[FR Doc. 04–12091 Filed 5–27–04; 8:45 am] BILLING CODE 6690–01–C

#### **EXPORT-IMPORT BANK**

[Public Notice 64]

Agency Information Collection Activities: Submission for OMB Review; Comment Request

**AGENCY:** Export-Import Bank of the U.S. **ACTION:** Notice and request for comments.

**SUMMARY:** The Export-Import Bank of the United States (Ex-Im Bank) provides working capital guarantees to lenders. In assessing the creditworthiness of an applicant, Ex-Im Bank review EIB Form 84–1. This form provides information which allows the Bank to obtain legislatively required reasonable

assurance of repayment, as well as to fulfill other statutory requirements. The form has had no change in content or purpose; it requires only a three-year extension.

**DATES:** Written comments should be received on or before June 28, 2004 to be assured of consideration.

ADDRESSES: Direct all requests for additional information to Pamela Bowers, Export-Import Bank of the U.S., 811 Vermont Avenue, NW., Washington, DC 20571 (202) 565–3792, or *Pamela.bowers@exim.gov.* Direct all comments to David Rostker, Office of Management and Budget, Office of Information and Regulatory Affairs, NEOB, Room 10202, Washington, DC 20503, (202) 395–3897.

## SUPPLEMENTARY INFORMATION:

*Titles and Form Numbers:* U.S. Small Business Administration, Export-Import

Bank of the United States Joint Application for Working Capital Guarantee.

OMB Number: 3048–0003.

Form Number: EIB-SBA 84-1 (Revised 8/2000).

*Type of Review:* Extension of expiration date.

Annual Number of Respondents: 600.
Estimated Time Per Respondent: 2
Hours

Annual Burden Hours: 1,200.

Frequency of Reporting or Use: Upon application for guarantees or working capital Loans advanced by the lenders to U.S. exporters.

Dated: May 24, 2004.

Solomon Bush,

Agency Clearance Officer.

