

**1. RETURN OF FORM. All responses will be kept confidential.** After you complete and sign this form, please mail, fax or email it to:

**Local Loan Company**

**California finance lender license number 6038436**

**125 N.W. 114th, #2**

**Portland, OR 97229**

**Telephone: 503-646-5626**

**Email: [vincekane@alocalloan.com](mailto:vincekane@alocalloan.com)**

**2. PERSON COMPLETING THIS FORM**

a. Name: (First, Middle Initial, Last): \_\_\_\_\_

b. Date of Birth: \_\_\_\_\_

c. Home Address: \_\_\_\_\_

d. State in which you are registered to vote: \_\_\_\_\_

e. Home Telephone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

f. Cell Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

g. Email Address: \_\_\_\_\_

h. Business/Profession: \_\_\_\_\_

i. Title: \_\_\_\_\_

j. Company Name: \_\_\_\_\_

k. Employed Since: \_\_\_\_\_

l. Business Address: \_\_\_\_\_

m. Business Telephone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**3. CONTACT METHOD FOR COMMUNICATIONS. To which place would you prefer that communications**

be sent? \_\_\_\_\_ Home Address \_\_\_\_\_ Business Address \_\_\_\_\_ Email Address

\_\_\_\_\_ Other (please specify) \_\_\_\_\_

**4. ENTITY INFORMATION. If you are submitting this form on behalf of an entity (corporation, limited liability company, etc), employee benefit plan or trust with assets of at least \$5 million, please complete the following:**

a. Name of entity, plan or trust: \_\_\_\_\_

b. Name of state where entity, plan or trust was formed: \_\_\_\_\_

and check any of the following that apply:

c. \_\_\_\_\_ The undersigned is a corporation, partnership, business trust or charitable organization with assets in excess of \$5 million that was not formed to acquire securities offered by the company presenting this questionnaire;

d. \_\_\_\_\_ The undersigned is a bank, a savings and loan association, a broke or dealer registered pursuant to Section 15 of the Securities Exchange Act of 1934, an insurance company, an investment company registered under the Investment Company Act of 1940, a business development company as defined in Section 2(a)(48) of that Act, a Small Business Investment Company licensed by the U.S. Small Business Administration

under section 301(c) or (d) of the Small Business Investment Act of 1958, a private business development company as defined in Section 202(a)(22) of the Investment Advisors Act of 1940;

e. \_\_\_\_\_ The undersigned is an employee benefit plan a) either established and maintained by a government entity or governed by the Employee Retirement Income Security Act of 1974 (ERISA) and in either case with total assets in excess of \$5 million, or b) governed by ERISA and where investment decisions are either made by a bank, savings and loan association, insurance company, or registered investment adviser or, if a self-directed plan, with investment decisions made solely by persons that are accredited investors;

f. \_\_\_\_\_ The undersigned is a trust with assets of at least \$5 million, not formed to acquire securities offered by the company presenting this questionnaire, and whose purchases are directed by a sophisticated person who, either alone or with his/her independent purchaser representative, has such knowledge and experience in financial and business matters that he/she is capable of evaluating the merits and risks of a prospective investment. **If you have checked any of these items, please skip to the signature lines at the bottom.**

g. Was your corporation, limited liability company, partnership, or other organization specifically formed for the purpose of acquiring securities offered by company presenting you with this questionnaire?

\_\_\_\_\_ Yes \_\_\_\_\_ No

If the answer is "Yes", each of the owners in your company will need to complete this questionnaire.

**5. OVERALL INVESTMENT OBJECTIVES. Please rank your investment objectives from 1 through 4 in order of priority; 1 being the highest):**

- \_\_\_\_\_ Growth
- \_\_\_\_\_ Current Income
- \_\_\_\_\_ Tax Deferral
- \_\_\_\_\_ Liquidity

