

Handwritten: H9100915

HEALTH EDUCATION ASSISTANCE LOAN PROGRAM

Promissory Note - Variable Rate 024913

WARNING: Any person who knowingly makes a false statement or misrepresentation in a HEAL loan transaction, bribes or attempts to bribe a Federal official, fraudulently obtains a HEAL loan, or commits any other illegal action in connection with a HEAL loan is subject to possible fine and imprisonment under Federal statute.

Last Name (Print or type) NELLERMUE		First Name Mark	Middle Initial D	Social Security Number (SSN)
Other Name(s) Used				
PERMANENT (HOME) ADDRESS				Area Code/Telephone Number
				Area Code/Telephone Number

PROMISE TO PAY

I, Mark D. Nellermue, the borrower, promise to pay to the Pennsylvania Higher Education Assistance Agency (the "Agency") (the lender), or the subsequent holder of this Note, the principal sum of \$ 11000 to the extent it is advanced to me, to pay interest on the principal sum as set out below and to pay authorized late charges, all reasonable attorney's fees, and other costs and charges that are permitted by Federal regulations and are necessary for the collection of any amount not paid when due. This Note is under an Agency program which is funded in part by one or more Revenue Bond Issues under Trust Indentures with Dauphin Deposit Bank and Trust Company, Harrisburg, Pennsylvania, as Trustee (the "Trustee"). Under certain circumstances this Note may be sold or assigned to third parties or transferred out from under the lien of the indenture.

The Lender and I further understand and agree that:

NOTIFICATION

I must immediately notify the lender (in this Note, the term "lender" includes a subsequent holder of the Note) in writing if any of the following occurs to me before the loan is repaid in full: 1) change of address, 2) name change (e.g., maiden name to married name), 3) failure to enroll in a HEAL school for the period for which the loan is intended, 4) transfer to another school, 5) withdrawal from school or attendance on a less than full-time basis, 6) graduation, 7) failure to begin any activity eligible for deferment status, or 8) cessation of participation in an activity eligible for deferment status.

INTEREST

1. Beginning on the day the loan is disbursed, interest shall accrue. Payment of the interest accruing before the beginning of the repayment period may be postponed until the date upon which repayment of principal is required to begin or to resume. Interest which has accrued and is not paid may be added to the principal sum of this Note not more frequently than every six months. Beginning when the repayment period commences, interest shall accrue and be paid as set forth in the Repayment Schedule which the lender shall establish and provide to me.
2. Interest shall accrue and be payable at a yearly rate of interest which is equal to a variable rate calculated by the Secretary of the Department of Health and Human Services for each calendar quarter and computed by determining the average of the bond equivalent rates for the ninety-one day U.S. Treasury Bills auctioned during the preceding quarter, plus three percent, rounding this figure to the nearest one-eighth of one percent.

However, (a) so long as this Note is not in repayment and is held by the Agency or the Trustee and has not been transferred out from under the lien of the indenture a credit may be computed every month and applied every six (6) months or (b) if the Note is in repayment and held by the Agency or the Trustee and has not been transferred out from under the lien of the indenture a credit may be computed and applied every month which credit will be a reduction of the interest accrued pursuant to the United States Treasury Regulations on arbitrage bonds (25 CFR § 1.103-13 et seq.) as applicable to the Bonds.
3. Any changes in the yearly rate of interest will affect the payment amounts, the number of payments, or the amount due at maturity.

INSURANCE PREMIUM

I agree to pay the lender, in addition to interest and principal due, an amount equal to the premium that the lender is required to pay to the Secretary in order to provide insurance coverage on this Note. Payment of an insurance premium calculated in accordance with instructions issued by the Secretary shall be due and payable immediately and may be taken by the lender from the loan proceeds.

PREPAYMENT

I may, at my option and without penalty, prepay all or any part of the principal and accrued interest at any time. If I pay off early, I will not have to pay a penalty. If I pay off early, I will not be entitled to a refund of part of the insurance premium.

REPAYMENT

1. Repayment shall be made in monthly installments over a repayment period which starts the first day of the tenth month after the month in which
(A) I cease to be a full-time student at a HEAL school;
(B)(1) I cease to be a participant in an accredited internship or residency program of not more than four years in duration; or
(2) I complete the fourth year of an accredited internship or residency program of more than four years in duration; or
(C) I cease to be a participant in a fellowship training program not in excess of two years or a participant in a full-time educational activity not in excess of two years which (1) is directly related, as defined in program regulations, to the health profession for which I prepared at a HEAL school, and (2) in which I may engage during a two-year period which begins within twelve months after I complete my participation in an internship or residency program described in clause (B)(1) or clause (B)(2) of this paragraph or before I complete my participation in such an internship or residency program.

2. The repayment period shall not be less than ten years nor more than twenty-five years. Any period described under DEFERMENT shall not be included in determining the ten or twenty-five year periods. If I receive my first HEAL loan on or after October 22, 1985, the repayment period shall not extend to a date that is more than

thirty-three years from the date on which I signed this Promissory Note. If I receive any HEAL loan prior to October 22, 1985, however, any period described under DEFERMENT shall not be included in determining the thirty-three year period.
3. At least thirty and not more than sixty days before the commencement of my repayment period, I must contact the holder of my loan to establish the precise terms of repayment. My repayment schedule will require monthly payments. However, I may select a monthly repayment schedule with substantially equal installments or a monthly repayment schedule with graduated installments that increase in amount over the repayment period if I contact the holder of my loan within the period described. If I do not contact the holder and do not respond to contacts from the holder, the holder may establish a monthly repayment schedule with substantially equal installment payments, subject to the terms of this Note.
4. The terms and conditions of repayment shall be set forth in a separate Repayment Schedule which the lender shall establish and shall provide me prior to the beginning of the repayment period.
5. Unless I agree otherwise, I shall make a minimum annual repayment of an amount equal to the annual interest on the unpaid principal balance. Except as provided above, if I have other outstanding HEAL loans, the sum of all payments to all holders on my HEAL loans shall not be less than an amount equal to the consolidated interest on the unpaid principal balance.
6. I understand that this loan must be repaid in accordance with my Repayment Schedule. If my account becomes overdue by more than sixty days, the lender must notify an appropriate consumer credit reporting agency of this, which may significantly and adversely affect my credit rating. The lender must also use collection agents and utilize other collection activities (which may include litigation) if my account becomes overdue.

