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WWW.INNOVENTURES.CP.COM

Investment Package

BUSINESS PLAN OUTLINE

(Note: This business plan format is *not* required for loan consideration by UTFc; however, please be sure that all sections below are addressed in your business plan or on a separate sheet of paper. Omit only sections which are not applicable to your company. For example, those companies which do not have OEM relationships should omit that section.)

- **Executive Summary**
- **History and Current Position of the Company**
 - Company History
 - Business Description
 - Strategic Alliances
 - Partnerships
 - OEM Relationships
- **Products and/or Services**
 - The Need/Background
 - Current Products/Services
 - Features and Advantages of Products/ Services Offered
 - Comparison to Competing Products/ Services
 - Proprietary Position
 - Research and Development
 - Future Products/ Services Planned
 - Production and Delivery
 - Facilities
 - Packaging/ Fulfillment
- **The Market**
 - Industry Analysis
 - Target Market
 - Market Size and Growth Trends
 - Current Customers and Customer Profile
 - Competitive Analysis (Include where possible Web site URL's, phone numbers, street address, etc.)
 - Marketing Strategy
 - Pricing
 - Sales Method
 - Distribution Channels
 - Service and Warrant Policies
 - Advertising/Promotion/PR
- **Management**
 - Officers and Key Employees
 - Accountants /Attorneys /Bankers /Insurance Agents /Other Outside Support
 - Board of Directors
- **Capital Requirements**
 - Use of Funds
 - Sources of Repayment
- **Financial Strategy**
 - Assumptions
 - 12-month and 3-year Pro Forma Financial Statements
(Include Balance Sheets, Income Statements, and Cash Flow Statements)
 - Break Even Analysis with Proposed Debt
- **Exhibits**
 - Marketing Materials
 - Clips from Industry and Trade Journals
 - Company Product Reviews
 - Photographs of Facilities
 - Patents

UTFC

Investment Package

Authorization and General Information

Form A—Authorization to Release Information and Indemnification
Form B—General Company Information

Guarantors

Form C—Personal Financial Statement
Form D—Personal History

Company Financial Information

Form E—Business Debt Schedule
Form F—Company Collateral
Form G—Company Financial History and Projections

Employees

Form H—Projected Employees
Form I—Current Employees

Other Information

Form J—Environmental Compliance Certification and Indemnification
Form K—References

Attachments

Company Business Plan (Cover all points in attached outline)
Disk Copy of Pro forma Financial Statements
Disk Copy of Business Plan
Franchise Information, if applicable
Color Copy of Company Logo
Company Press Release
Corporations: Articles of Incorporation and Bylaws
LLCs: Articles of Organization and Operation Agreement
Partnerships: Articles of Organization and Partnership Agreement
Details of affiliated businesses
Details of related company transactions
Details of any bankruptcy or insolvency
Details of any pending lawsuits

Company Name: _____

Package Prepared by: _____

Phone No.: _____

UTFC
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FORM A—Corporate and Guarantor Authorization to Release Information and Indemnification

I/We hereby authorize the release to InnoVentures, LLC, UTFC Financing Solutions, LLC and UTFC Community Development Corporation (hereafter referred to as "UTFC") of any and all information they may require at any time for any purpose related to our credit transaction with them. I/We further authorize UTFC to release such information to any entity they deem necessary for any purpose related to our credit transaction with them. I/We understand that UTFC may utilize, publish or distribute certain data/information about the below-listed company/ business/entity for surveys, reports, public relations, and other items as may be required by UTFC or as may be in the best interest of UTFC's on-going operations, and I/We authorize such data/information to be used in such a manner as UTFC deems appropriate.

I/We will provide UTFC with a statement of information for public release about any financing resulting from this application to UTFC I/We authorize Lender to forward this statement to Mountain West Venture Group, S.L. Tribune, Deseret News, or other Utah newspapers and publishers inquiring about financings completed by UTFC. I/We acknowledge that the release of the specific statement provided by us is done as a service by UTFC. I/We further acknowledge our right to terminate the release of information by UTFC to entities requesting information.

I/We further authorize UTFC to contact and make inquires of my/our lenders, customers, suppliers, creditors, investors, and other persons deemed necessary of appropriate by UTFC to obtain or verify information concerning our current and proposed business, operations, and financial condition. I/We hereby release UTFC and its officers, directors, employees, and agents (Collectively, the "Indemnified Parties") from any liability of damages resulting from such contacts and inquiries, and I/We agree to indemnify and hold the person or indemnified parties harmless from and against any liability, claims, damages, costs and expenses (including attorney's fees and costs) incurred by or asserted against any of them as a result of or in connection with any of such contacts or inquires.