BILLING CODE 6690-01-M

Date Received  U.S. SMALL BUSINESS ADMINISTRATION  EXPORT-IMPORT BANK OF THE UNITED STATES  JOINT APPLICATION FOR WORKING CAPITAL GUARANTEE  PART A. PRINCIPAL PARTIES  1. Borrower/Exporter Please circle the appropriate answer: New to Ex-Im Bank or SBA? Yes No  Company Name  D&B No.  Federal ID No.  Federal ID No.  Fax No.  Address  No. of Full-Time Employees  Clisy  Frimary SIC Code OR North American Industrial  Classification System No. (NAIC.)  Small Business as stipulated by SBA Guidelines? Yes No  "Monen-Owned? Yes No  "Monen-Owned? Yes No  "Monen-Owned? Yes No  Management (Proprieturs, pattners, officers, directors and holders of outstanding stock -100% of ownership must be shown)  Altack sparate sheet of paper if necessary.)  Name and Social Security Number  Complete Address  "To:	(SBA Use Only)				—			(Ex-lm)	Bank Use Or	
CLD. No.   EXPORT-IMPORT BANK OF THE UNITED STATES   JOINT APPLICATION FOR WORKING CAPITAL GUARANTEE	**			propress / pr						• •
Intermediary JOINT APPLICATION FOR WORKING CAPITAL GUARANTEE    PART A. PRINCIPAL PARTIES	Date Received		U.S. SN	AALL BUSINESS ADMIN	ISTRATION					
Address   D&B No.   Telephone No.   Telephone No.   Fax No.   Fax No.   Telephone No.   Teleph	C.I.D. No.		EXPORT-II	MPORT BANK OF THE U	JNITED STATES					
D&B No.	Intermediary		JOINT APPLICA			NTEE				
Company Name    D&B No.   Telephone No.										
Name and Title of Contact Person  Federal ID No.  Fax No.  Fax No.  Address  City  Primary SIC Code OR North American Industrial Classification System No. (NAIC)  Small Business as stipulated by SBA Guidelines? Yes No  *Minority-Owned? Yes No  *Women-Owned? Yes No  *Women-Owned? Yes No  *Women-Owned? Yes No  *Women Size of Complete Address  *This information is collected for statistical purposes only. It has no bearing on the credit decision to approve or decline this application.  *This information is collected for statistical purposes only. It has no bearing on the credit decision to approve or decline this application.  *This information is collected for statistical purposes only. It has no bearing on the credit decision to approve or decline this application.  *This information is collected for statistical purposes only. It has no bearing on the credit decision to approve or decline this application.  *This information is collected for statistical purposes only. It has no bearing on the credit decision to approve or decline this application.  *This information is collected for statistical purposes only. It has no bearing on the credit decision to approve or decline this application.  *To:	1. Borrower/Expor	ter Please ci	rcle the approp	oriate answer: New	to Ex-Im Ban	k or SB	A? Yes		No	
Address   City   State   Zip    Gross Sales   No. of Full-Time Employees   Primary SIC Code OR North American Industrial Classification System No. (NAIC)   Products/Goods/Services to be exported (Description)    Small Business as stipulated by SBA Guidelines? Yes   No   *Wimen-Owned? Yes   No   *Women-Owned? Yes   No   *Military Service   *Race   *Sex   *Sex   No   *To:   ***   *Sex   *Sex	Company Name	N. A.	D&B No.		····		T	elephone No.		
Address   City   State   Zip    Gross Sales   No. of Full-Time Employees   Primary SIC Code OR North American Industrial Classification System No. (NAIC)   Products/Goods/Services to be exported (Description)    Small Business as stipulated by SBA Guidelines? Yes   No   *Wimen-Owned? Yes   No   *Women-Owned? Yes   No   *Military Service   *Race   *Sex   *Sex   No   *To:   ***   *Sex   *Sex										
Gross Sales    No. of Full-Time Employees   Primary SIC Code OR North American Industrial Classification System No. (NAIC)   (Pescription)	Name and Title of Contac	t Person	Federal ID	No.			F	ax No.		······································
Gross Sales  No. of Full-Time Employees  Rimary SIC Code OR North American Industrial Classification System No. (NAIC)  Small Business as stipulated by SBA Guidelines? Yes No  *Wimority-Owned? Yes No  *Women-Owned? Yes No  *To:  *To										
Classification System No. (NAIC)  Small Business as stipulated by SBA Guidelines? Yes No **Mimority-Owned? Yes No **Momen-Owned? Yes No **Momen-Owned? Yes No **Momen-Owned? Yes No **Momen-Owned? Yes No **Milliary Service owned Social Security Number  Complete Address  *To: **Sex **	Address		City	A-100-100-100-100-100-100-100-100-100-10		State	Z	ip		······································
Classification System No. (NAIC)  Small Business as stipulated by SBA Guidelines? Yes No **Mimority-Owned? Yes No **Momen-Owned? Yes No **Momen-Owned? Yes No **Momen-Owned? Yes No **Momen-Owned? Yes No **Milliary Service owned Social Security Number  Complete Address  *To: **Sex **	Grace Sales	No of Full-Time	Employees	Primary SIC Code OR 1	North American It	dustrial	p	roducts/Goods/S	ervices to b	e exported
Management (Proprietors, partners, officers, directors and holders of outstanding stock -100% of ownership must be shown).  (Attach separate sheet of paper if necessary.)  Name and Social Security Number  Complete Address  Complete Address  Management (Proprietors, partners, officers, directors and holders of outstanding stock -100% of ownership must be shown).  (Attach separate sheet of paper if necessary.)  Name and Social Security Number  Complete Address  Management (Proprietors, partners, officers, directors and holders of outstanding stock -100% of ownership must be shown).  (Attach separate sheet of paper if necessary.)  *This information is collected for statistical purposes only. It has no bearing on the credit decision to approve or decline this application.  *This information is collected for statistical purposes only. It has no bearing on the credit decision to approve or decline this application.  *This information is collected for statistical purposes only. It has no bearing on the credit decision to approve or decline this application.  *This information is collected for statistical purposes only. It has no bearing on the credit decision to approve or decline this application.  *This information is collected for statistical purposes only. It has no bearing on the credit decision to approve or decline this application.  *This information is collected for statistical purposes only. It has no bearing on the credit decision to approve or deline this application.  *This information is collected for statistical purposes only. It has no bearing on the credit decision to approve or deline this application.  *This information is collected for statistical purposes only. It has no bearing on the credit decision to approve or deline this application.  *This information is collected for statistical purposes only. It has no bearing on the credit decision to approve or deline this application.  *This information is collected for statistical purposes only. It has no bearing on the credit decision to approve or d		140. 01 I an-Time	Employees							Скропса
