OPERATING PARTNER APPLICATION

Dear Applicant,

We appreciate your interest in becoming a Koala ABA & Learning Centers Network Operating Partner. Koala M&A, LLC and its affiliates will consider your Operating Partner Application without regard to race, color, religion, sex, national origin, genetic information, citizenship, age, disability, veteran status, or any other characteristic protected by the law.

This application is necessary for us to have a clear understanding of your background, work history, professional qualifications, and financial statement. We do not accept incomplete applications. Please take the time to read and fill out all the required information.

Checklist: This application contains:

- Section 1: APPLICANT(s) COMPANY PROFILE
- Section 2: APPLICANT(s) PERSONAL INFORMATION
- Section 3: APPLICANT(s) FINANCIAL STATEMENT
- Section 4: APPLICANT(s) CREDIT AUTHORIZATION & SIGNATURE

ONCE YOU HAVE COMPLETED ALL THE SECTIONS PLEASE ATTACH A COPY OF ALL APPLICATANTS DRIVERS LICENSE AND EMAIL YOUR APPLICATION TO: **PCURBELO@KOALAABA.COM**

Please allow 15 business days to complete the application.

KOALA™ ABA & LEARNING CENTERS

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SECTION 1

Applicants Company Profile

Business Legal Name:	Today's date:
DBA:	EIN Number:
Street Address:	City, State, Zip:
Main Phone:	Alt Phone:
Website:	Business Email:
Is the location owned or leased? ☐ Own ☐ Lease	If leased, write lease exp date. Exp Month: ____ Year: _____

Does the business currently have income? ☐ No ☐ Yes: Gross Annual Income is $

Does the business have a professional license? ☐ No ☐ Yes: Describe

Has the business ever been involved in a lawsuit? ☐ No ☐ Yes: Month: ____ Year: _____

Does the business operate outside of the US? ☐ No ☐ Yes: Describe

Are any UCC's on File with A/R as Collateral? ☐ No ☐ Yes: Describe

Select type of legal entity of the business: ☐ Sole Owner ☐ S-Corp ☐ LLC ☐ Non-Profit

Description of Business Operations

Description of Business Ownership

NOTE: If you need to add more owners/partners, please use a separate sheet.

1

Owners Name: _____ Telephone: _____

Home Address: _____ Position: _____

Employed (month and year): From: _____ To: _____ Salary: _____

Official Title: _____ % Owned: _____

May we contact this person? ☐ Yes ☐ No (please state reason): _____

2

Owners Name: _____ Telephone: _____

Home Address: _____ Position: _____

Employed (month and year): From: _____ To: _____ Salary: _____

Official Title: _____ % Owned: _____

May we contact this person? ☐ Yes ☐ No (please state reason): _____

3

Owners Name: _____ Telephone: _____

Home Address: _____ Position: _____

Employed (month and year): From: _____ To: _____ Salary: _____

Official Title: _____ % Owned: _____

May we contact this person? ☐ Yes ☐ No (please state reason): _____

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SECTION 2

Applicant(s) Personal Information

Applicant Name:		Marital Status: ☐ Single ☐ Married ☐ Divorced ☐ Separated
Date of Birth:	SSN:	Citizenship:
Home Phone:	Cell Phone:	E-Mail:
Street Address:		City, State, Zip:
Indicate total available capital available for investment ☐ $175K ☐ $250K ☐ Other		
Employed By:	How Long: Year:____ Month:____	Occupation:
Employer Address:		City, State, Zip:
Bus. Phone:	Bus. Email:	
Have you ever Filed for Bankruptcy? ☐ Yes ☐ No		If yes, please give dates:
Have you ever been arrested? ☐ Yes ☐ No		If yes, please explain:
Have you ever been convicted of a crime? ☐ Yes ☐ No		If yes, please explain:
Have you been involved in a lawsuit in the last 5 years? ☐ Yes ☐ No		If yes, please explain:

ESTIMATED INCOME & EXPENSES (IN $000) for the last 12 months

INCOME			EXPENSES (Excluding cost of any proposed additions to debt)		
Salary	$		Income Tax (Include state & local)	$	
Cash Bonuses & Commissions	$		Co-op or Condominium Maintenance	$	
Partnership Distributions	$		Mortgage Payments	$	
Dividend Income	$		Other Current Loan Payments (principal & interest)	$	
Interest Income	$		Real Estate Taxes	$	
Rental Income	$		Rental Payments	$	
Cash Income from other	$		Insurance	$	
Investments Realized Capital	$		Alimony, Child Support,	$	
Gains	$		All other Living Expenses	$	
Alimony, Child Support or Other Maintenance Payments (Need not be reported if you do not wish to have it considered as a basis for repaying this obligation)	$		Other Income (describe)	$	
Deferred Compensation	$		Other Income (describe)	$	
Other Income (describe)	$		Other Income (describe)	$	
Other Income (describe)	$				
Total Income	$	0	**Total Expenses**	$	0

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Section 3 Applicants Financial Statements

