SBA FORM 468

(Partnership SBICs)

SHORT FORM

OMB Approval No. 3245-0063
Expiration Date 10/31/2017

Name of Licensee:

License Number:

Street Address:

City, State, and Zip Code: ,,

County:

Employer ID Number:

For the Reporting Period Ending: Months: 3

A - Fund Focus:

B - Ownership:

Please Note: The estimated burden for completing this form is 35 hours per response if a wind-up plan is required and 25 hours per response if a wind-up plan is not required. You will not be required to respond to this information collection if a valid OMB approval number is not displayed. If you have questions or comments concerning this estimate or other aspects of this information collection, please contact the U.S. Small Business Administration, Chief Administrative Information Branch, Washington, D.C. 20416 and/or SBA Desk Officer, Office of Management and Budget, New Executive Office Building, Room 10202, Washington, D.C. 20503. PLEASE DO NOT SEND FORMS TO OMB.

STATEMENT OF FINANCIAL POSITION
AS OF _____
(Amounts rounded to the nearest dollar)

OMB Approval No. 3245-0063
Expiration Date 10/31/2017

Name of the Licensee:

License No: ,

ASSETS:

LOANS AND INVESTMENTS	**Cost: (Col. 1)**	**Unrealized Depreciation (Col. 2)**	**Unrealized Appreciation (Col. 3)**	**Reported Value (1) (Col. 4)**
Portfolio Securities:				
1 Loans	$0	$0	$0	$0
2 Debt Securities	$0	$0	$0	$0
3 Equity Securities	$0	$0	$0	$0
4 Total Portfolio Securities	**$0**	**$0**	**$0**	**$0**
Assets Acquired in Liquidation of Portfolio Securities:				
5 Receivables from Sale of Assets Acquired	$0	$0	$0	$0
6 Assets Acquired	$0	$0	$0	$0
7 Total Assets Acquired	**$0**	**$0**	**$0**	**$0**
8 Operating Concerns Acquired	$0	$0	$0	$0
9 Notes and Other Securities Received	$0	$0	$0	$0
10 TOTAL LOANS AND INVESTMENTS	**$0**	**$0**	**$0**	**$0**
11 Less Current Maturities				**$0**
12 Loans and Investments Net of Current Maturities				**$0**
Investment in 301(d) Licensee (2)				
13 Name/License No.	/			$0

CURRENT ASSETS			
14 Cash and Cash Equivalents	$0		
15 Invested Idle Funds	$0	$0	
16 Interest and Dividends Receivable	$0		
17 Notes and Accounts Receivable	$0		
18 Receivables from Parent or Other Associates	$0		
19 Less: Allowance for Losses (lines 16, 17, and 18)	$0	$0	
20 Current Maturities of Portfolio Securities	$0		
21 Current Maturities of Assets Acquired	$0		
22 Current Maturities of Operating Concerns Acquired	$0		
23 Current Maturities of Other Securities	$0	$0	
24 Other (specify)		$0	
25 Other (specify)		$0	$0

OTHER ASSET		
26 Net Furniture and Equipment	$0	
27 Net Leverage Fees	$0	
28 Other (specify)	$0	
29 Other (specify)	$0	$0

30 TOTAL ASSETS	**$0**

(1) Column Headings apply to items 1 through 12 only. (Cost - Unrealized Depreciation + Unrealized Appreciation = Value)
(2) Note to item 13 should include percent owned, cost basis and changes resulting from equity method of accounting.