Management (Proprietors, partners, officers, directors and holders of outstanding stock -100% of ownership must be shown).  (Attach separate sheet of paper if necessary.)  Name and Social Security Number  Complete Address  No  Complete Address  No  No  No  No  No  No  No  No  No		Small Business as	s stipulated by	*Minority-Owned? Yes	. No					
Management (Proprietors, partners, officers, directors and holders of outstanding stock -100% of ownership must be shown).  (Attach separate sheet of paper if necessary.)  Name and Social Security Number    Complete Address		SBA Guidelines?	Yes No	4117 0 110 17	N					
Complete Address   Complete Address   Security Number   Complete Address   Security Number   Complete Address   Security Number				-women-Owned? Yes	s No					
Name and Social Security Number  Complete Address  96 owned From: To: **Race From: To: **Sex *Sex owned From: To: ***  *To: ***  *To: ***  *To: ***  *To: ***  *To: **Sex *Sex *Sex *Sex *Sex *Sex *Sex *Se				lers of outstanding stock -	100% of ownershi	p must be	shown).			
*To: **   **   **   **   **   **   **   **		<u> </u>		Address		%	*Military Se	rvice	*Race	*Sex
**Please use one of the following categories: 1) American Indian/Alaska Native; 2) Black/African American; 3) Asian; 4) Native Hawaiian/Pacific Islander; 5) White; 6) Ethnicity Hispanic; 7) Not Hispanic.  Affiliate(s) (If more than one, please attach list on separate sheet of paper.)  Company Name  D&B No.  Telephone No.  Address  City  State  Zip  2. Personal Guarantor(s) (If more than one guarantor, please attach separate sheet of paper.)  Name  SSN  Telephone No.  Fax No.  Telephone No.  Fax No.  Address  Telephone No.  Fax No.						owned	1 '			
**Please use one of the following categories: 1) American Indian/Alaska Native; 2) Black/African American; 3) Asian; 4) Native Hawaiian/Pacific Islander; 5) White; 6) Ethnicity Hispanic; 7) Not Hispanic.  Affiliate(s) (If more than one, please attach list on separate sheet of paper.)  Company Name  D&B No.  Telephone No.  Address  City  State  Zip  2. Personal Guarantor(s) (If more than one guarantor, please attach separate sheet of paper.)  Name  SSN  Telephone No.  Fax No.  Telephone No.  Fax No.  Address  Telephone No.  Fax No.								·····		
6) Ethnicity Hispanic, 7) Not Hispanic.  Affiliate(s) (If more than one, please attach list on separate sheet of paper.)  Company Name  D&B No.  Federal ID No.  City  City  City  City  City  State  Zip  Address  City  SSN  Telephone No.  Fax No.  Telephone No.  Fax No.  Telephone No.  Fax No.  State  Zip  Address  Address  City  State  Zip  Address  Address  City  State  Zip	*This information is colle	ected for statistical	purposes only. It h	as no bearing on the credit	decision to appro	ve or decli	ne this applica	tion.	<u> </u>	<u> </u>
Affiliate(s) (If more than one, please attach list on separate sheet of paper.)  Company Name  D&B No.  Federal ID No.  City  City  State  Zip  2. Personal Guarantor(s) (If more than one guarantor, please attach separate sheet of paper.)  Name  SSN  Telephone No.  Tak No.  Telephone No.  Fax No.  Telephone No.  Fax No.  State  Zip  Address  Address  City  State  Zip			: 1) American Indi	an/Alaska Native; 2) Black	√African America	ın; 3) Asiaı	n; 4) Native H	awaiian/Pacific	Islander; 5)	White;
Company Name  D&B No.  Telephone No.  Name and Title of Contact Person  Federal ID No.  City  State  Zip  2. Personal Guarantor(s) (If more than one guarantor, please attach separate sheet of paper.)  Name  SSN  Telephone No. Fax No.  Address  City  State  Zip			list on separate shee	et of paper.)						······································
Address City State Zip  2. Personal Guarantor(s) (If more than one guarantor, please attach separate sheet of paper.)  Name SSN Telephone No. Fax No.  Address City State Zip		5114 P. T.		7	***************************************		T	elephone No.	<del></del>	
Address City State Zip  2. Personal Guarantor(s) (If more than one guarantor, please attach separate sheet of paper.)  Name SSN Telephone No. Fax No.  Address City State Zip										
2. Personal Guarantor(s) (If more than one guarantor, please attach separate sheet of paper.)  Name  SSN Telephone No. Fax No.  Address City State Zip	Name and Title of Contac	et Person	Federal ID	No.			F	ax No.		
2. Personal Guarantor(s) (If more than one guarantor, please attach separate sheet of paper.)  Name  SSN Telephone No. Fax No.  Address City State Zip										
Name         SSN         Telephone No.           Fax No.         Fax No.           Address         City         State         Zip	Address		City				S	tate	Zip	
Name         SSN         Telephone No.           Fax No.         Fax No.           Address         City         State         Zip										
Name         SSN         Telephone No.           Fax No.         Fax No.           Address         City         State         Zip	2. Personal Guaran	tor(s) (If more	than one guarai	ntor, please attach ser	parate sheet of	paper.)				
Address City State Zip		(0) (11 (11010		, ,		F-F/	T	elephone No.		***************************************
Address City State Zip							F	av No		
2. Landon Blesse circle the empropriate appropriate Spring Poul of SPA2 Ves. (If was submit appropriate appropriate propriate	Address		City				S	tate		Zip
5. Lender Flease circle the appropriate answer: New to Ex-thi Dank of SDA: 1es (if yes, sublifit annual report.)	3. Lender Please c	ircle the appro	priate answer	: New to Ex-Im Ban	k or SBA? Y	es (If y	es, submit a	nnual repor	rt.) I	No
Name Federal ID No. Telephone No.	Name		Federal ID No.		Telephone No.					
					Fay No					
l Fax No	Address		City		State			Zip		
Fax No.	Address		City		····		***************************************	Zip		