I/We acknowledge that UTFC may from time to time offer advice or recommendations about business operations and practices. I/We agree to indemnify and hold harmless from and against any liability, claims, damages, costs and expenses (including attorney's fees and costs) incurred by or asserted against any of them as a result of or in connection with any of such consultations.

I/We hereby authorize the transferal of and/or sharing of credit and other information pertaining to this credit transaction with the Small Business Administration, lending institutions, including banks and /or participating lenders, and other agencies or entities.

I/We hereby certify that the enclosed information (plus any attachments or forms) is valid and correct to the best of my/our knowledge, and I/We hereby acknowledge that if any representation, warranty, or information, either supplied by me/us, obtained through the process of due diligence conducted by UTFC, or brought to the knowledge of UTFC at any time, shall prove to have been false, incomplete or incorrect in any material respect, then the remaining unpaid principal amount of any funds borrowed through my/our influence from UTFC shall become due and payable immediately.

I/We hereby acknowledge that all loan approvals will be subject to the terms and conditions set forth in definitive loan documents in form and substance acceptable to UTFC. In order to comply with the Patriot Act, UTFC will ask you to provide proof of identification which could include date of birth and a valid driver's license or other identifying documents.

Company Name: _____

Officer Name: _____ Phone Number: _____

Signature: _____ Date: _____

All individuals guarantying the proposed loan must sign below.

Individual: _____ Date: _____	Individual: _____ Date: _____
Print Name: _____	Print Name: _____
Individual: _____ Date: _____	Individual: _____ Date: _____
Print Name: _____	Print Name: _____

FORM B— UTFC Package

Company Name:

Street Address:

City:	County:	State:	Zip:
Main Telephone:	Fax:		
Federal Tax ID No.:	State of Incorporation:		
Company Email Address:	Home Page Address:		

Who is your primary office contact (i.e., Chief Financial Officer or President)?		Telephone:
Date your company started operations(mm/yy):	Date of first sales (mm/yy):	
Your primary NAICS Code:	NAICS Code Description:	
Number of patents your company currently holds:	Copyrights:	

USE OF PROCEEDS: (Enter gross dollar amount rounded to the nearest hundred).		USE OF PROCEEDS	
Acquisition and/or Repair of Machinery or Equipment		All Other (specify)	
Inventory Purchase			
Working Capital (please specify- attach add'l sheets)		Total Loan (\$500,000 max.)	
Accounts Receivable Funding		Term of Loan (up to 60 months)	

ADDITIONAL FUNDING SOURCES			
Type (Debt or Equity)	Source	Amount	Date Received/Expected
		\$	
		\$	
		\$	
TOTAL		\$	

OWNERSHIP OF APPLICANT COMPANY: (Proprietor, partners, officers, directors, all holders of outstanding stock—100% ownership must be shown). Use separate sheet if necessary.

Name and Title	Complete Address	% Owned	S.S. Number

OTHER BUSINESSES OWNED: Please list all other businesses owned in whole or in part by applicant company or any principal.		
Company Name	Complete Address	% of Ownership

FORM B-2— UTFC Package (continued)

FORM OF BUSINESS (Check One)

IS THE BUSINESS: (check all that apply)

Sole Proprietorship
Partnership
SubChapter S Corporation
C-Corporation (Private)
Limited Liability Company
C-Corporation (Public)

Home-based
Government Contractor
Rural-based (town < 25,000 pop.)
Handicapped Accessible
None of the above

Company Capitalization

Number of Shares Authorized: _____ Date of Last Equity Round: _____

Number of Shares Issued: _____ Value Per Share at Last Equity Round: _____

Tax, Revenue, and Job Information

Provide the following information for the operating period *ending during* the following years and projections for the current operating year. Your company must provide annual updates as requested by UTFC.

Please circle which type of financial operating year your company uses (Calendar or Fiscal=FY)	Prior Fiscal Year (Actual)	Current Fiscal Year (Projections)	Next Fiscal Year (Projections)
Total company revenues.			
<i>State</i> corporate franchise or other income tax paid. ¹			
<i>State</i> payroll taxes. ²			
<i>State</i> sales tax.			
Property tax (real and personal).			
Total number of current employees.			
How many new employees added this year?			
Federal income tax paid ³			
Federal payroll taxes ⁴			

¹ Includes taxes paid as a result of the operations of the entity. This includes state taxes paid by owners of flow through entities (i.e., S-Corp, LLC, LLP, Partnership), on their share of ownership earnings.