STATEMENT OF FINANCIAL POSITION
AS OF _____
(Amounts rounded to the nearest dollar)

OMB Approval No. 3245-0063
Expiration Date 10/31/2017

Name of the Licensee: License No:

LIABILITIES AND CAPITAL

Liabilities

Long-Term Debt			
31 Notes and Debentures payable to or guaranteed by SBA.		$0	
32 Notes and Debentures Payable to Others		$0	
33a. Participating Securities Held or Guaranteed by SBA	$0		
b. Earned Prioritized Payments Allocated for Distribution	$0		
c. SBA Profit Participation Allocated for Distribution	**$0**	**$0**	**$0**
Current Liabilities			
34 Accounts Payable		$0	
35 Due to Parent or Other Associates			
a. Management Expenses Due to Associates	$0		
b. Other Due to Associates	$0	$0	
36. Accrued Interest Payable		$0	
37. Accrued Taxes Payable		$0	
38. Distributions Payable		$0	
39. Short-term notes Payable/Lines of Credit		$0	
40 Other (specify)		$0	
41 Other (specify)		$0	$0
Other Liabilities			
42 Deferred Credits		$0	
43 Deferred Fee Income		$0	
44 Other (specify)		$0	
45 Total Liabilities			**$0**

PARTNERS' CAPITAL

46 Private Partners' Contributed Capital				
a. General Partner(s)	$0			
b. Limited Partner(s)	$0	$0		
47 Other (specify)			$0	
48 Unrealized Gains (Loss) on Securities Held			$0	
49 Non-Cash Gains/Income		$0		
50 Undistributed Net Realized Earnings		$0		
51 Undistributed Realized Earnings (line 49 plus line 50)			$0	
52 TOTAL PARTNERS' CAPITAL				$0

53 TOTAL LIABILITIES AND PARTNERS' CAPITAL $0

STATEMENT OF OPERATIONS REALIZED
For 3 MONTHS ENDED _____
(Amounts rounded to the nearest dollar)

OMB Approval No. 3245-0063
Expiration Date 10/31/2017

Name of the Licensee: License No:

INVESTMENT INCOME

1 Interest Income		$0	
2 Dividend Income		$0	
3 Income (Loss) from Investments in Partnerships/Flow-through Entities		$0	
4 Income (Loss) from Investments in Section 301(d) Licensee		$0	
5 Fees for Management Services		$0	
6 Application, Closing and Other Fees		$0	
7 Interest on Cash Equivalents and Invested Idle Funds		$0	
8 Income from Assets Acquired in Liquidation of Loans and Investment (net of $0 Expenses)		$0	
9 Other Income		$0	
10 GROSS INVESTMENT INCOME			**$0**

EXPENSES

11 Interest Expense			
a. Interest Expense -- Earned Prioritized Payments, Charges & Adjustments	$0		
b. Interest Expense -- SBA Debentures	$0		
c. Other Interest Expense	$0	$0	
12 Commitment Fees & Other Financial Costs		$0	
13 Compensation and Benefits (Officer and Employee)		$0	
14 Investment Advisory and Management Services		$0	
15 Partners' Meetings		$0	
16 Appraisal and Investigation		$0	
17 Advertising, Communication and Travel		$0	
18 Cost of Space Occupied		$0	
19 Depreciation and Amortization			
a. Amortization of Leverage Fees	$0		
b. Other Depreciation and Amortization	$0	$0	
20 Insurance		$0	
21 Payroll and Other Taxes		$0	
22 Provision for Losses on Receivables (excluding loans receivable)		$0	
23 Legal Fees		$0	
24 Audit and Examination Fees		$0	
25 Miscellaneous Expenses			
a. Misc. #1	$0		
b. Misc. #2	$0		
c. Misc. #3	$0		
d. Misc. #4	$0		
e. Misc. #5	$0		
f. Misc. #6	$0	$0	
26 TOTAL EXPENSES			**$0**
27 NET INVESTMENT INCOME (LOSS)			**$0**
28 NET REALIZED GAIN (LOSS) ON INVESTMENTS (1)			**$0**
29 NET INCOME (LOSS) BEFORE NONRECURRING ITEMS			**$0**
30 Extraordinary Item			$0
31 Cumulative Effect of Change in Accounting Principle			$0
32 NET INCOME (LOSS)			**$0**

(1) Provide supporting detail for all realized gains and losses on Page 13P of this form.