	PART B. INFORMA	TION ABOU	IT THE TRA	ANSACTION
Loan Amount	Terms and Fees			Type (check one)
\$	6 months 1 ye	ar Oth	er (Specify)	Revolving
			(	
Interest Rate to be Charged		····		Transaction(s) Specific
_	Other Fees or Charges (typ	e and amount	)	Renewal? Yes No
Lender Interest Rate% Per Annum				
If Interest Rate is to be Variable:				Conversion of Preliminary Commitment? Yes
Base Rate				15 #
Adjustment Period				If yes, #
(Monthly, Quarterly, Annually, etc.)				No
Spread				
Base Rate Source (WSJ, LIBOR, etc.)				
Were you assisted by an Ex-Im Bank City/Sta Business Development Center?	te partner or a Small	Yes	No	If yes, please identify; Name & Address
Business Development Center:				Name & Address
			1	Contact Name
				Telephone No.
		1	<u> </u>	
Estimated Total Export Sales to be supported	by this Loan \$			
Principal Countries of Export: (Please identif	v the ton 3 countries	<del></del>		
Timespar Countries of Export. (Flease Identifi	y the top 5 countries.)			
		·		
U.S. Content% (Ex-lm B	ank applicants only)			
		1		
Please estimate the number of jobs to be supp	orted by this Loan:		Maintaine	
Are Performance Guarantees or Standby Lette	rs of Credit to be issued	Yes	Addition No	al jobs created  Percentage of Loan to be utilized for performance guarantees
under this Loan?	is of Credit to be issued	100	1	%
Discount of the control of the contr			1.36	TIC .
Please answer the following questions with Military Is the Buyer associated in any way		Yes	No	If yes, please attach a description of the buyer or items, as
items to be used by the military, or are they de				applicable.
military application?  Nuclear Are the items to be used in the const	truction alteration	Yes	No	If yes, please attach a description of the items.
operation, or maintenance of nuclear power,	enrichment, reprocessing,	103	1	(Ex-lm Bank applicants only)
research, or heavy water production facilities?		No.	N-	The state of the inner of the i
Environmental Are the products to be used to project or have perceptible environmental ben		Yes	No	If yes, please attach a description of the items and answer the following:
				Identify the project:
				Project Location:
				Project Sector or Industry:
				If not related to a specific project, the products are to be used to
				create an environmental benefit in:
				(Please identify Sector)
Are the items on the U.S. Munitions Control	Liet (Part 121 of Title 22	Yes	No	If yes, please attach a description of the items. If uncertain
of the Code of Federal Regulations), OR do the	ney require a validated	165	110	whether a validated export license is required, written verification
export license from the Bureau of Export Adn				from the appropriate licensing agency may be required before loan approval.
				(Ex-Im Bank applicants only)

