLOYED D	ADDRESS				POCITION	110 05 1700	\$				
SPOUSE EMPLOYED BY			ADDRESS					POSITION	NO. OF YRS.	**************************************	
OTHER INCOME*			1			SOURCE O	F OTHER INC	OME		\$	
s											
TAKEN BANKRUPTC	Y? DATE		DESCRI	BE CIRCUMS	TANC	CES:					
☐ YES											
□ NO											
GOODS REPOSSESSI	ED? DATE		DESCRI	BE CIRCUMS	TANC	CES:					
□ NO											
	IONY, CHILD SUPPORT	OR SEP	ARATE M	AINTENANCI	E PAY	MENTS NEED N	OT BE REVE	ALED IF YOU	о пот снос	SE TO HAVE	
IT CONSIDERED AS	A BASIS FOR REPAYIN	IG THIS O	BLIGATIO	on.	- THE STREET			overence in the control of the state of the			
			TR	ADE RE	FE	RENCES					
	REVIOUS TRUCK OR AL		CHASES?		B(020)	WITH WHOM DO YOU HAVE OPEN ACCOUNTS FOR GAS, TIRES, ETC.?					
NAMES, ADDRESSES	AND PHONE NUMBERS				NAMES, ADDRESSES AND PHONE NUMBERS?						
					-						
	PGM										
BANK WITH (NAME	AND ADDRESS)										
	LIST BELOW LOAN	OD INC	TAL MEN	TOPLICAT	IONIC	NOW OWING	(IE NONE C	TATE "NONE	-**)		
	LIST BELOW LOAN	OK INS	IALMEN	OBLIGAT	IONS	NOW OWING	(IF NONE 5	TATE NONE	. ,		
OWED TO			ADDRESS E			BALANC	E UNPAID	AMOUNT MONTHLY PAYMENT			
									VV20140 (Auto 1004) (Auto 1004) (Auto 1004) (Auto 1004)		
							\$		\$		
							\$		\$		
									ă.		
							\$		\$		
		_					4				
							\$		\$		
							¢				
					\$		\$				
TOTAL OF ALL CONTRACTED MONTHLY INSTALMENTS ON ABOVE								\$			
The foregoing stateme	nt has been carefully re	ad (both p	orinted and	d written matt	er) an	d is in all respect	s complete, a	accurate and tr	uthful.		
	for your sole use and in									ned hereby	
	named bank(s), trade an										
I (WE) FURTHER REPRE	SENT THAT SAID TRUCK S	HALL NOT	BEUSED	FOR ANY LINE	AWFII	L PURPOSE					
CRITICA REPRES	TIM OND INOCKS	. ITALL NO	DE USED	. SICALLI ONL							
DATE		-		SIGNED .			11.00				
							CUSTON	ER'S SIGNATURE			