STATEMENT OF CASH FLOWS
For 3 MONTHS ENDED _____
(page 1 of 2)
(Amounts rounded to the nearest dollar)

OMB Approval No. 3245-0063
Expiration Date 10/31/2017

Name of the Licensee: License No:

OPERATING ACTIVITIES		
Cash Inflows		
1 Interest Received from Portfolio Concerns	$0	
2 Dividend Received from Portfolio Concerns	$0	
3 Other Income Received from Portfolio Concerns	$0	
4 Management Services and Other Fees Received	$0	
5 Interest on Cash Equivalents and Invested Idle Funds	$0	
6 Cash Received from Assets Acquired in Liquidation	$0	
7 Other Operating Cash Receipts	$0	
Cash Outflows		
8 Interest Paid (excl. Earned Prioritized Payments, Charges and Adjustments)	$0	
9 Commitment Fees and Other Financial Costs	$0	
10 Investment Advisory and Management Fees	$0	
11 Partners' and Employees' Compensation and Benefits	$0	
12 Operating Expenditures (Excluding Compensation and Benefits)	$0	
13 Other Operating Cash Disbursements	$0	
14 NET CASH PROVIDED BY (USED IN) OPERATING ACTIVITIES		**$0**
INVESTING ACTIVITIES		
Cash Inflows		
15 Loan Principal Payments Received from Portfolio Concerns	$0	
16 Returns of Capital Received from Portfolio Concerns	$0	
17 Net Proceeds from Disposition of Portfolio Securities	$0	
18 Liquidation of Idle Funds Investments	$0	
19 Other (Specify)	$0	
Cash Outflows		
20 Purchase of Portfolio Securities	$0	
21 Loans to Portfolio concerns	$0	
22 Idle Funds Investment	$0	
23 Other (Specify)	$0	
24 NET CASH PROVIDED BY (USED IN) INVESTING ACTIVITIES		**$0**
FINANCING ACTIVITIES		
Cash Inflows		
25 Proceeds from Issuance of SBA-Guaranteed Debentures	$0	
26 Proceeds from Issuance of SBA-Guaranteed Participating Securities	$0	
27 Proceeds from Non-SBA Borrowing	$0	
28 Proceeds from Sale of Stock or Other Capital Contribution	$0	
29 Other (Specify)	$0	
Cash Outflows		
30 SBA Leverage Fees	$0	
31 Principal Payments on SBA-Guaranteed Debentures	$0	
32 Principal Payments on Non-SBA Borrowing	$0	
33 Redemption of Participating Securities	$0	
34 Redemption of Private Partnership Interests	$0	
35 Prioritized Payments, Charges and Adjustments Paid	$0	
36 SBA Profit Participation Paid	$0	
37 Other Distributions Paid	$0	
38 Other (Specify)	$0	
39 NET CASH PROVIDED BY (USED IN) FINANCING ACTIVITIES		**$0**

STATEMENT OF CASH FLOWS
For 3 MONTHS ENDED __, __, ____
(page 2 of 2)
(Amounts rounded to the nearest dollar)

OMB Approval No. 3245-0063
Expiration Date 10/31/2017

Name of the Licensee: License No:

41 INCREASE (DECREASE) IN CASH AND CASH EQUIVALENTS	$0
42 CASH AND CASH EQUIVALENTS AT BEGINNING OF PERIOD	$0
43 CASH AND CASH EQUIVALENTS AT END OF PERIOD (line 14, page 2P)	$0

RECONCILIATION OF NET INCOME (LOSS) TO NET CASH PROVIDED BY (USED IN) OPERATING ACTIVITIES

44 Net Income (Loss) (Line 32, page 4P)			**$0**
Adjustments to Reconcile Net Income (Loss) to Net Cash Provided by (used in) Operating Activities:			
45 Depreciation and Amortization (line 19, page 4P)			$0
46 Provision for Losses on Accounts Receivable (line 22, page 4P)			$0
47 Earned Prioritized Payments, Charges, and Adjustments			$0
48 Realized (Gains) Losses on Investments (line 28, page 4P)			$0
49 Other (Specify)			
a.	$0		
b.	$0		
c.	$0		$0