#### PART C. CERTIFICATIONS

# Borrower/Exporter Certification

The Borrower/Exporter certifies that the facts stated and the representations made in this application and any attachments to this application are true, that the Borrower/Exporter has not omitted any material facts, and that the Borrower/Exporter is not delinquent on any amounts due and owing to the U.S. Government or its agencies or instrumentalities as of the date hereof.

The undersigned further certifies that it is not currently, nor has it been within the preceding three years: 1) debarred, suspended or declared ineligible from participating in any Federal program; 2) formally proposed for debarment, with a final determination still pending; 3) voluntarily excluded from

Reg		I transaction; or 4) indicte Debarment and Suspension							
		vingly makes a false staten mprisoned for not more that						n a loan guarantee from S	BA or Ex-Im Bank may be
Ple 1.		priate answer. Attach co ling or threatened liens, tax						the:	
	Borrower	YES	NO	Guarant	or		YES	NO	
2.		Exporter or its owner(s), or nvoluntary bankruptcy pet			led fo	r protection	under U	.S. bankruptcy laws?	
	Borrower	YES	NO	Guarai	itor		YES	NO	
3.	Has the Borrower/I	Exporter or its owner(s) or	affiliates, o	or the Guar	antor	ever previo	isly requ	ested U.S. Government fi	nancing?
	Borrower	YES	NO	Guaran	tor		YES	ИО	
4.	criminal offense; of	or Guarantor: (a) present or (c) ever been convicted, for any criminal offense of	placed on p	oretrial div	ersion	, or placed			
	Borrower	YES	NO	Guarai	itor		YES	NO	
5.	(SBA APPLICAN		YES		NO	If no, give	alien reg	sistration number:	
	of Borrower/Exporte	er*	Date			e of Guaran	tor*		Date
Signa						ature			
Name	and Title (Print or T	ype) *Please attach a signed.				e and Title			
of i ame app	Lender Certificate Lender certifies that is knowledge and bel ounts due and owing lication, the Lender of the Lender further certification of the Lender further certification of the Lender further certification of the Lender further and submit a Sometime of the Lender further in participation in a Federa Lender Certification of the Lend	the facts stated and the re- ief after due diligence, the tothe U.S. Government of certifies that it would not be flies to the best of his or he g to influence an officer of congress in connection of tandard Form-LLL, "Disc- ing or entering into this tract to a civil penalty of not be ained from Ex-Im Bank or certifies that it is not curre y Federal program; 2) form It transaction; or 4) indicte Debarment and Suspension	presentation at the Lender its agencie willing to r knowledge employee with this colosure Formansaction in less than \$1 SBA. ently, nor healtly proposed, convicted.	ns made i i er has not is so or instruction make this e and belie of any age miniment in to Report posed by 0,000 and as it been is ed for deb d or had a	n this omitt menta loan of, that noy, a provi Lobb Section not n within armer civil j	application ed any mate dilities as of the without the different firms of the ding for the ging in account 1352, Tithore than \$1 the precedit, with a finudgment rer	and any rial facts he date of guarante s have b Congres United Stordance le 31, US 00,000 f	attachments to this applied, and that the Lender is not this application. By signe of Ex-Im Bank or SBA.  een paid or will be paid to, an officer or employee States to guarantee a loan with its instructions. Sult S Code. Any person who or each such failure. If Silvears: 1) debarred, suspenination still pending; 3) gainst it for any of the officer.	ot delinquent on any gning and submitting this o any person for of Congress, or an , the undersigned shall omission of this statement fails to file the required tandard Form-LLL is
An	y Lender who knowir		nt or conce	als a mater	ial fac	t in order to	obtain a		al interest in the applicant BA or Ex-Im Bank may be
	of Lender				D	ate			
Signa									
Name	and Title (Print or T	ype)							