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3. At least thirty and not more than sixty days before the commencement of my repayment period, I must contact the holder of my loan to establish the precise terms of repayment. My repayment schedule will require monthly payments. However, I may select a monthly repayment schedule with substantially equal installments or a monthly repayment schedule with graduated installments that increase in amount over the repayment period if I contact the holder of my loan within the period described. If I do not contact the holder and do not respond to contacts from the holder, the holder may establish a monthly repayment schedule with substantially equal installment payments, subject to the terms of this Note.

4. The terms and conditions of repayment shall be set forth in a separate Repayment Schedule which the lender shall establish and shall provide me prior to the beginning of the repayment period.

5. Unless I agree otherwise, I shall make a minimum annual repayment of an amount equal to the annual interest on the unpaid principal balance. Except as provided above, if I have other outstanding HEAL loans, the sum of all payments to all holders on my HEAL loans shall not be less than an amount equal to the consolidated interest on the unpaid principal balance.

6. I understand that this loan must be repaid in accordance with my Repayment Schedule. If my account becomes overdue by more than sixty days, the lender must notify an appropriate consumer credit reporting agency of this, which may significantly and adversely affect my credit rating. The lender must also use collection agents and utilize other collection activities (which may include litigation) if my account becomes overdue.

CREDIT REPORTING AGENCY

My educational institution or my lender may disclose my loan, and any other relevant information, to appropriate consumer credit reporting agencies. If I am more than sixty days past due in making a scheduled payment, the lender of my loan will notify an appropriate consumer credit reporting agency of my past due status, and any other relevant information.

LATE CHARGE

If a scheduled payment is late, I will be charged five cents for each dollar of the installment payment due.

GENERAL

The terms of this Note shall be construed to the Law (42 U.S.C. 294-2941) and the Federal regulation (42 CFR Part 60) governing the administration of the Health Education Assistance Loan (HEAL) Program, copies of which are on file with the holder of this Note.

I agree that all proceeds from this loan will be used solely for tuition and other reasonable education expenses, including fees, books, supplies and equipment, and laboratory expenses, reasonable living expenses, reasonable transportation costs (only to the extent they are directly related to my education), and the HEAL insurance premium. I further agree that the check(s) for the proceeds of this loan shall be made payable jointly to me and the eligible institution in which I am enrolled.

I have read and understand the Additional Terms and Statement of Rights and Responsibilities printed on the reverse side of this form.

By my signature below I CERTIFY that I have read and understand my rights and responsibilities regarding the HEAL loan under this Promissory Note.

Date

Mark D. Nellermue
SIGNATURE OF BORROWER

ADDRESS

CITY/STATE/ZIP

CITY/STATE/ZIP

NOTICE: This note shall be executed without security and without endorsement, except that, if the borrower is a minor and this Note would be unenforceable under applicable State law, create a binding obligation, the agent may require an endorser also to sign this Note. The lender shall supply a copy of this Note to the borrower.

ADDITIONAL TERMS

DEFERMENT

- 1. Monthly installments of principal and interest need not be paid, but interest shall accrue:
(A) When I am carrying a full-time course of study at a HEAL school or at an institution of higher education eligible to participate in the Guaranteed Student Loan Program.
(B) When I am participating in a fellowship training program or full-time educational activity for not in excess of two years as described in paragraph 1 under REPAYMENT above.
(C) Not in excess of three years for each of the following when I am:
(1) a member of the Armed Forces of the United States;
(2) in service as a volunteer under the Peace Corps Act;
(3) in service as a full-time volunteer under Title I of the Domestic Volunteer Service Act of 1973; and
(4) a member of the National Health Service Corps.
(D) Not in excess of four years when I am a participant in an accredited internship or residency program.
2. To receive a deferment, including a deferral of the onset of the repayment period (see REPAYMENT), I must, prior to the onset of the activity and annually thereafter, submit to the lender evidence of my status in the deferment activity and evidence that verifies deferment eligibility of the activity. It is my responsibility to provide the lender with all required information or other information regarding the requested deferment.

DEATH/DISABILITY

If I die or become totally and permanently disabled, my unpaid indebtedness on this Note shall be canceled in accordance with applicable Federal statute and regulations.

FORBEARANCE

I have the right to be granted forbearance whenever I am temporarily unable to make scheduled payments on my HEAL loan and I continue to repay the loan in an amount commensurate with my ability to repay the loan unless the Secretary determines that my default is inevitable and the forbearance will be ineffective in preventing default. A lender must exercise forbearance in accordance with terms

BORROWER'S RIGHTS

- 1. The lender (holder) cannot change the terms of my HEAL loan without my consent.
2. The lender must provide me with a copy of the completed promissory note when the loan is made. The lender (holder) must return the note to me when the loan is paid in full.
3. The loan check or draft must be made payable jointly to me and the school. The check or draft must require my endorsement.
4. The lender (holder) will provide me with a repayment schedule before the repayment period begins.
5. If the loan is sold from one lender to another lender, or if the loan is serviced by a party other than the lender, the holder must notify me within 30 days of the transaction and I must be sent a notification which spells out my obligations to the new holder.
6. I have a right to a 9-month "grace period" before repayment begins after I have completed school attendance, internship and residency in an accredited program, or a fellowship training program or full-time educational activity approved by the Secretary for this purpose.
7. I have a right to deferment of principal and interest repayments if certain conditions exist. Under deferment, I am not required to make payments on the loan principal or interest for a period of time. However, interest continues to accrue during any deferment period. To receive a deferment, I must, prior to the onset of the activity and annually thereafter, submit to the lender evidence of my status in the deferment activity and evidence that verifies deferment eligibility of the activity. It is my responsibility to provide the lender with all required information or other information regarding the requested deferment.
8. I have a right to repay the whole or any portion of the loan at any time, without a penalty.
9. I may select a moratorium on payments for a period of up to 36 months. The moratorium shall not apply to the principal amount of the loan. I must contact the holder of my loan at least 30 and not more than 60 days before the end of the moratorium to establish the precise terms of repayment.
10. My loan obligation will be discharged if I die or become totally and permanently disabled in accordance with applicable Federal statutes and regulations.
11. "Forbearance" means an extension of time for making loan payments on the occurrence of smaller payments than were previously scheduled to prevent me from defaulting on my payment. Forbearance is granted whenever I am temporarily unable to make scheduled payments on my HEAL loan and I continue to repay the loan in an amount commensurate with my ability to repay the loan unless the Secretary determines that my default is inevitable and the forbearance will be ineffective in preventing default. A lender (holder) must exercise forbearance in accordance with terms that are consistent with the length of repayment if the lender and the borrower agree in writing to the new terms. Each forbearance period granted to me must not exceed 2 years unless an extension is granted by the Secretary.