Changes in Operating Assets and Liabilities Net of Noncash Items		
50 (Increase) Decrease in Interest and Dividends Receivable		$0
51 (Increase) Decrease in Other Current Assets		$0
52 Increase (Decrease) in Accounts Payable		$0
53 Increase (Decrease) in Accrued Interest Payable		$0
54 Increase (Decrease) in Accrued Taxes Payable		$0
55 Increase (Decrease) in Dividends Payable		$0
56 Increase (Decrease) in Other Current Liabilities		$0
57 Other (Specify)		$0
58 Other (Specify)		$0
59 NET CASH PROVIDED BY (USED IN) OPERATING ACTIVITIES		**$0**
(Total must agree with line 14, page 5P)		

Supplemental disclosure of non-cash financing and investing activities may be required.
See ASC 230, "Statement of Cash Flows".

STATEMENT OF PARTNER'S CAPITAL
AS OF
(Amounts rounded to the nearest dollar)

OMB Approval No. 3245-0063
Expiration Date 10/31/2017

Name of the Licensee: License No:

PART I. PRIVATE PARTNERS' CONTRIBUTED CAPITAL	General Partner(s) (page 3P, line 46a)	Limited Partner(s) (page 3P, line 46B)	Total
1 BALANCE AT BEGINNING OF PERIOD	$0	$0	$0
2 ADDITIONS:			
a. Partnership interests issued for cash	$0	$0	$0
b. Partnership interests issued for services rendered	$0	$0	$0
c. Partnership interests issued for contributed non-cash assets	$0	$0	$0
d. Capitalization of Retained Earnings Available for Distribution	$0	$0	$0
e. Other credits (specify) _____	$0	$0	$0
3 Total additions (sum of 2a through 2E)	$0	$0	$0
4 Subtotal (line 1 plus line 3)	$0	$0	$0
5 DEDUCTIONS:			
a. Liquidation of Partnership interests	$0	$0	$0
b.Other debits (specify) _____	$0	$0	$0
6 Total deductions (sum of 5a through 5b)	$0	$0	$0
7 BALANCE AT END OF PERIOD (line 4 minus line 6) -- Total must agree with lines 46a and 46b, page 3P	$0	$0	$0

PART II. UNDISTRIBUTED REALIZED EARNINGS	NONCASH GAINS/INCOME (1)	UNDISTRIBUTED NET REALIZED EARNINGS (2)	UNDISTRIBUTED REALIZED EARNINGS (1) + (2)
1 BALANCE AT BEGINNING OF PERIOD	$0	$0	$0
2 ADDITIONS:			
a. Net investment income	$0	$0	$0
b. Interest Expense - Earned Prioritized Payments, Charges & Adjustments (line 11a, page4P)	$0	$0	$0
c. Realized gain (loss) on investments	$0	$0	$0
d. Gain on appreciation of securities distributed in kind	$0	$0	$0
e. Other (specify) _____	$0	$0	$0
3 Total additions (sum of 2a through 2e)	$0	$0	$0
4 Subtotal (line 1 plus line 3)	$0	$0	$0
5 DEDUCTIONS:			
a. Cash Distributions		$0	$0
b. Distributions allocated but not paid		$0	$0
c. In-Kind Distributions (at fair value)	$0	$0	$0
d. Capitalization of Retained Earnings available for Distribution		$0	$0
e. Other (specify) _____	$0	$0	$0
6 Total deductions (sum of 5a through 5e)	$0	$0	$0
7 Total before collection of non-cash gains/income (line 4 minus line 6)	$0	$0	$0
8 Collection of non-cash gains/income	$0	$0	
9 BALANCE AT END OF PERIOD (line 7 plus line 8) - Totals must agree with lines 49, 50, and 51, page 3P	$0	$0	$0

I.RETAINED EARNINGS AVAILABLE FOR DISTRIBUTION
II. REGULATORY AND LEVERAGEABLE CAPITAL
AS OF _____
(Amounts rounded to nearest dollar)

OMB Approval No. 3245-0063
Expiration Date 10/31/2017

Name of the Licensee: License No:

PART I. RETAINED EARNINGS AVAILABLE FOR DISTRIBUTION OR CAPITALIZATION.