BALANCE SHEET (IN $000) dated as of

Assets			Liabilities		
Cash Accounts – Sch. A (Incl. Money Market Accounts, Checking & Term Deposits)	$		Bank Debt – Sch. F (Excl. mortgages)	$	
U.S. Government Securities – Sch. B Fully Marketable Securities – Sch. B	$ $		Margin Debt Due to Brokers	$	
Non-readily Marketable Securities – Sch. C (Incl. Restricted Stock, Private Partnerships, Hedge Funds and Stock Options)	$		Loans Against Life Insurance – Sch. G	$	
Cash Value of Life Insurance – Sch. G	$		Mortgage Debt – Sch. E	$	
Personal Residence(s) (Est. market value) – Sch. E	$		Notes due to Partnerships:		
Real Estate Investments (Est. market value) – Sch. E	$			$	
Other Investments (Itemize):				$	
	$		Loans from Others (Itemize):		
	$			$	
Loans or Other Receivables (Itemize):				$	
	$		Other Liabilities (Itemize):		
	$			$	
IRA, Keogh & Other Vested Retirement Assets – Sch. D	$			$	
Other Assets (Itemize):			Estimated Tax Liability:		
	$			$	
	$			$	
Art and Antiques (Itemize):					
	$				
	$				
Personal Property:					
	$				
	$				
Total Assets	$	0	**Total Liabilities**	$	0

Net Worth (Assets – Liabilities) $ _____

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CONTINGENT LIABILITIES (IN $000)

TYPE	AMOUNT (if none, so state)	DESCRIPTION AND TERMS
Letters of Credit		
Guarantees		
Leases (Annual Liability) Contracts		
Partnership Obligations		
Other Liabilities as Endorser or Co-Maker		
Pledges		
Total		

SCHEDULE OF ASSETS

SCHEDULE A – CASH ACCOUNTS

NAME OF DEPOSIT INSTITUTION	ADDRESS	TYPE OF ACCT.	OWNER	CURRENT BALANCE	EST. AVG. BAL. PAST 12 MOS.

SCHEDULE B – U.S. GOVERNMENT & OTHER FULLY MARKETABLE SECURITIES

(Attach Broker Statement if Applicable)

NUMBER OF SHARES OR FACE VALUE OF BONDS	ISSUE	OWNER	WHERE HELD	CURRENT MARKET VALUE	MARGINED OR PLEDGED TO OTHERS?

Approximate Cost or Tax Basis of Portfolio: $ _____

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SCHEDULE C – NON-READILY MARKETABLE SECURITIES

NUMBER OF SHARES	DESCRIPTION (Include explanation of restrictions)	OWNER	ESTIMATED VALUE	VESTING DATE

SCHEDULE D – RETIREMENT ACCOUNTS (401-K, IRA, other)

TYPE	DESCRIPTION	OWNER	WHERE HELD	ESTIMATED MARKET VALUE

SCHEDULE OF DEBT

SCHEDULE E – REAL ESTATE & MORTGAGES. ADDRESS & TYPE OF PERSONAL PROPERTY	TITLE IN NAME OF	% of OWNER-SHIP	GROSS ANNUAL INCOME PRODUCED IF ANY	DATE ACQUIRED	COST	ESTIMATED MARKET VALUE	MORTGAGE HELD BY	BALANCE OF MORTGAGE	MORTGAGE MATURITY

SCHEDULE F – BANK DEBT (Excluding Mortgages)

NAME OF LENDER	ADDRESS	BORROWER	TOTAL AVAILABILITY UNDER LINE OF CREDIT	CURRENT UNPAID BALANCE	FINAL DUE DATE	EST. ANNUAL PRINCIPAL & INTEREST EXPENSE	COLLATERAL

Include unused credit facilities, special conditions of debt including other restrictions or covenants.

SCHEDULE G – LIFE INSURANCE

NAME OF INSURANCE CO.	OWNER OF POLICY	BENEFICIARY	FACE AMOUNT	POLICY LOANS	CASH VALUE

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SECTION 4

To help avoid Medicaid/Insurance fraud and money laundering activities, Koala Enterprises Holdings, LLC and its affiliates require the verification of records that identifies each person or entity who applies for a license. What this means for individuals: when an individual applies for a network license, we request credit and a verification process where we will ask for their name, residence address, date of birth, tax identification number, and other information that allows us to identify them. We may also ask to see a driver's license, passport, or other identifying documents. What this means for other legal entities: When a corporation, partnership, trust, or other legal entity applies for a network license we will ask for the entity's name, physical address, tax identification number, and other information that will allow us to identify the entity, and any beneficial owners with interest in the entity. We may also ask to see other identifying documents, such as certified articles of incorporation, partnership agreements, or a trust instrument.

Certification: I hereby represent, warrant, and certify that the information provided in this form is true, correct, and complete as of the date set forth opposite my/our signature(s) on this form and I acknowledge that any intentional or negligent misrepresentation(s) of the information contained in this form may result in termination of my application and I may be disqualified from obtaining a Koala ABA & Learning centers network license.

Authorization: I hereby authorize Koala Enterprises Holdings, LLC to retrieve my Personal information, including information from a credit report, criminal background check, financial information, and other personal and privileged information. I understand and authorize that in certain circumstances during the process of my application, my information may be needed to be disclosed to third parties without my authorization.

Applicant Signature _____ **Date**

Co-Applicant Signature _____ **Date**