² SUTA and State Withholding.

³ Same as 1, but for Federal Taxes.

⁴ FUTA, FICA, (Employee and Employer matching), and Federal withholding.

Signature: _____ Date: _____

Company Name: _____

FORM C—Joint/Individual Personal Financial Statement

This is a JOINT INDIVIDUAL personal financial statement.

All individuals with greater than or equal to a 10% interest in the borrowing entity must guarantee the loan.

Please attach a completed copy of this form for each guarantor.

ATTACHMENT 3 years federal tax returns

Full Name: _____

Business Phone: _____

Residence Address: _____

Residence Phone: _____

City, State, & Zip Code: _____

SS NO.: _____

Business Name of Applicant/Borrower: _____

Tax ID No.: _____

ASSETS	LIABILITIES
Cash on hand & in banks	Accounts Payable
Savings Accounts.....	Notes Payable to Banks and Others..... (Describe in Section 2)
IRA or Other Retirement Accounts.....	Installment Account (Auto)..... Mo. Payments \$ _____
Accounts & Notes Receivable.....	Installment Account (other)..... Mo. Payments \$ _____
Life Insurance-Cash Surrender Value Only..... (Complete Section 8)	Loan on Life Insurance.....
Stocks and Bonds..... (Describe in Section 3)	Mortgages on Real Estate..... (Describe in Section 4)
Real Estate..... (Describe in Section 4)	Unpaid Taxes..... (Describe in Section 6)
Automobile-Present Value.....	Other Liabilities..... (Describe in Section 7)
Other Personal Property..... (Describe in Section 5)	Total Liabilities.....
Other Assets..... (Describe in Section 5)	Net Worth.....
Total	Total

SECTION 1. SOURCE OF INCOME	CONTINGENT LIABILITIES
Salary	As Endorser of Co-Maker.....
Net Investment Income.....	Legal Claims & Judgments.....
Real Estate Income.....	Provision for federal Income Tax
Other Income (Describe Below)*.....	Other Special Debt.....

Description of Other Income in Section 1 (Attach additional sheets if needed).

**Alimony or child support payments need not be disclosed in "Other Income" unless it is desired to have such payments counted toward total incomes.*

SECTION 2. NOTES PAYABLE TO BANK AND OTHERS (Use attachments if necessary. Each attachment must be identified as part of this statement and signed.)

Name and Address of Noteholder (s)	Original Balance	Current Balance	Payment Amount	Frequency (Monthly, etc.)	Interest Rate	How Secured or Endorsed Typed of Collateral

FORM C-2—Joint/Individual Personal Financial Statement(continued)

SECTION 3. STOCKS, BONDS, AND MUTUAL FUNDS *(Use attachments if necessary. Each attachment must be identified as a part of this statement and signed).*

No. of shares	Name of Securities	Cost	Market Value Quotation/Exchange	Date of Quotation/Exchange	Total Value

SECTION 4. REAL ESTATE—Please attach a copy of the deed(s) containing a full legal description of the land and show the location (street address) and city where the deed(s) is recorded. Following the address below, give a brief description of the improvements, such as size, type of construction, use, number of stories, and present condition (use additional sheet if more space is required).

	Property A	Property B	Property C
Type of property			
Name and address of title holder			
Date purchased			
Original cost			
Present market value			
Name and address of mortgage holder			
Mortgage account number			
Mortgage balance			
Amount of payment per month/year			
Status of mortgage			

SECTION 5. OTHER PERSONAL PROPERTY AND OTHER ASSETS. (Describe, and if any is pledged as security, state name and address of lien holder, 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. OTHER LIABILITIES (Describe in detail).

SECTION 8. LIFE INSURANCE HELD (Give face amount and cash surrender value of policies- name of insurance company and beneficiaries).

Indicate if you will be willing to sign a personal guarantee for the loan. Yes No

I certify that 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 obtaining and/or guaranteeing a commercial 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. 10001). I give permission to UTFCC to request information and to make whatever inquiries they consider necessary and appropriate (including obtaining information from third parties and requesting consumer reports from consumer reporting agencies) for the purpose of determining my creditworthiness, and subsequently, in connection with any updates, renewals or extensions of credit or reviewing or collecting the loan.