**6. RISK TOLERANCE. Please check one:**

\_\_\_\_\_ Aggressive \_\_\_\_\_ Moderate \_\_\_\_\_ Conservative

**7. SPECULATION. Do your investment objectives allow speculation?**

\_\_\_\_\_ Yes \_\_\_\_\_ No

**8. ACCREDITED INVESTOR STATUS; please check every item that applies**

- a. \_\_\_\_\_ My net worth (either individually or with my spouse, if any), including home(s), investments and all property and other assets, is at least \$1,000,000.
- b. \_\_\_\_\_ My individual annual income was at least \$200,000 in each of the two most recent years, and I expect such income in the current year.
- c. \_\_\_\_\_ My annual income, jointly with my spouse, was at least \$300,000 in each of the two most recent years, and I expect such income in the current year.
- d. \_\_\_\_\_ The undersigned is an entity and all of the entity's equity owners meet at least one of the three tests listed above.
- e. \_\_\_\_\_ The undersigned is a revocable trust created by the undersigned for his or her own benefit who meets at least one of the first three tests listed above.

**9. QUALIFIED INVESTOR STATUS; please check every item that applies:**

- a. \_\_\_\_\_ I, either individually or jointly with my spouse, have a minimum net worth of two hundred fifty thousand dollars (\$250,000) and had, during the immediately preceding tax year, gross income in excess of one hundred thousand dollars (\$100,000) and reasonably expect gross income in excess of one hundred thousand dollars (\$100,000) during the current tax year. I understand that for this purpose "Net worth" **excludes** my and my spouse's home, home furnishings, and automobiles, and other assets are valued at fair market value.
- b. \_\_\_\_\_ I, either individually or jointly with my spouse, have a minimum net worth of five hundred thousand dollars (\$500,000). "Net worth" must be determined exclusive of home, home furnishings, and automobiles. I understand that for this purpose "Net worth" excludes my and my spouse's home, home furnishings, and automobiles, and other assets are valued at fair market value.

**10. EDUCATION. Please list your highest level of education and any degrees (including field if applicable) that you have received:**

\_\_\_\_\_  
\_\_\_\_\_

**11. LICENSES. Please list any job-related licenses that you hold or have held in the past:**

\_\_\_\_\_  
\_\_\_\_\_

**12. JOB EXPERIENCE. Please briefly summarize any job experience that you have had that may show familiarity with business matters and/or investments:**

\_\_\_\_\_  
\_\_\_\_\_

**13. PRIMARY SOURCE OF INCOME:**

\_\_\_\_\_ Investments \_\_\_\_\_ Compensation

**14. PRIOR INVESTMENT EXPERIENCE; please check all that apply: I have experience as an investor in:**

- \_\_\_\_\_ Stocks which are listed on a national securities exchange.
  - \_\_\_\_\_ Mutual funds which hold a portfolio primarily consisting of stocks.
  - \_\_\_\_\_ Taxable bonds or other debt instruments.
  - \_\_\_\_\_ Tax exempt bonds.
  - \_\_\_\_\_ Partnerships, limited liability companies, corporations which invest in real estate or real estate investment trusts (REITs).
  - \_\_\_\_\_ Other types of investments not mentioned in any of the previous categories (please describe):
- 

**15. PORTFOLIO. Please estimate the percentage of your assets that you currently have in each category: \_\_\_\_\_ % Stocks (including mutual funds)**

- \_\_\_\_\_ %Bonds
- \_\_\_\_\_ % Certificates of Deposit/Loans/Savings Accounts
- \_\_\_\_\_ % Principal Residence
- \_\_\_\_\_ %Vacation Home(s)
- \_\_\_\_\_ % Rental Property
- \_\_\_\_\_ %Ownership of business(es) in which you are actively involved
- \_\_\_\_\_ %Other
- 100% total

**16. SOPHISTICATED INVESTOR STATUS; please check each item that applies:**

\_\_\_\_\_ I have such knowledge and experience in financial, investment and business matters that I am capable of evaluating the merits and risks of any investments.

\_\_\_\_\_ I am using a financial advisor, planner, or consultant, or some other advisor who has such knowledge and experience in financial and business matters that he/she/it is capable of evaluating the merits and risks of any investments. (If this is checked, please complete the following:)

**The name and contact information for this advisor is as follows:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Email address (if available): \_\_\_\_\_

Date: \_\_\_\_\_

Sign Name: \_\_\_\_\_

Print Name: \_\_\_\_\_

Name of Entity, Pension Plan or Trust, if applicable: \_\_\_\_\_