DEBT SCHEDULE

U Bank

Date: _____ **Borrower or Entity:** _____

(1) *Comments:* Identify if the loan is to be paid off with the proceeds of the proposed debt facility, etc.

Name of Lender	Loan, LOC, or Lease	Original Balance	Total Outstanding Balance	Rate	Payment Amount	Payment Frequency (# of paym. per year)	Annual Obligation	Collateral, Comments, Terms
				0.000%			$ 0.00	
				0.000%			$ 0.00	
				0.000%			$ 0.00	
				0.00%			$ 0.00	
				0.000%			$ 0.00	
				0.000%			$ 0.00	
				0.000%			$ 0.00	
				0.000%			$ 0.00	
				0.000%			$ 0.00	
				0.000%			$ 0.00	
				0.000%			$ 0.00	
				0.000%			$ 0.00	
				0.000%			$ 0.00	
				0.000%			$ 0.00	
				0.000%			$ 0.00	
				0.000%			$ 0.00	
				0.000%			$ 0.00	
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				0.000%			$ 0.00	
				0.000%			$ 0.00	
				0.000%			$ 0.00	
				0.000%			$ 0.00	
			$ 0.00				$ 0.00	