1 Undistributed net Realized Earnings (line 50, page 3P)	$0
2 LESS: Unrealized Depreciation (line 10, column 2, page 2P)	$0
3 RETAINED EARNINGS AVAILABLE FOR DISTRIBUTION OR CAPITALIZATION	$0

PART II. SCHEDULE OF REGULATORY AND LEVERAGEABLE CAPITAL

1 Private Partners' Contributed Capital (line 46, page 3P)			$0
2 ADD:			
a. Unfunded binding commitments from Institutional Investors			$0
b. Waived management fees credited as capital contributions			$0
3 LESS: Regulatory Distributions			
a. Organization Expenses Not Approved by SBA (1)		$0	
b. Partnership interests Issued for Services		$0	
c. Partnership interests Issued for Non-cash Assets (unless approved by SBA for inclusion in Regulatory Capital or converted to cash)		$0	
d. Other credits (specify)		$0	
4 Total Regulatory Deductions (Sum of 3a through 3d)		$0	
5 Other Adjustments to Regulatory Capital (specify)			$0
6 REGULATORY CAPITAL (sum of lines 1, 2, 4, and 5)			**$0**
7 LESS: Unfunded binding commitments from Institutional Investors			$0
8 LESS: Non-cash assets included in Regulatory Capital, other than eligible investments in Small Concerns			$0
9 LESS: Other deductions (specify)			$0
10 LEVERAGEABLE CAPITAL (sum of lines 6 through 9)			**$0**

PART III. CUMULATIVE PRIVATE INVESTOR CAPITAL CONTRIBUTIONS & DISTRIBUTIONS

(for SBICs licensed on or after January 1, 1994)

1 All Private Capital Contributions Ever Paid-In	$0
2 All Distributions to Private Investors Ever Paid Out - Including Fair Market Value of Non-Cash Distributions	$0

NOTES
(1) Deduct only those organizational expenses which were not accepted as reasonable by SBA.

SCHEDULE OF COMMITMENTS AS OF _____

OMB Approval No. 3245-0063
Expiration Date 10/31/2017

Name of the Licensee: License No:

1	2	3	4	5	6	7
Name of Small Business	**Employer ID**	**Amount of Commitment**	**Date Made**	**Expiration Date**	**Loan, Debt, or Equity?**	**New investment or follow-on?**
	Total					

SCHEDULE OF GUARANTEES AS OF

OMB Approval No. 3245-0063
Expiration Date 10/31/2017

Name of the Licensee: License No:

1	2	3	4	5	6	7
Name of Small Business / Employer ID	**Guarantee Amount**	**Date Made**	**Expiration Date**	**Name of Guaranteed Party**	**Is guarantee collateralized? If so, by what?**	**Description of underlying obligation of Small Business**
/						
Total						

SCHEDULE 1	SCHEDULE OF LOANS AND INVESTMENTS AS OF	OMB Approval No. 3245-0063 Expiration Date 10/31/2017
Name of the Licensee:		License No.