- 12. The lender (holder) must notify me in writing of the balance owed for principal, interest, insurance premiums, and any other charges and fees owed to the lender (holder), at least every 6 months from the time my loan was disbursed to me

that are consistent with the twenty-five and thirty-three year limitations on the length of repayment if the lender and the borrower agree in writing to the new terms. Each forbearance period may not exceed six months and the total period of forbearance (with or without interruption) granted to me must not exceed two years unless an extension is granted by the Secretary.

DEFAULT

If I do not make payments when due, my loan may be declared in default. If I default, the Federal Government will take over my loan and I will then owe the Government. The Federal Government will actively pursue me for repayment of the debt, including the use of collection agents and reporting my default to consumer credit reporting agencies or to the Internal Revenue Service for purpose of locating me or for income tax refund offset, and referral to the Department of Justice for litigation. I may be the subject of court action to force me to pay. The Secretary may also cause to be reduced Federal reimbursements or payments for health services under any Federal law to borrowers who are practicing their professions and have defaulted on their loans, and may make other administrative offsets, including salary offsets for Federal employees. The Government may also report any written off debt to the Internal Revenue Service as taxable income, and may undertake any other debt collection procedures in accordance with the Claims Collection Regulations (45 CFR Part 30).

- 1. In the event of my default on this loan, the entire unpaid loan including interest due and accrued shall, at the option of the holder of this Note, become immediately due and payable.
2. If I fail to make a scheduled payment, or fail to comply with any other term of this Note, the lender may: (a) refer my loan to a collection agency for further collection efforts; (b) initiate legal proceedings against me; (c) refer my loan to the Secretary for collection assistance; and (d) obtain my address from the Internal Revenue Service through the Secretary, if the lender has no current address for me.

BANKRUPTCY

I may not have my loan discharged in bankruptcy during the first five years of the repayment period, under any chapter of the Bankruptcy Act, including Chapter 13. I may have a HEAL loan discharged in bankruptcy after the first five years of the repayment period only upon finding by the Bankruptcy Court that the non-discharge of such debt would be unconscionable and upon the condition that the Secretary shall not have waived his or her rights to reduce any Federal reimbursement or Federal payments for health services under any Federal law in amounts up to the balance of the loan.

BORROWER'S RESPONSIBILITIES

- 1. I understand that there is no interest subsidy on a HEAL loan and that I must pay all interest on the loan. If I do not make payments on time or if I default, the total amount to be repaid will be increased by late charges and may be increased by additional interest costs, attorney's fees, court costs and other collection costs.
2. I agree to pay an insurance premium if charged by the lender, not to exceed the amount the lender is required to pay to the Secretary to provide insurance coverage on a HEAL loan. I understand that I will not be entitled to any refund of this premium.
3. I must immediately notify the lender (holder) in writing if any of the following occurs to me before the loan is repaid in full: a. change in address; b. name change (e.g., maiden name to married name); c. failure to enroll in a HEAL school for the period for which the loan is intended; d. transfer to another school; e. withdrawal from school or attendance on a less than full-time basis; f. graduation; g. failure to begin any activity eligible for deferment status; or h. cessation of participation in an activity eligible for deferment status.
4. I must notify the lender (holder) of any occurrence which may affect my eligibility to receive or to continue to receive a deferment of principal and interest payments.
5. To receive a deferment, including a deferral of the onset of the repayment period (See Section 60.11(a) of the HEAL regulations), I must, prior to the onset of the activity and annually thereafter, submit to the holder of the note evidence of my status in the deferment activity and evidence that verifies deferment eligibility of the activity. It is my responsibility to provide the lender with all required information or other information regarding the requested deferment.
6. I understand that the lender is required in accordance with my repayment schedule, if my account becomes overdue by more than 60 days, the lender (holder) may refer my loan to a collection agency for further collection efforts, which may include reporting my default to consumer credit reporting agencies or to the Internal Revenue Service for purpose of locating me or for income tax refund offset, and referral to the Department of Justice for litigation. I may be the subject of court action to force me to pay. The Secretary may also cause to be reduced Federal reimbursements or payments for health services under any Federal law to borrowers who are practicing their professions and have defaulted on their loans, and may make other administrative offsets, including salary offsets for Federal employees. The Government may also report any written off debt to the Internal Revenue Service as taxable income, and may undertake any other debt collection procedures in accordance with the Claims Collection Regulations (45 CFR Part 30).
7. I understand that the lender (holder) may be declared in default if I do not make payments when due, my loan may be declared in default. If I default, the Federal Government will actively pursue me for repayment of the debt, including the use of collection agents and reporting my default to consumer credit reporting agencies or to the Internal Revenue Service for purpose of locating me or for income tax refund offset, and referral to the Department of Justice for litigation. I may be the subject of court action to force me to pay. The Secretary may also cause to be reduced Federal reimbursements or payments for health services under any Federal law to borrowers who are practicing their professions and have defaulted on their loans, and may make other administrative offsets, including salary offsets for Federal employees. The Government may also report any written off debt to the Internal Revenue Service as taxable income, and may undertake any other debt collection procedures in accordance with the Claims Collection Regulations (45 CFR Part 30).
8. I do not have the right to have my loan discharged in bankruptcy during the first 5 years of the repayment period. This prohibition applies to the discharge of a HEAL loan applies to bankruptcy, under any chapter of the Bankruptcy Act, including Chapter 13. I may have a HEAL loan discharged in bankruptcy after the first 5 years of the repayment period only upon a finding by the Bankruptcy Court that the non-discharge of such debt would be unconscionable and upon the condition that the Secretary shall not have waived his or her rights to reduce any Federal reimbursement or Federal payments for health services under any Federal law in amounts up to the balance of the loan.

Date: 12/30/96

REMOVE FORM FROM FILE
SHORTLY AFTER

STUDENT APPLICATION FOR A HEALTH EDUCATION

Warning: Any person who knowingly makes a false statement or misrepresents facts in connection with this application, or who attempts to bribe a Federal official, fraudulently obtain, or commits any other illegal action in connection with a Health Education Loan, is liable to a fine or imprisonment under Federal laws.