# Right of Financial Privacy Act of 1978 (12 U.S.C. 3401)

This is notice to you as required by the Right of Financial Privacy Act of 1978, of SBA/Ex-Im Bank's access rights to financial records held by financial institutions that are or have been doing business with you or your business, including any financial institutions participating in a loan or loan guarantee. The law provides that SBA/Ex-Im Bank shall have a right of access to your financial records in connection with its consideration or administration of assistance to you in the form of a Government loan or loan guarantee agreement. SBA/Ex-Im Bank is required to provide a certificate of its compliance with the Act to a financial institution in connection with its first request for access to your financial records, after which no further certification is required for subsequent accesses. The law also provides that SBA/Ex-Im Bank's access rights continue for the term of any approved loan or loan guarantee agreement. No further notice to you of SBA/Ex-Im Bank's access rights is required during the term of any such agreement.

The law also authorizes SBA/Ex-Im Bank to transfer to another Government authority any financial records included in an application for a loan, or concerning an approved loan or loan guarantee, as necessary to process, service or foreclose on a loan or loan guarantee or to collect on a defaulted loan or loan guarantee. No other transfer of your financial records to another Government authority will be permitted by SBA/Ex-Im Bank except as required or permitted by law.

Under the Paperwork Reduction Act of 1995 (44 U.S.C. chapter 35) and the Privacy Act of 1974 (5 U.S.C. 552a), the applicant is hereby notified that:

- (1) The purpose of the information collected in this application is to determine the eligibility of the request.
- (2) The information collected will be analyzed to determine the ability of the participants to perform the transaction and pay for it.
- (3) **Public burden** reporting for this collection of information is estimated to average 2 hours per response, including time for reviewing instructions, searching existing data sources, gathering the data needed, and completing and reviewing the collection of information. Send **comments** regarding the burden estimate or any other aspect of the collection of information, including suggestions for reducing this burden to Office of Management and Budget, Paperwork Reduction Project OMB#3048-0009, Washington, D.C. 20503.
- (4) This information is being requested under the authority of the Export-Import Bank Act of 1945 (12 U.S.C. 635-635i-7); disclosure of this information is mandatory; and failure to provide the requested information may result in Ex-Im being unable to determine your eligibility for the transaction being requested.
- (5) The information collected will be held confidential subject to the Freedom of Information Act in Title 5, United States Code, Section 552, and the Privacy Act of 1974 (5 U.S.C. 552a).
- (6) Ex-Im may not require the information requested in this application and applicants are not required to respond unless a currently valid OMB control number is displayed on the form (see upper right of each page).

#### APPLICATION INSTRUCTIONS

#### PART A. PRINCIPAL PARTIES

- Borrower/Exporter. Complete this section with information on the individual or corporate borrower. Provide the preliminary SIC code OR North American Industrial Classification System No. (NAIC) of the borrower, rather than the product being exported.
   Management. Complete this section for each proprietor, partner, officer or director owning 20% or more of the company.
- 2. Personal Guarantor(s). The personal guarantee of the owner(s) is required in most cases.
- 3. Lender. Leave blank if you are applying for a Preliminary Commitment and a prospective lender has not been identified.

#### PART B. INFORMATION ABOUT THE TRANSACTION

Provide the loan amount, term and type of loan requested, and answer all questions in Part B. (See also Checklist item 2 below.)

#### PART C. CERTIFICATIONS

This section must be signed by an authorized representative of the borrower and, if a request for a final commitment, an authorized representative of the lender

# CHECKLIST OF INFORMATION TO BE ATTACHED (Note: All Attachments must be signed and dated by all person(s) signing this form.)