Portfolio Company Name	Employer ID	% Own	% Vote	Cost at End of Period	Unrealized App (Dep)	Total Reported Value
		0%	0%	$0	$0	$0

Loans and Investments (ordered by date ascending)

Investment Date	Investment Type	Initial Invest. Amount	Cost at Beg. of Period	Additions / Deductions	Description of Addition / Deductions	Cost At End of Period	Unrealized App (Dep)	Total Reported Value
		$0	$0	$0		$0	$0	$0

Other Notes:	Qualifies as start-up per CFR 107.50?		No	**Class I and II Appreciation:**	
				Class I Appreciation Amount:	$0
Smaller Enterprise?	No	Equity Capital?	No	Class II Appreciation Amount	$0
Comments:				If Class II, Date of Up Round?	

Equity Information:	Number of Shares:			**Loan/Debt Information:**	Status:	
Type of Shares:		Market /Liquidity:		Maturity Date:	Interest Rate:	
Equity Features: 0				Repay. Terms: Collateral :		
Warrants?	No	Expiration Date:		Date Investment Concluded:		

SCHEDULE 1 A/B

1 A. SUMMARY OF LOANS AND INVESTMENTS 1 B. SMALLER ENTERPRISE FINANCINGS AS OF

OMB Approval No. 3245-0063

Expiration Date 10/31/2017

Name of the Licensee:

License No:

1 A. SUMMARY OF LOANS AND INVESTMENTS

1	2	3	4	5	6
Investment Category	**Cost at Beginning of Period**	**Additions/ (Deductions)**	**Cost at End of Period**	**Unrealized Appreciation (Depreciation)**	**Reported Value**
Total Loans (line1, page 2P)	$0	$0	$0	$0	$0
Total Debt Securities (line 2, page 2P)	$0	$0	$0	$0	$0
Total Equity Securities (line 3, page 2P)	$0	$0	$0	$0	$0
Total Portfolio Securities (line 4, page 2P)	$0	$0	$0	$0	$0
Total Assets Acquired (line 7, page 2P)	$0	$0	$0	$0	$0
Total Operating Concerns Acquired (line 8, page 2P)	$0	$0	$0	$0	$0
Total Notes and Other Secs. Received (line 9, page 2P)	$0	$0	$0	$0	$0
Total Loans and Investments (line 10, page 2P)	$0	$0	$0	$0	$0

1 B. SMALLER ENTERPRISE FINANCINGS

1 Cumulative dollar amount of Smaller Enterprise Financings extended between April 25, 1994 and close of reporting fiscal year. $0

2 Cumulative dollar amount of all Financing extended between April 25, 1994 and close of reporting fiscal year. $0

3 Percentage of total Financings extended to Smaller Enterprises (line 1 divided by line 2) 0.00%

SEE 13 CFR 107.710 FOR PERCENTAGE OF TOTAL FINANCINGS WHICH MUST BE IN SMALLER ENTERPRISES.

Schedule 2

SCHEDULE OF REALIZED GAINS AND LOSSES ON LOANS AND INVESTMENTS FOR 3 MONTHS ENDED

_____

OMB Approval No. 3245-0063

Expiration Date 10/31/2017

Name of the Licensee:

License No:

1	2	3	4	5	6	7	8	9	10
						Components of Net Sales Price			
Name of Small Business / Employer ID	**Security Type (1)**	**Transaction Type (2) / Date**	**Net Sales Price**	**Cost**	**Realized Gains / (Loss)**	**Cash**	**Note/ Maturity Date**	**Equity / Type**	**Name and Address of Purchaser (applies to sales and exchanges)**
/		/					/		
						Escrow Exp. Comments :			
Total									

(1) Security Type: L= Loans, D=Debt, E=Equity, AA=Assets Acquired, OC=Operating concerns acquired, NS=Notes and Other Securities Received
(2) Transaction Type: S= Sale, E=Exchange, C=Charge-off, D=Distribution of Securities

Schedule 3	SCHEDULE OF NONCASH GAINS/INCOME as of	OMB Approval No. 3245-0063 Expiration Date 10/31/2017

Name of the Licensee: License No:

1	2	3	4	5	6	7
Name of Small Business / Employer ID	**Description of Non-cash Gains / Income (1)**	**Balance at Beginning of Period**	**Additions**	**Collections During Period**	**Balance at End of Period**	**Amount of "Includible Non-cash Gains" for Capital Impairment**
/						
	Total					

(1) Examples of non-cash gains and income include the following:

- Non-cash gains on sale or exchange of securities
- Interest income accrued on deferred interest notes, zero coupon bonds or similar instruments
- Dividends received in kind
- Accrued interest converted into a new note or added to principal of an existing note. The amount of any such interest which was previously included in Undistributed Net Realized Earnings must be reclassified to Non-cash Gains/Income.

