

AmPac Tri-State CDC, Inc.

Schedule of Indebtedness

Business Name: _____

	<u>PAYABLE TO</u>	<u>ORIGINAL AMOUNT</u>	<u>ORIGINAL DATE</u>	<u>PRESENT BALANCE</u>	<u>RATE OF INTEREST</u>	<u>MATURITY DATE</u>	<u>MONTHLY PAYMENT</u>	<u>SECURITY</u>	<u>CURRENT/PAST DUE</u>
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									

Signature: _____

Date: _____