SECTION I - TO BE COMPLETED BY APPLICANT (IMPORTANT)

1.A. NAME

WELLE, RMOE

MARK

1.B. OTHER NAME USED

2. SOCIAL SECURITY ACCOUNT NUMBER (SSN)

3.A. PERMANENT (HOME) ADDRESS

Number, street and apartment number

City

3.B. TELEPHONE

Area Code Number

4.A. TEMPORARY (SCHOOL) ADDRESS

Number, street and apartment number

City

4.B. TELEPHONE

Area Code Number

5. PLACE OF BIRTH

City

United States

Country

6. DATE OF BIRTH

Month Day Year 59

7. U.S. CITIZENSHIP STATUS (See instructions)

(a) U.S. Citizen Yes No
(b) Other Yes No

(c) U.S. National Yes No
(d) Yes No (If "Yes", Name of Country)

8. U.S. PERMANENT RESIDENT

If you are a permanent resident, you must attach a copy of your I-151 or I-551 ("green card") and enter your registration number

9. MAJOR COURSE OF STUDY

10. LOAN AMOUNT REQUESTED

11. IS THIS THE FIRST HEAL LOAN YOU HAVE RECEIVED?

Yes No

HE167

WHITE - LENDER COPY

CANARY - PHS COPY

PINK - SCHOOL COPY

GOLDENROD - STUDENT COPY

NAME

WELLER, MARK

11. SOCIAL SECURITY ACCOUNT NUMBER

12. NAME OF PARENTS (OR GUARDIAN) OR IF DECLARED, NEAREST LIVING RELATIVE

NAME AND RELATIONSHIP TO YOU

Mark W. Wellmer (Father)
Mary E. Wellmer (Mother)

13. NAME OF SPOUSE AND TWO LIVING ADULT RELATIVES OTHER THAN PERSONS LISTED ABOVE

NAME AND RELATIONSHIP TO YOU

Terra L. Wellmer (Wife)
Debra Johnson (Sister)
Dorie Neubath (Aunt)

14. LIST ALL INDEBTEDNESS OF \$100 OR MORE

\$7500

a. REAL LOANS

NAME OF LENDER	CITY	STATE	DATE OF LOAN	AMOUNT
Valley National Bank	Des Moines	IA	1/25/77	10,000
Loan Servicing Ctr.	Menfield	VA	7/20/77	2,500

b. OTHER EDUCATIONAL LOANS

NAME OF LENDER	CITY	STATE	DATE OF LOAN	AMOUNT
(Plus) Loan Servicing Ctr.	Menfield	VA	7/20/77	2,500
(Est) Loan Servicing Ctr.	Menfield	VA	7/20/77	2,500
F.R.S.L. (Loan Servicing)	Menfield	VA	7/20/77	2,500
(C) Valley National	Des Moines	IA	7/25/77	7,500

c. OTHER CONSUMER OR PERSONAL DEBTS AND LOANS

NAME OF LENDER	CITY	STATE	DATE OF LOAN	AMOUNT
Midland Financial	Des Moines	IA	1/25/77	1,500
Master card	Des Moines	IA	pending	1,000

15. HAVE YOU EVER DEFAULTED OR ARE YOU NOW IN DEFAULT ON ANY LOAN - COMMERCIAL, EDUCATIONAL, PERSONAL, OR OTHER?

NO YES IF "YES," EXPLAIN (See instructions)

16. SIGNATURE OF APPLICANT

I have read, understand, and agree to the terms of the "Borrower's Rights Statement," "Borrower's Responsibilities" statement, and other statements printed on the back of this application. I also authorize the lender, in accordance with the N.E.A.L. regulations, to check my credit and throughout the period of my N.E.A.L. loan, to answer questions about the lender's credit practices from the N.E.A.L. loan.

Mark D. Wellmer

SIGNATURE OF BORROWER

WHITE -- LENDER COPY

CANARY -- PHS COPY

PINK -- SCHOOL COPY

GOLD --

NAME AL LEX MOE
SOCIAL SECURITY ACCOUNT NUMBER [REDACTED]

SECTION B - TO BE COMPLETED BY THE EDUCATIONAL INSTITUTION

17. NAME OF EDUCATIONAL INSTITUTION University of Osteopathic Medicine
ADDRESS 3200 Grand Ave.
Des Moines, Ia. 50312
TELEPHONE 515 271 1470
18. SCHOOL CODE 24913
19. ACADEMIC YEAR Month Year Day 07 89 24
20. PERIOD OF LOAN Month Year Day 07 89 24
21. ANTICIPATED DATE OF GRADUATION Month Year Day 06 91 01

22. ESTIMATED TOTAL COSTS OF EDUCATION FOR THE LOAN PERIOD
Amount Calculated from Standard Student Budget 26091.00
Amount of Any Adjustments to Standard Student Budget (Plus or Minus) 0.00
TOTAL 26091.00
23. ESTIMATED TOTAL FINANCIAL RESOURCES AND OTHER FINANCIAL ASSISTANCE AVAILABLE FOR LOAN PERIOD
Amount Calculated from Need Analysis 1406.00
Amount of Any Adjustments to Need Analysis (Plus or Minus) 0.00
Other Financial Assistance (Stamps, scholarships, etc.) 9500.00
TOTAL 10906.00
24. MAXIMUM AMOUNT OF LOAN APPROVED 15185.00

25. REQUESTED INSTALLMENT AMOUNT(S)
1st 14000.00
2nd 1185.00
3rd 0.00
26. REQUESTED INSTALLMENT DATES
Month Day Year 07 10 1989
Month Day Year 10 30 1989
Month Day Year 01 01 1990

27. EDUCATIONAL INSTITUTION'S CERTIFICATION
I, the Authorizing Official, certify that the information contained in this application is true, complete, and correct and that I warrant the information provided by the student, including, but not limited to, identifying status and current address, is true and correct and meets the eligibility requirements listed in the FSLA, statute and Section 602 of the FSLA.
I have read, understood, and agree to the terms of the "Educational Institution's Certification", including the responsibility of the institution and the student to repay the FSLA loan.
NAME OF AUTHORIZED OFFICIAL (Print or Type) Donna L. Bates TITLE Dir Fin Aid
SIGNATURE OF AUTHORIZED OFFICIAL Donna L. Bates

28. ADDITIONAL INFORMATION

NEW LEANING INSTITUTION

SECTION II - TO BE COMPLETED BY THE LENDING INSTITUTION

NAME OF LENDING INSTITUTION
PHEAAREAL
P.O. Box 3988
Harrisburg

17500

TELEPHONE
717 289-214

30. TOTAL AMOUNT
LENDER APPROVES \$0,150,000.00

32. ESTIMATED NET INSTALLMENT AMOUNTS
1st \$10,140.00
2nd \$6,611.85
3rd \$1,111.11

33. ESTIMATED INSTALLMENT DATES
6/7 7/8 8/9
1/10 2/11 3/12

STOP - REVIEW TOTAL APPLICATION BEFORE PROCESSING

34. LENDING INSTITUTION'S CERTIFICATION

I, the Authorizing Official, certify that I have complied with all NEAL statutes, regulations, and contracts with the Secretary concerning the... certify that the applicant has been determined to be creditworthy, as described in Section 66.58 of the NEAL regulations...

I have read, understood, and agree to the terms of the "Lending Institution's Certification"...

NAME OF AUTHORIZED LENDING OFFICIAL (Print or Type)
Low Bianchi

TITLE
Loan Manager

SIGNATURE OF AUTHORIZED LENDING OFFICIAL
Low Bianchi

DATE

WHITE - LENDER COPY CANARY - PHS COPY PINK - SCHOOL COPY GOLD - ...

740000-471

PA18801438

HEALTH EDUCATION ASSISTANCE LOAN PROGRAM

Promissory Note - Variable Rate

024913

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ALTERNATIVE LOANS

Last Name (Print or type) Nellermoe	First Name Mark	Middle Initial D	Social Security Number (SSN)
Other Name(s) Used			
PERMANENT (HOME) ADDRESS	City	State	Zip Code
TELEPHONE		Area Code/Telephone Number	

PROMISE TO PAY

I, Mark D. Nellermoe, the borrower, promise to pay to the Pennsylvania Higher Education Assistance Agency (the "Agency") (the lender), or the subsequent holder of this Note, the principal sum of \$ 2900 to the extent it is advanced to me, to pay interest on the principal sum as set out below and to pay authorized late charges, all reasonable attorney's fees, and other costs and charges that are permitted by Federal regulations and are necessary for the collection of any amount not paid when due. This Note is under an Agency program which is funded in part by one or more Revenue Bond Issues under Trust Indentures with Dauphin Deposit Bank and Trust Company, Harrisburg, Pennsylvania, as Trustee (the "Trustee"). Under certain circumstances this Note may be sold or assigned to third parties or transferred out from under the lien of the Indenture.

The Lender and I further understand and agree that:

NOTIFICATION
I must immediately notify the lender (in this Note, the term "lender" includes a subsequent holder of the Note) in writing if any of the following occurs to me before the loan is repaid in full: 1) change of address, 2) name change (e.g., maiden name to married name), 3) failure to enroll in a HEAL school for the period for which the loan is intended, 4) transfer to another school, 5) withdrawal from school or attendance on a less than full-time basis, 6) graduation, 7) failure to begin any activity eligible for deferment status, or 8) cessation of participation in an activity eligible for deferment status.

INTEREST
1. Beginning on the day the loan is disbursed, interest shall accrue. Payment of the interest accruing before the beginning of the repayment period may be postponed until the date upon which repayment of principal is required to begin or to resume. Interest which has accrued and is not paid may be added to the principal sum of this Note not more frequently than every six months. Beginning when the repayment period commences, interest shall accrue and be paid as set forth in the Repayment Schedule which the lender shall establish and provide to me.
2. Interest shall accrue and be payable at a yearly rate of interest which is equal to a variable rate calculated by the Secretary of the Department of Health and Human Services for each calendar quarter and computed by determining the average of the bond equivalent rates for the ninety-one day U.S. Treasury Bills auctioned during the preceding quarter, plus three percent, rounding this figure to the nearest one-eighth of one percent.
However, (a) so long as this Note is not in repayment and is held by the Agency or the Trustee and has not been transferred out from under the lien of the Indenture a credit may be computed every month and applied every six (6) months or (b) if the Note is in repayment and held by the Agency or the Trustee and has not been transferred out from under the lien of the Indenture a credit may be computed and applied every month which credit will be a reduction of the interest accrued pursuant to the United States Treasury Regulations on arbitrage bonds (26 CFR § 1.103-13 et seq.) as applicable to the Bonds.
3. Any changes in the yearly rate of interest will affect the payment amounts, the number of payments, or the amount due at maturity.

INSURANCE PREMIUM
I agree to pay the lender, in addition to interest and principal due, an amount equal to the premium that the lender is required to pay to the Secretary in order to provide insurance coverage on this Note. Payment of an insurance premium calculated in accordance with instructions issued by the Secretary shall be due and payable immediately and may be taken by the lender from the loan proceeds.

PREPAYMENT
I may, at my option and without penalty, prepay all or any part of the principal and accrued interest at any time. If I pay off early, I will not have to pay a penalty. If I pay off early, I will not be entitled to a refund of part of the insurance premium.

REPAYMENT
1. Repayment shall be made in monthly installments over a repayment period which starts the first day of the tenth month after the month in which:
(A) I cease to be a full-time student at a HEAL school;
(B)(1) I cease to be a participant in an accredited internship or residency program of not more than four years in duration,¹ or
(2) I complete the fourth year of an accredited internship or residency program of more than four years in duration,¹ or
(C) I cease to be a participant in a fellowship training program not in excess of two years or a participant in a full-time educational activity not in excess of two years which: (1) is directly related, as defined in program regulations, to the health profession for which I prepared at a HEAL school, and (2) in which I may engage during a two-year period which begins within twelve months after I complete my participation in an internship or residency program described in clause (B)(1) or clause (B)(2) of this paragraph or before I complete my participation in such an internship or residency program.
2. The repayment period shall not be less than ten years nor more than twenty-five years. Any period described under DEFERMENT shall not be included in determining the ten or twenty-five year periods. If I receive my first HEAL loan on or after October 22, 1985, the repayment period shall not extend to a date that is more than

Except that if I have received a HEAL loan before October 22, 1985, and I become an intern or a resident in an accredited program before the first day of the tenth month after I cease to be a full-time student at a HEAL school, then the repayment period begins on the first day of the tenth month after I cease to be an intern or a resident.

thirty-three years from the date on which I signed this Promissory Note. If I received any HEAL loan prior to October 22, 1985, however, any period described under DEFERMENT shall not be included in determining the thirty-three year period.
3. At least thirty and not more than sixty days before the commencement of my repayment period, I must contact the holder of my loan to establish the precise terms of repayment. My repayment schedule will require monthly payments. However, I may select a monthly repayment schedule with substantially equal installments or a monthly repayment schedule with graduated installments that increase in amount over the repayment period if I contact the holder of my loan within the period described. If I do not contact the holder and do not respond to contacts from the holder, the holder may establish a monthly repayment schedule with substantially equal installment payments, subject to the terms of this Note.
4. The terms and conditions of repayment are set forth in a separate Repayment Schedule which the lender shall establish and provide to me at the beginning of the repayment period.
5. Unless I agree otherwise, I shall make a minimum annual repayment of an amount equal to the annual interest on the unpaid principal balance. Except as provided above, if I have other outstanding HEAL loans, the sum of all payments on all holders on my HEAL loans shall not be less than an amount equal to the total consolidated interest on the unpaid principal balance.
6. I understand that this loan must be repaid in accordance with my Repayment Schedule. If my account becomes overdue for more than sixty days, the lender will notify an appropriate consumer credit reporting agency of this, which may significantly and adversely affect my credit rating. The lender must also use collection agencies and utilize other collection activities (which may include litigation) if my account becomes overdue.

CREDIT REPORTING AGENCY
My educational institution or my lender may disclose my loan and any other relevant information, to appropriate consumer credit reporting agencies. If I am more than sixty days past due in making a scheduled payment, the lender or my lender will notify an appropriate consumer credit reporting agency of my past due status and any other relevant information.

LATE CHARGE
If a scheduled payment is late, I will be charged five cents for each dollar of the installment payment due.

GENERAL
The terms of this Note shall be construed to the Law (42 U.S.C. 294-2941) and the Federal regulation (42 CFR Part 60) governing the administration of the Health Education Assistance Loan (HEAL) Program, copies of which are on file with the holder of this Note.

I agree that all proceeds from this loan will be used solely for tuition and other reasonable education expenses, including fees, books, supplies and equipment and laboratory expenses, reasonable living expenses, reasonable transportation expenses (to the extent they are directly related to my education), and the HEAL insurance premium. I further agree that the check(s) for the proceeds of this loan shall be made payable jointly to me and the eligible institution in which I am enrolled.

I have read and understand the Additional Terms and Statement of Rights and Responsibilities printed on the reverse side of this form.

By my signature below I CERTIFY that I have read and understand my rights and responsibilities regarding the HEAL loan under this Promissory Note.

Date 13 April 90
Mark D. Nellermoe
SIGNATURE OF BORROWER

ADDRESS _____
CITY/STATE/ZIP _____

NOTICE: This note shall be executed without signature and without stamp of the lender or the borrower. The borrower is a minor and this Note is subject to the applicable State law. The lender shall not be held liable for any action taken by the borrower. The lender shall not be held liable for any action taken by the borrower.

ADDITIONAL TERMS

DEFERMENT

- 1. Monthly installments of principal and interest need not be paid, but interest shall accrue:
(A) When I am carrying a full-time course of study at a HEAL school or at an institution of higher education eligible to participate in the Guaranteed Student Loan Program.
(B) When I am participating in a fellowship training program or full-time educational activity for not in excess of two years as described in paragraph 1 under REPAYMENT above.
(C) Not in excess of three years for each of the following when I am:
(1) a member of the Armed Forces of the United States;
(2) in service as a volunteer under the Peace Corps Act;
(3) in service as a full-time volunteer under Title I of the Domestic Volunteer Service Act of 1973; and
(4) a member of the National Health Service Corps.
(D) Not in excess of four years when I am a participant in an accredited internship or residency program.
2. To receive a deferment, including a deferral of the onset of the repayment period (see REPAYMENT), I must, prior to the onset of the activity and annually thereafter, submit to the lender evidence of my status in the deferment activity and evidence that verifies deferment eligibility of the activity. It is my responsibility to provide the lender with all required information or other information regarding the requested deferment.

DEATH/DISABILITY

If I die or become totally and permanently disabled, my unpaid indebtedness on this Note shall be cancelled in accordance with applicable Federal statute and regulations.

FORBEARANCE

I have the right to be granted forbearance whenever I am temporarily unable to make scheduled payments on my HEAL loan and I continue to repay the loan in an amount commensurate with my ability to repay the loan unless the Secretary determines that my default is inevitable and the forbearance will be ineffective in preventing default. A lender must exercise forbearance in accordance with terms

BORROWER'S RIGHTS

- 1. The lender (holder) cannot change the terms of my HEAL loan without my consent.
2. The lender must provide me with a copy of the completed promissory note when the loan is made. The lender (holder) must return the note to me when the loan is paid in full.
3. The loan check or draft must be made payable jointly to me and the school. The check or draft must require my endorsement.
4. The lender (holder) will provide me with a repayment schedule before the repayment period begins.
5. If the loan is sold from one lender to another lender, or if the loan is serviced by a party other than the lender, the holder must notify me within 30 days of the transaction and I must be sent a notification which spells out my obligations to the new holder.
6. I have a right to a 9-month "grace period" before repayment begins after I have completed school attendance, internship and residency in an accredited program, or a fellowship training program or full-time educational activity approved by the Secretary for this purpose.
7. I have a right to deferment of principal and interest repayments if certain conditions exist. Under deferment, I am not required to make payments on the loan principal or interest for a period of time. To receive a deferment, including a deferral of the onset of the repayment period (See Section 6011(a) of the HEAL regulations), I must, prior to the onset of the activity and annually thereafter, submit to the holder of the note evidence of my status in the deferment activity and evidence that verifies deferment eligibility of the activity. It is my responsibility to provide the lender with all required information or other information regarding the requested deferment.
8. I have a right to repay the whole amount of my loan at any time without a penalty.
9. I may select a monthly repayment schedule with substantially equal payments or a monthly repayment schedule with substantially equal payments that increase in amount over the repayment period. The balance of my loan at least 30 and not more than 60 days before the commencement of my repayment period to establish the precise terms of repayment.
10. My loan obligation will be cancelled in the event of my death or total disability in accordance with applicable Federal statute and regulations.
11. "Forbearance" means an extension of time for making payments or the acceptance of smaller payments than were originally scheduled to prevent my defaulting on my payment obligations. I have the right to be granted forbearance whenever I am temporarily unable to make scheduled payments on my HEAL loan and I continue to repay the loan in an amount commensurate with my ability to repay the loan unless the Secretary determines that my default is inevitable and the forbearance will be ineffective in preventing default. A lender must exercise forbearance in accordance with terms that are consistent with the twenty-five year limitations on the length of repayment if the lender and the borrower agree in writing to the new terms. Each forbearance period may not exceed six months and the total period of forbearance (with or without interruption) granted to me must not exceed 2 years unless an extension is granted by the Secretary.
12. The lender (holder) must notify me in writing of the balance owed for principal, interest, insurance premiums, and any other charges and fees owed to the lender (holder) at least every 6 months from the time my last scheduled payment

that are consistent with the twenty-five and thirty-three year limitations on the length of repayment if the lender and the borrower agree in writing to the new terms. Each forbearance period may not exceed six months and the total period of forbearance (with or without interruption) granted to me must not exceed two years unless an extension is granted by the Secretary.