Signature: _____ Date: _____ Social Security Number: _____

Signature: _____ Date: _____ Social Security Number: _____

FORM D—Personal History

ATTACHMENTS

- Management resumes' with dates of employment, positions held, and job responsibilities.
- Details of any criminal charges, indictment, parole, probation, bankruptcy, insolvency, or lawsuits.

Please complete a copy of this form for: (1) all company owners with greater than or equal to 15% ownership in the company; (2) all other guarantors; and (3) all company officers.

Name: _____ SS No.: _____
First Middle Last

Date of Birth: _____ Place of Birth: _____

Residence Telephone: _____ Business Telephone: _____

Residence address Street: _____

City: _____ State: _____ Zip: _____

Previous address Street: _____

City: _____ State: _____ Zip: _____

Lived at previous address from: _____ to: _____
Month and Year Month and Year

Are you Currently employed by the Small Business Administration? Yes No Agency/Position _____

Are you a U.S. Citizen? Yes No If no, give Alien Registration Number _____

Are you presently under indictment, on parole, or on probation? Yes No If yes, please furnish details on separate sheet.

Have you ever been charged with or arrested for any criminal offense other than a minor motor Vehicle Violation?

Yes No If yes, furnish details on a separate sheet.

Have any of the officers of your company ever been involved in bankruptcy or insolvency proceedings? Yes No If yes, furnish details on a separate sheet.

Are you or your business involved in any pending lawsuits? Yes No If yes, please furnish details on separate sheet.

Are you, your spouse, or any member of your household, related to or have had business dealings with any member of UTFC's oversight committee or staff? Yes No

Signature: _____ Date: _____

FORM E—Business Debt Schedule & Collateral

Company Name: _____ Date: _____
(Of your interim financial statement)

This schedule should contain loans for contracts and notes payable, not accounts payable or accrued liabilities. Items must reflect all outstanding liabilities as shown on the interim financial statement (*attach additional sheet(s) if needed*).

Creditor Name/Address	Original Date	Original Amount	Present Balance	Monthly Payment	Interest Rate	Maturity Date	Collateral/Security
TOTAL PRESENT BALANCE*							

**Total must agree with balance shown on interim balance sheet.*

Form F—Collateral—Please complete the form below or include with your package the attachments shown below to identify and describe the collateral to be pledged for the proposed loan. *UTFC will file appropriate liens on the collateral described.*

ATTACHMENTS (Assets to be used as collateral for loan.):

- Trust deeds, legal descriptions, physical descriptions, and appraisals for company- owned real estate.
- Trust deeds, legal descriptions, physical descriptions, and appraisals for personal real estate.
- Assets list for all company machinery, equipment, furniture, fixtures, and other fixed assets except real property.
- Account receivable aging report.
- Inventory description and amount.
- Copies and description of patents, copyrights, and trademarks.
- List of company-owned or personal stocks, bonds, and mutual funds

SECTION 1—REAL ESTATE

Please attach a copy of the deed(s) containing a full legal description of the land and show the location (street address) and city where the deed (s) is recorded. Following the address below, give a brief description of the improvements, such as size, type of construction, use, number of stories, and present condition (use additional sheet if more space is required). *Generally, personal Deeds of Trust are required. It is expected that the real property listed below will be pledged as collateral for the loan.*

LIST PARCELS OF REAL ESTATE

Address	Years Acquired	Original Cost	Market Value	Amount of Lien	Name of Lien holder

Signature: _____ Date: _____

FORM F-2 —Collateral (continued) and FORM G—Company Financial History & Projections

SECTION 2—EQUIPMENT

Please show manufacturer or make, model, year, and serial number. Items with on serial number must be clearly identified (use and attach additional sheet(s) if more space is/are required).

Description-Show Manufacturer Model, and Serial No.	Year Acquired	Original Cost	Market Value	Current Lien Balance	Name of Lien holder

FORM G—Company Financial History & Projections (Please attach the documents listed below.)