Yes N/A

BACKGROUND	
<ol> <li>Brief resume of principals and key employees, History of business; copy of business plan, if available; identify whether sole proprietorship, general partnership, limited liability company (LLC), corporation and/or subchapter-S corporation.</li> </ol>	
2. Explanation of use of proceeds and benefits of the loan guarantee, including details of the underlying transaction(s) for which the loan is needed, including country(s) where the buyers are located.	
TRANSACTION	
<ol> <li>Attach product literature. If applicable, attach description of items if they are nuclear, military, environmental, on the U.S. Munitions Control List, or require an export license.</li> </ol>	
4. Copy of letter of credit and/or copy of buyer's order/contract, if available.	
5. Export credit insurance-related material (policy, application, buyer credit limit), if applicable.	
6. Copy of export license, if required.	
FINANCIAL INFORMATION	
7. Business financial statements (Balance Sheet, Income Statement, statement of Cash	
Flows) for the last three (3) years, if applicable, supported by the most recent Federal income tax return for the business.	
SBA applicants must submit the last three (3) years of signed, Federal income tax returns for the business.	
8. Current financial statement (interim) dated within ninety (90) days of the date of application filing.	
9. Aging of accounts receivable and accounts payable.	
10. Schedule of all principal officer/owner's compensation for the past three (3) years and current year to date [if none, please indicate].	
11. Signed joint personal financial statements(s) of each major shareholder(s)/partner(s), owner(s), of the company (with 20% or greater ownership, including assets and liabilities of both spouses) and their most recent Federal income tax return; (not required for venture capital partners).	
12. Estimate of monthly cash flow for the term of the loan, highlighting the proposed export transaction.	
13. Description of type and value of proposed collateral to support the loan (company assets/export product, i.e., inventory, accounts receivable, other).	
14. If Lender, attach Credit memorandum. For SBA Applications, attach D&B Report and Personal Credit Reports on Principals and Guarantors.	
15.For Ex-Im Bank Applications only: Nonrefundable \$500 application fee for a Preliminary Commitment or nonrefundable \$100 application fee for a Final Commitment, whichever is applicable, by check or money order made out to the Ex-Im Bank.	
16. SBA Form 1261 (SBA Applicants only)	
17. Copy of IRS Form 4506 (original to be submitted to IRS by the Lender). (SBA Applicants only)	

		WARDING INSTRUCTIONS		
	circle the appropriate answer.			
1.	If submitted by a Borrower/Exporter  a. Is Borrower/Exporter's requested loan amount in Part \$1,111,111 or less?	В,	YES	NO
	b. Is Borrower/Exporter a small business, as defined by Title 13 CFR Part 121.601?		YES	NO
	If answer to <i>both</i> of the above is YES, send entire se SBA Representative in the U.S. Export Assistance Center Call (800) 827-5722 for the address.			
	If answer to $both$ of the above is NO, send entire set	of materials to:		
	Export-Import Bank of the U.S. Office of Credit Applications and Processing 811 Vermont Avenue, NW Washington, DC 20571			
2.	If submitted by a Lender.			
	a. <b>SBA Participating Lenders</b> must submit with this apequal to 0.25% of the guaranteed amount of the loan of twelve (12) months or less.			
	b. Is Lender using its <b>Ex-Im Bank Delegated Authority</b> ? If YES, send the application, the Loan Authorization N appropriate facility fee, and the \$100 application fee to <i>irrespective of the guarantee amount</i> .	otice (two (2) originals), the	YES	NO
Pul	olic Burden Statements			
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# FARM CREDIT SYSTEM INSURANCE CORPORATION

## **Sunshine Act Meeting**

**AGENCY:** Farm Credit System Insurance Corporation Board.

**ACTION:** Regular meeting.

**SUMMARY:** Notice is hereby given of the regular meeting of the Farm Credit System Insurance Corporation Board (Board).

**DATE AND TIME:** The meeting of the Board will be held at the offices of the Farm Credit Administration in McLean, Virginia, on June 10, 2004, from 10 a.m. until such time as the Board concludes its business.

#### FOR FURTHER INFORMATION CONTACT:

Jeanette C. Brinkley, Secretary to the Farm Credit System Insurance Corporation Board, (703) 883–4009, TTY (703) 883–4056.

ADDRESSES: Farm Credit System Insurance Corporation, 1501 Farm Credit Drive, McLean, Virginia 22102.

**SUPPLEMENTARY INFORMATION:** Parts of this meeting of the Board will be open to the public (limited space available), and parts will be closed to the public. In order to increase the accessibility to Board meetings, persons requiring assistance should make arrangements in advance. The matters to be considered at the meeting are:

## **Open Session**

A. Approval of Minutes

• March 26, 2004 (Regular Meeting)

#### B. Business Reports

- Financials
- Evaluation of Options for Meeting Accounting/Financial Report Requirements
  - Report on Insured Obligations
- Quarterly Report on Annual Performance Plan

C. New Business

 Proposed Rule on Golden Parachute and Indemnification Payments

#### **Closed Session**

• Report on System Performance

# Dated: May 26, 2004. Jeanette C. Brinkley,

Secretary, Farm Credit System Insurance Corporation Board.