DEFAULT

If I do not make payments when due, my loan may be declared in default. If I default, the Federal Government will take over my loan and I will then owe the Government. The Federal Government will actively pursue me for repayment of the debt, including the use of collection agents and reporting my default to consumer credit reporting agencies or to the Internal Revenue Service for purpose of locating me or for income tax refund offset, and referral to the Department of Justice for litigation. I may be the subject of court action to force me to pay. The Secretary may also cause to be reduced Federal reimbursements or payments for health services under any Federal law to borrowers who are practicing their professions and have defaulted on their loans, and may make other administrative offsets, including salary offsets for Federal employees. The Government may also report any written off debt to the Internal Revenue Service as taxable income, and may undertake any other debt collection procedures in accordance with the Claims Collection Regulations (45 CFR Part 30).

- 1. In the event of my default on this loan, the entire unpaid loan including interest due and accrued shall, at the option of the holder of this Note, become immediately due and payable.
2. If I fail to make a scheduled payment, or fail to comply with any other term of this Note, the lender may: (a) refer my loan to a collection agency for further collection efforts; (b) initiate legal proceedings against me; (c) refer my loan to the Secretary for collection assistance; and (d) obtain my address from the Internal Revenue Service through the Secretary, if the lender has no current address for me.

BANKRUPTCY

I may not have my loan discharged in bankruptcy during the first five years of the repayment period, under any chapter of the Bankruptcy Act, including Chapter 13. I may have a HEAL loan discharged in bankruptcy after the first five years of the repayment period only upon finding by the Bankruptcy Court that the non-discharge of such debt would be unconscionable and upon the condition that the Secretary shall not have waived his or her rights to reduce any Federal reimbursement or Federal payments for health services under any Federal law in amounts up to the balance of the loan.

BORROWER'S RESPONSIBILITIES

- 1. I understand that there is no interest subsidy on a HEAL loan and that I must pay all interest on the loan. If I do not make payments on time or if I default, the total amount to be repaid will be increased by late charges and may be increased by additional interest costs, attorney's fees, court costs and other collection costs.
2. I agree to pay an insurance premium if charged by the lender, not to exceed the amount the lender is required to pay to the Secretary to provide insurance coverage on a HEAL loan. I understand that I will not be entitled to any refund on this premium.
3. I must immediately notify the lender (holder) in writing if any of the following occurs to me before the loan is repaid in full: a. change in address, b. name change (e.g., maiden name to married name), c. failure to enroll in a HEAL school for the period for which the loan is intended, d. transfer to another school, e. withdrawal from school or attendance on a less than full-time basis, f. graduation, g. failure to begin any activity eligible for deferment status, or h. cessation of participation in an activity eligible for deferment status.
4. I must notify the lender (holder) of any occurrence which may affect my eligibility to receive or to continue to receive a deferment of principal and interest payments.
5. To receive a deferment, including a deferral of the onset of the repayment period (See Section 6011(a) of the HEAL regulations), I must, prior to the onset of the activity and annually thereafter, submit to the holder of the note evidence of my status in the deferment activity and evidence that verifies deferment eligibility of the activity. It is my responsibility to provide the lender with all required information or other information regarding the requested deferment.
6. I understand that the loan will be repaid in accordance with my repayment schedule. If I do not make a scheduled payment, or fail to comply with any other term of this Note, the lender may: (a) refer my loan to a collection agency for further collection efforts; (b) initiate legal proceedings against me; (c) refer my loan to the Secretary for collection assistance; and (d) obtain my address from the Internal Revenue Service through the Secretary, if the lender has no current address for me.

HEAL

STUDENT LOAN

State of Maryland

Name of Borrower: MARK D. WATSON

Address: 12/30/96

Date: 12/30/96

REMOVE FORM FROM ENVELOPE BEFORE COMPLETING

PHREA STUDENT APPLICATION FOR A HEALTH EDUCATION ASSISTANCE LOAN

WARNING: Any person who knowingly makes a false statement or misrepresentation in a HEALTH EDUCATION ASSISTANCE LOAN or attempts to obtain a HEALTH EDUCATION ASSISTANCE LOAN is subject to a fine of imprisonment under Federal Statute.

FOR PHS USE ONLY

SECTION 1 - TO BE COMPLETED BY APPLICANT (IMPORTANT: READ INSTRUCTIONS BEFORE COMPLETING)

1A. NAME Callie Marie

1B. OTHER NAME USED _____

1C. SOCIAL SECURITY NUMBER _____

1D. HOME ADDRESS _____

1E. CITY _____

1F. STATE _____

1G. TEMPORARY SCHOOL ADDRESS _____

1H. TELEPHONE _____

1I. DATE OF BIRTH _____

1J. U.S. CITIZENSHIP STATUS U.S. Citizen Not U.S. Citizen

1K. U.S. PERMANENT RESIDENT Yes No

1L. MONTH OF BIRTH _____

1M. LOAN AMOUNT REQUESTED _____

1N. IS THIS THE FIRST HEALTH LOAN YOU HAVE RECEIVED? Yes No

1O. SIGNATURE _____

NAME

18100 PHOTOGRAPH No. 12

SOCIAL SECURITY ACCOUNT NUMBER

17. NAME OF PARENTS OR GUARDIANS OR IF DECEASED, NEAREST LIVING RELATIVE OTHER THAN SPOUSE OR SPOUSE'S PARENTS

NAME AND RELATIONSHIP TO YOU	ADDRESS (include number, street, city, state and ZIP code)	TELEPHONE NUMBER (include area code)
Dale Wellman - father	[REDACTED]	[REDACTED]
Marilyn Wellman - mother	[REDACTED]	[REDACTED]

18. NAME OF SPOUSE AND TWO LIVING ADULT RELATIVES OTHER THAN PERSONS LISTED ABOVE

NAME AND RELATIONSHIP TO YOU	ADDRESS (include number, street, city, state, and ZIP code)	TELEPHONE NUMBER (include area code)
Taran L. Wellman - wife	[REDACTED]	[REDACTED]
Debbie L. Wellman - sister	[REDACTED]	[REDACTED]
Brian A. Wellman - brother	[REDACTED]	[REDACTED]

19. LIST ALL INDEBTEDNESS OF \$100 OR MORE

A. REAL ESTATE

NAME OF LENDER	CITY	STATE	DATE OF LOAN	ORIGINAL AMOUNT	UNPAID BALANCE
SALLY HANE	Merrifield	Mo	7/20/88	\$8500	\$8000
THE NATIONAL	Merrifield	Mo	7/24/89	\$7500	\$5185
Valley National Bank	Des Moines, Ia	Ia	8/25/87	\$20,000	\$1,69

B. OTHER EDUCATIONAL LOANS

NAME OF LENDER	CITY	STATE	DATE OF LOAN	ORIGINAL AMOUNT	UNPAID BALANCE
UOMHS	Des Moines	Ia		\$2000	
Lee Smoking Co.	Merrifield	Mo	7/20/88	\$4000	\$4360
Lee Smoking Co.	Merrifield	Mo	8/10/88	\$7500	\$7500
NSL (NSC)	Merrifield	Mo	9/18/88	\$9000	\$4800
Valley National	Des Moines	Ia	8/25/87	\$7500	\$7500

C. OTHER CONSUMER OR PERSONAL DEBTS AND LOANS

NAME OF LENDER	CITY	STATE	DATE OF LOAN	ORIGINAL AMOUNT	UNPAID BALANCE
Method Financial	Des Moines	Ia	11/21/87	\$6587.18	\$3417.98
Chase	Des Moines	Ia	Amesbury	\$1000	\$500
Master Card, Valley National Bank	Des Moines	Ia	Amesbury	\$1225	\$1225

20. HAVE YOU EVER DEFAULTED OR ARE YOU NOW IN DEFAULT ON ANY LOAN (COMMERCIAL, EDUCATIONAL, ETC.) OR OTHER OBLIGATION?

NO YES *IF YES, EXPLAIN THE SITUATION*

I have read, understood, and agree to the terms of the "Borrower's Rights Statement," "Borrower's Responsibilities" statement, and "Borrower's Certification" statement printed on the back of this application. I also authorize the lender, in accordance with the NEAL regulations, to check my credit history, both now and throughout the period of my NEAL loan, to answer questions about the lender's credit experience with me, and to share any information received about me with any subsequent lender of my NEAL loan.

21. SIGNATURE OF APPLICANT

22. SIGNATURE OF BORROWER

23. DATE

Marilyn Wellman

Marilyn Wellman

18 Apr 90

WHITE - LENDER COPY CANARY - PHS COPY PINK - SCHOOL COPY GOLDENROD - STUDENT COPY

NAME Dell Lechide James Mark

SOCIAL SECURITY ACCOUNT NUMBER [REDACTED]

SECTION 1 - TO BE COMPLETED BY THE EDUCATIONAL INSTITUTION (IMPORTANT: READ INSTRUCTIONS BEFORE COMPLETING)

17. NAME OF EDUCATIONAL INSTITUTION University of Osteopathic Medicine and Health Sciences

ADDRESS 3200 Grand Ave

City Lowell, MA 01852

TELEPHONE 617 897 1470

18. SCHOOL CODE 026910

19. LEANING YEAR 03190

20. PERIOD OF LEAN 03190

21. ANTICIPATED DATE OF GRADUATION 05191

22. ESTIMATED TOTAL COSTS OF EDUCATION FOR THE LEAN PERIOD

31360.00

31360.00

363.00

125.00

12863.00

18697.00

23. ESTIMATED TOTAL FINANCIAL RESOURCES AND OTHER FINANCIAL ASSISTANCE AVAILABLE FOR LEAN PERIOD

Amount of Any Admissions or Tuition Waivers 0.00

Amount of Any Adjustments to Need Analysis 0.00

Other Financial Assistance 0.00

TOTAL 0.00

24. MAXIMUM AMOUNT OF LOAN REQUESTED

25. REQUESTED INSTALMENT AMOUNTS

11700.00

1697.00

27. EDUCATIONAL INSTITUTION'S CERTIFICATION

I, the Authorizing Official, certify that the information contained in this application is true, complete, and correct and that I have verified, to the best of my ability, the information provided by the student, including, but not limited to, citizenship status and Social Security account number. I further certify that the student applicant named above meets the eligibility requirements listed in the NEAL statute and Section 88.8 of the NEAL Regulations.

I have read, understood, and agreed to the terms of the "Educational Institution's Certification". Further, I have no reason to believe that the borrower named above may not be willing to repay the NEAL loan.

NAME OF AUTHORIZED OFFICIAL Debra A. Hiles TITLE Director of Financial Aid

DATE 4/23/90

ADDITIONAL INFORMATION (651) PREM Nursing R. 4/2/90 675008

NAME

DeLorenzo **MARK**

SOCIAL SECURITY ACCOUNT NUMBER

SECTION III - TO BE COMPLETED BY THE LENDING INSTITUTION (IMPORTANT: READ INSTRUCTIONS BEFORE COMPLETING)

29. NAME OF LENDING INSTITUTION

PHEAA/NEAL

ADDRESS

P.O. Box 3385

Harrisburg

PA 17105

TELEPHONE

717 257 4080

31. TOTAL AMOUNT LENDER APPROVES

\$1,000.00

32. ESTIMATED NET INSTALLMENT AMOUNT

\$170.00

33. ESTIMATED INSTALLMENT DATES

05 22 80

09 09 80

STOP - REVIEW TOTAL APPLICATION BEFORE PROCESSING

34. LENDING INSTITUTION'S CERTIFICATION

I, the Authorizing Official, certify that I have complied with all NEAL statutes, regulations, and orders with the Secretary concerning the NEAL program. I further certify that the applicant has been determined to be creditworthy, as described in Section 80.23 of the NEAL regulations, to accept a loan under the NEAL program.

I have read, understood, and agree to the terms of the "Lending Institution's Certification" statement.

NAME OF AUTHORIZED LENDING OFFICIAL

Lou Bianchi

Loan Manager

SIGNATURE OF AUTHORIZED LENDING OFFICIAL

Lou Bianchi

DATE of signature

05-22-80