STATEMENT

PERIOD NEEDED

- | | | |
|--|--|---|
| 1. Balance Sheet | <input type="checkbox"/> Current Interim* | <input type="checkbox"/> plus prior three years |
| 2. Income Statement | <input type="checkbox"/> Current Interim* | <input type="checkbox"/> plus prior three years |
| 3. Cash Flow Statement | <input type="checkbox"/> Current Interim* | <input type="checkbox"/> plus last year |
| 4. Financial Statement Projections | 12 MONTHS OF MONTHLY PROJECTIONS INCLUDING: | |
| | <input type="checkbox"/> Balance Sheet | |
| | <input type="checkbox"/> Income Statement | |
| | <input type="checkbox"/> Cash Flow Statement | |
| 5. Reconciliation of Net Worth | <input type="checkbox"/> Current Interim* | <input type="checkbox"/> plus prior three years |
| 6. Federal Income Tax Returns | <input type="checkbox"/> Prior three years | |
| 7. Aging of Accounts Receivable | <input type="checkbox"/> Current (if Applicable) | |
| 8. Aging of Accounts Payable | <input type="checkbox"/> Current (if Applicable) | |
| 9. Current list of backlogged orders (If Applicable) | | |

*Interim statement *must* be less than 60 days old. Please sign and date each statement provided. All financial statements must bear original signatures and dates.

All information contained herein is *true* and *correct* to the best of my knowledge. I understand that false statements may result in forfeiture of benefits and possible fine and prosecution.

Signature: _____ Date: _____

Signature: _____ Date: _____

Company Name: _____

FORM J—Environmental Compliance Certification

Company Name: _____

Address of real property examined: _____

City: _____ State: _____ Zip: _____

Please answer each question thoroughly

- | YES | NO | 1.) Is the real property examined located near, adjacent to or on, or does it contain, or has it ever served as: |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | An industrial area, existing or former gas line site, automotive repair facility, dry cleaning establishment or railroad tracks? |
| <input type="checkbox"/> | <input type="checkbox"/> | A refuse or waste disposal site? |
| <input type="checkbox"/> | <input type="checkbox"/> | A chemical or allied products plant, smelter, primary metals plant or metals plant or metals manufacturing/fabrication plant? |
| <input type="checkbox"/> | <input type="checkbox"/> | Storage of or usage of hazardous substances? |
| <input type="checkbox"/> | <input type="checkbox"/> | An animal feedlot, meat packing plant, or organic by-product processing plant? |
| <input type="checkbox"/> | <input type="checkbox"/> | Property suspected of containing asbestos material that is friable? |
| <input type="checkbox"/> | <input type="checkbox"/> | PCB generating machines? |
| <input type="checkbox"/> | <input type="checkbox"/> | 2.) Is the Borrower engaged in any of the businesses listed in question #1? |
| <input type="checkbox"/> | <input type="checkbox"/> | 3.) Does the real property examined show any evidence of unusual ground discoloration or distressed vegetation? |

If "YES" was answered to any questions or part of question, a more thorough environmental audit may need to take place.

I, the undersigned, have personally inspected the above listed real property and have answered these questions to the best of my knowledge.

BY: _____ Date: _____
Name, Title

Environmental Compliance Certification

The undersigned hereby certify that: 1) the Borrower was, at the time it submitted its loan application, and shall continue to be in compliance with all local, state, and federal laws and regulations pertaining to the environment and, especially, hazardous substances and underground storage tanks; 2) the Borrower has no knowledge of any contamination from hazardous substances or waste or underground storage tanks of any real or personal property pledged as collateral for this loan; 3) the Borrower shall promptly notify UTFC of any suspected, alleged, or actual leaks, spills, contamination problems, or violations of laws pertaining to hazardous substances during the term of this loan.

BY: _____ Date: _____
Name, Title

Environmental Indemnification

The undersigned hereby agree that: 1) the Borrower assumes full responsibility for all costs incurred in any environmental clean up, and 2) the Borrower indemnifies UTFC against payment of any such costs.

BY: _____ Date: _____
Name, Title

FORM K—References

Company Name: _____

Please copy and use the form below to provide the following references:

- Management references**—include at least three (3) for each member of the management team.
 - Customer references**—include at least three (3) for the company.
 - Trade/supplier references**—include at least three (3) for the company.
 - Banker, Accountant, and Attorney.**
-

Contact Name: _____ Title: _____

Company: _____ Phone Number: _____

Address: _____ City: _____ State: _____ Zip: _____

Relationship to Company/Management: _____

Contact Name: _____ Title: _____

Company: _____ Phone Number: _____

Address: _____ City: _____ State: _____ Zip: _____

Relationship to Company/Management: _____

Contact Name: _____ Title: _____

Company: _____ Phone Number: _____

Address: _____ City: _____ State: _____ Zip: _____

Relationship to Company/Management: _____

Contact Name: _____ Title: _____

Company: _____ Phone Number: _____

Address: _____ City: _____ State: _____ Zip: _____

Relationship to Company/Management: _____