Schedule 4

SCHEDULE OF DELINQUENT LOANS AND INVESTMENTS AS OF _____

OMB Approval No. 3245-0063

Expiration Date 10/31/2017

Name of the Licensee: License No:

1	2	3	4	5	6	7	8	9	10	11
		Delinquent Principal:		**Delinquent Interest**		**Date of Last Payment**		**Amount of Last Payment**		
Name of Small Business / Employer ID	**Outstanding Principal Balance**	**Amount Past Due**	**Days Past Due (1)**	**Amount Past Due**	**Days Past Due (1)**	**Principal**	**Interest**	**Principal**	**Interest**	**Fair Market Value of Collateral**
Total										

(1) Based on oldest delinquency.

Schedule 5	SCHEDULE OF CASH AND INVESTED IDLE FUNDS AS OF	OMB Approval No. 3245-0063 Expiration Date 10/31/2017
Name of the Licensee:		License No:

COMPLETE SCHEDULE ONLY IF LICENSEE HAS, OR PLANS TO APPLY FOR, SBA LEVERAGE.

I. U.S. GOVERNMENT OBLIGATIONS (direct or guaranteed)

Description	Maturity Date	Amount

II. REPURCHASE AGREEMENTS WITH FEDERALLY-INSURED INSTITUTION

Name and Location of Financial Institution	Maturity Date	Amount

III. CERTIFICATES OF DEPOSIT ISSUED BY FEDERALLY-INSURED INSTITUTIONS

Name and Location of Financial Institution	Maturity Date	Amount

IV. DEMAND DEPOSIT, MONEY MARKET, AND SAVING ACCOUNTS IN FEDERALLY-INSURED INSTITUTIONS

Name and Location of Financial Institution	Maturity Date	Amount

V. OTHER CASH AND INVESTED IDLE FUNDS

Description	Maturity Date	Amount

TOTAL CASH, CASH EQUIVALENTS AND IDLE FUNDS _____

(total must agree with sum of lines 14 and 15, page 2P)

QUARTERLY CERTIFICATIONS

OMB Approval No. 3245-0063
Expiration Date 10/31/2017

Name of Licensee: License No.:

MANAGEMENT CERTIFICATION

I,[, a General Partner of (Licensee),] [, a General Partner of , the General Partner of (Licensee),]

[, a Managing Member of , the General Partner of _____(Licensee),]

[, the President of , the General Partner of (Licensee),] do hereby certify as follows:

1. The Financial Report for the 3 months ended submitted by _____ (Licensee) to the Small Business Administration on SBA Form 468 is true and correct in all respects. The statements and schedules listed below have been omitted from the submission.

2. The General Partner of _____ (Licensee) has reviewed and approved the Financial Report of such company for the 3 months ended

3. _____ (Licensee) is in good standing under the laws of the State of .

STATEMENTS AND SCHEDULES OMITTED:

Total Assets:	$0
Net Income(Loss):	$0
Cash and Cash Equivalents at End of Period:	$0

CAUTION: By signing below, you are certifying as to the truth and accuracy of the Financial Report in all respects, and acknowledging that officials in the Small Business Administration (SBA) will be relying on this certification. Knowingly making a false statement to or concealing a material fact from the SBA can lead to imprisonment of up to 30 years and/or a fine of up to $1,000,000 under 18 U.S.C. § 1014.

Date: Name: Signature:

Title: Title:

Date: