### Syed Brokerage & Capital Co. Mehmood H. Syed Certified M & A Advisor, Business Intermediary Commercial & Residential Investments Broker 21270 W. Long Grove Rd., Suite C #232 Deer Park, IL 60010 PHONE: (224) 548-8400 FAX: (888) 682-5215

In consideration of *Syed Brokerage & Capital Co*. (hereinafter referred to as "*Broker*") providing information on this property/business for sale, the undersigned understands and agrees:

1. That any information not known by the public provided to me regarding the subject property/business (hereinafter referred to as "investment") is sensitive and confidential, and that its disclosure to others may be damaging to the investment and their owners.

Not to disclose any Information regarding these investments to any other person or persons who has not also signed this Agreement, except as indicated in the following paragraph. "Information" as used in this Agreement shall include the fact that the investments are for sale, plus any other verbal or written material provided. Information will be used only in connection with consideration of whether to purchase an Investment represented by the Broker. Information will not be disclosed by the undersigned to others, except to communicate Information to advisors, employees, and financing sources (if any) who are required by their duties to have knowledge thereof, provided that each such person is informed that such Information is strictly confidential and subject to this agreement, and agrees not to disclose or use such Information except as provided herein. The undersigned will be responsible for any breach of this agreement by such person.

Not to contact Seller or its landlords, employees, suppliers or customers without the permission of Broker. All correspondence, inquiries, letters of intent and negotiations relating to the purchase of any investment presented by Broker will be conducted exclusively through Broker.

Not to knowingly circumvent or interfere with Selling Broker's and/or Listing Broker's contract with the Seller in any way. If the undersigned knowingly interferes with Broker's contractual right to its fee from Seller, the undersigned may be liable to Broker for payment of full Broker's fee and other actual liquidated damages.

2. That all information regarding investments for sale is provided by the Seller or other sources and is not verified in any way by Broker. Broker has no knowledge of the accuracy of said information and makes no warranty, express or implied, as to the accuracy of such information. The undersigned acknowledges the responsibility to perform due diligence at its own cost and expense prior to any acquisition. Further, Broker is not responsible for the accuracy of any of the information the undersigned receives or fails to receive. The undersigned agrees to indemnify and hold Broker and its agents harmless from any claims or damages which may occur by reason of the inaccuracy or incompleteness of any information provided to undersigned with respect to any investment purchased by the undersigned.

3. Not to interfere in any way with any investment presented by Broker through the use of any information or knowledge acquired under this Agreement, nor use of any such information for its own account.

4. The seller that Broker represents is the intended party and beneficiary whose rights are being protected, and Seller may enforce the terms of this Agreement as if it were a party to this Agreement.

Page 2 of 2

5. All information shall be promptly returned or destroyed, as directed by Broker or Seller.

6. The respective obligations of the parties under this Agreement shall survive for two years of the date hereof or the date the undersigned is sent a registered full profile on the investment for sale, whichever date comes last.

The undersigned acknowledges that it has received an exact copy of this Agreement and that it has read this Agreement **carefully** and fully understand it.

Signature			
Name (please print)			
Organization (if any)			
Title (if any)			
Address			
City, State, Zip			
Phone Fax			
Cell Phone			
Date			

Broker

Syed Brokerage & Capital Co.

# SYED BROKERAGE & CAPITAL CO.

Business Assets Sales Broker Intermediary Certified M&A Advisor Commercial & Residential Investments Broker PHONE: (224) 548-8400 FAX: (888) 682-5215

The following information is to determine your business qualifications, interests, financial expectations and financial investment competency. Furthermore, most of the Sellers require Brokers to screen the potential buyers and have the potential buyer(s) signed a non-disclosure statement prior to providing business profiles. It also helps to enhance our representation of you as Buyer Client, and protect all the parties involved in the transactions, under the Illinois State Laws.

NAME:		DATE	_
ADDRESS:			
CITY:	STATE:	ZIP:	
PHONE # HOME:	WORK:		
FAX # HOME:	WORK:		
E-MAIL ADDRESS:	CELL PH	ONE:	
PLEA	ASE COMPLETE THE	FOLLOWING:	
Have you ever signed an exclusive buyer's ag	gency agreement with anothe	er business broker?Y	TESNO.
THIS IS VERY IMPORTANT, IT IS REQ	QUIED BY STATE OF ILI	LINIOS LAWS	
If YES please describe:			
Have you made an offer on a business?			
Have you owned a business?YES	NO If YES please	describe:	_
How long have you conducted a serious busir	ness search?		-
What type of business has your interest; pl	lease describe:		
	ON:SERVICE:	MANUFACTURING:	
How much liquid capital is available for inve	estment? \$		
How much salary do you expect to take? Fir	st Year \$\$	Second Year \$	

#### WORK HISTORY

Name of Company_	Years	Industry_	Last position held (owner)
		EDUCA	<u></u>
School		Year	Degree/Diploma

**Syed Brokerage & Capital Co.'s** agreement with the Seller requires us to obtain financial information to determine the buyer's ability to purchase their company. We appreciate your understanding and ask that you fill out this generic financial statement. The following information will be held in the <u>strictest confidence and only presented to the sellers</u>, when needed.

## FINANCIAL STATEMENT

Liquid Assets (cash, marketable securities, etc.)		
Cash Value Life Insurance		
Real Estate (home, investment property, etc.)		
Non-Liquid assets		
Retirement Funds		
Other assets (funds from relatives, etc.)		
TOTAL ASSETS		
Mortgage (s)		
Other Liabilities (auto loans, credit cards, etc.)		
TOTAL LIABILITIES		
NET WORTH		Initial
Buyer # 1 Signature	Buyer #2 Signature	
Name (please print)	Name (please print)	
Date	Date	



#### OMB APPROVAL NO. 3245-0188 EXPIRATION DATE: 8/31/2011

#### PERSONAL FINANCIAL STATEMENT

U.S. SMALL BUSINESS ADMINISTRATION				As of		,
Complete this form for: (1) each proprietor, or (2) each 20% or more of voting stock, or (4) any person or entity	limited partner who providing a guaran	owns 20% ty on the loa	or more inter an.	est and each gener	al partner, or (3) e	ach stockholder owning
Name				Busines	s Phone	
esidence Address Residence Phone						
City, State, & Zip Code						
Business Name of Applicant/Borrower						
ASSETS	(Omit Cents	5)		LIA	BILITIES	(Omit Cents)
Savings Accounts \$   IRA or Other Retirement Account \$   Accounts & Notes Receivable \$   Life Insurance-Cash Surrender Value Only \$   (Complete Section 8) \$   Stocks and Bonds \$   (Describe in Section 3) \$   Real Estate \$   (Describe in Section 4) \$   Automobile-Present Value \$   Other Personal Property \$   (Describe in Section 5) \$		Notes     (     Instal     Instal     Loan     Mortg     (     Unpa     (     Other     (	Payable to E Describe in S Iment Accour Io. Payments Iment Accour Io. Payments on Life Insura Jages on Rea Describe in S id Taxes Describe in S Liabilities Describe in S	Banks and Others_   bection 2)   ht (Auto)   ht (Auto)   ht (Other)   ht (Other)   ance   I Estate   ection 4)   bection 6)   bection 7)		\$\$ \$\$ \$\$ \$\$ \$\$ \$\$
						\$ \$ \$
Section 1. Source of Income		Cont	ingent Liabi	lities		
Net Investment Income \$   Real Estate Income \$		Lega Provi	Claims & Jue	dgments ral Income Tax		\$ \$ \$
*Alimony or child support payments need not be disclosed in						
Section 2. Notes Payable to Banks and Others. (Use	e attachments if neo	essary. Ea	ch attachmen	t must be identified	as a part of this s	tatement and signed.)
Name and Address of Noteholder(s)	Original Balance	Current Balance	Payment Amount	Frequency (monthly,etc.)	How Sec Type	ured or Endorsed of Collateral

Ł



Section 3. Stocks and Bonds. (Use attachments if necessary. Each attachment must be identified as a part of this statement and signed).									
Number of Shares	Name	of Securities	Cos		Cost		Market Value Quotation/Exchange	Date of Quotation/Exchange	Total Value
Section 4. Real Est	ate Owned.	ed. (List each parcel separately. Use attachment if necessary. Each attachment musi of this statement and signed.)			hment must be identified	d as a part			
		Property A			Property B		Property C		
Type of Property									
Address									
Date Purchased									
Original Cost									
Present Market Valu	e								
Name & Address of Mortgage	e Holder								
Mortgage Account N	lumber								
Mortgage Balance									
Amount of Payment	per Month/Year								
Status of Mortgage									
Section 5. Other Pe	ersonal Property an					and address of lien holde	r, amount of lien, terms		
of payment and if delinquent, describe delinquency)									
Section 6. Unpaid Taxes. (Describe in detail, as to type, to whom payable, when due, amount, and to what property, if any, a tax lien attaches.)									
Section 7. Oth	er Liabilities. (De	escribe in detail.)							
Section 8. Life	Insurance Held.	(Give face amount and o	cash surrende	r value of	policies - name of inst	urance company and be	eneficiaries)		
I authorize SBA/Lender to make inquiries as necessary to verify the accuracy of the statements made and to determine my creditworthiness. I certify the above and the statements contained in the attachments are true and accurate as of the stated date(s). These statements are made for the purpose of either obtaining a loan or guaranteeing a loan. I understand FALSE statements may result in forfeiture of benefits and possible prosecution by the U.S. Attorney General (Reference 18 U.S.C. 1001).									
Signature:				Date:	Social	Security Number:			
Signature:				Date:	Social	Security Number:			
PLEASE NOTE:	concerning this estim Administration, Washi	ige burden hours for the con nate or any other aspect of ington, D.C. 20416, and Clear 503. <b>PLEASE DO NOT SEND</b>	this information rance Officer, P	n, please o aper Redu	contact Chief, Administ	rative Branch, U.S. Sma	II Business		