

## PRELIMINARY PROFILE

(PLEASE COMPLETE BOTH SIDES)

DATE		_U.S. CITIZEN								
NAME										
HOME PHONE		_BUSINESS PHONE			EMAIL					
ADDRESS										
CITY		_ STATE			ZIP CODE					
SPOUSE'S NAME	_									
<b>EDUCATIONAL HI</b>	STORY									
NAME AND LOCATION OF SCHOOL		FROM MM/YY		TO MM/YY	GPA	MAJOR/MINOR DEGREE				
HIGH SCHOOL										
COLLEGE/UNIVERSITY										
GRADUATE PROGRAM										
OTHER CONTINUING EDU	JCATION									
PROFESSIONAL CERTIFICATIONS										
EMPLOYMENT HI	STORY (PLEASE LIST N	MOST RECEN	IT EMPLO	YER FIRST)						
FROM/TO MM/YY	DRESS		/SERVICES	YOUR TITLE	ANNUAL EARNINGS					

SPOUSE'S OCCUPATION			WILL SPOUSE BE PART OF BUSINESS?	□YES	□NO					
PREFERRED LOCATION			AGES OF CHILDREN							
HAVE YOU EVER DECLARED BANKRUPTCY?	□YES	□no	ARE YOU BONDABLE?	□YES	□NO					
HAVE YOU EVER APPLIED FOR A SMALL BUSINESS	S ASSOCIA	N?	□YES	□ №						
DO YOU CURRENTLY OWN A BUSINESS?	□YES	□NO	DO YOU OWN AN INACTIVE BUSINESS	?□YES	□ NO					
CUSTOMARY ANNUAL HOUSEHOLD EARNINGS _										
DI FACE IDENTIFY COLIDORS OF C	ADITAL	TO DE I	USED TO FUND A VIA SCUOO	I C EDA	NCLUCE+					
PLEASE IDENTIFY SOURCES OF CALLIQUID ASSETS	APIIAL	EQUITY SOURCES	ILS FRA	INCHISE <sup>*</sup>						
(PLEASE DESCRIBE CASH, STOCKS, SECURITIES ET	(PLEASE DESCRIBE REAL ESTATE, TRADE ACCOUNTS, RECEIVABLES									
DESCRIPTION	VALU	E \$	DESCRIPTION		VALUE \$					
TOTAL			TOTAL							
* Additional information may be requested										
TIME FRAME FOR OPENING THE BUSINESS										
WILL YOU DEVOTE FULL TIME TO THIS BUSINESS?	? □YES	□NO								
WHY WOULD YOU LIKE TO BE IN BUSINESS FOR YOURSELF?										
ON WHAT DATE CAN YOU VISIT OUR WORLD HEADQUARTERS IN MIAMI , FLORIDA FOR A PRESENTATION ON THE KLA SCHOOLS FRANCHISE PROGRAM.										
I SUBMIT THE FOREGOING INFORMATION AS TRUE AND COMPLETE AS OF THE DATE BELOW										
SIGNATURE			DATE							