[FR Doc. 04-12265 Filed 5-26-04; 12:09 pm]

BILLING CODE 6710-01-P

# FEDERAL COMMUNICATIONS COMMISSION

# Public Information Collection(s) Requirement Submitted to OMB for Emergency Review and Approval

May 20, 2004.

**SUMMARY:** The Federal Communications Commission, as part of its continuing effort to reduce paperwork burden invites the general public and other Federal agencies to take this opportunity to comment on the following information collection(s), as required by the Paperwork Reduction Act of 1995, Public Law 104-13. An agency may not conduct or sponsor a collection of information unless it displays a currently valid control number. No person shall be subject to any penalty for failing to comply with a collection of information subject to the Paperwork Reduction Act (PRÁ) that does not display a valid control number. Comments are requested concerning (a) whether the proposed collection of information is necessary for the proper performance of the functions of the Commission, including whether the information shall have practical utility; (b) the accuracy of the Commission's burden estimate; (c) ways to enhance the quality, utility, and clarity of the information collected; and (d) ways to minimize the burden of the collection of information on the respondents, including the use of automated collection techniques or other forms of information technology.

**DATES:** Written Paperwork Reduction Act (PRA) comments should be submitted on or before June 28, 2004. If you anticipate that you will be submitting comments, but find it difficult to do so within the period of time allowed by this notice, you should advise the contacts listed below as soon as possible.

ADDRESSES: Direct all PRA comments to Kristy L. LaLonde, Office of Management and Budget, Room 10234 NEOB, Washington, DC 20503, (202) 395–3087, or via fax at 202–395–5167 or via Internet at

Kristy\_L.\_LaLonde@omb.eop.gov, and Judith B. Herman, Federal Communications Commission, Room 1–C804, 445 12th Street, SW., Washington, DC 20554 or via internet to Judith-B.Herman@fcc.gov.

FOR FURTHER INFORMATION CONTACT: For additional information or copies of the information collections contact Judith B. Herman at 202–418–0214 or via internet at Judith-B.Herman@fcc.gov.

**SUPPLEMENTARY INFORMATION:** The Commission has requested emergency

OMB processing review of this new information collection with an OMB approval by June 7, 2004.

OMB Control Number: 3060–XXXX. Title: Regulatory Fee Assessment Notifications.

Form No.: N/A.

Type of Review: New collection. Respondents: Business or other forprofit, not-for-profit institutions, and State, local and tribal government. Number of Respondents: 1,130.

Estimated Time Per Response: .25 hours (15 minutes).

Frequency of Response: On occasion reporting requirement.

Total Annual Burden: 283 hours. Total Annual Cost: N/A.

Needs and Uses: Each year the Commission collects Congressionallymandated regulatory fees from its regulates based on a schedule of fees that it establishes in an annual rulemaking proceeding. In the past years, the Commission pulled licensee addresses from its databases and mailed to these licensees Public Notices that (1) announced when regulatory fees are due; and (2) provided guidance for making fee payments. For the FY 2004 regulatory season, the Commission is going to send fee assessments to cable TV operators, media services licensees, and commercial mobile radio service (CMRS) licensees so that they have an opportunity to counter, update or rectify basic license data and assessed fee amounts well before the actual due date for submission of regulatory fee payments. We will use the information to update our database.

Federal Communications Commission.

#### William F. Caton,

Deputy Secretary.

[FR Doc. 04–12165 Filed 5–27–04; 8:45 am]

BILLING CODE 6712-01-P

# FEDERAL COMMUNICATIONS COMMISSION

## Notice of Public Information Collection(s) Being Reviewed by the Federal Communications Commission, Comments Requested

May 20, 2004.

SUMMARY: The Federal Communications Commission, as part of its continuing effort to reduce paperwork burden invites the general public and other Federal agencies to take this opportunity to comment on the following information collection(s), as required by the Paperwork Reduction Act (PRA) of 1995, Public Law 104–13. An agency may not conduct or sponsor a collection of information unless it displays a currently valid control