

EXHIBIT 4

Oregon Business Development Department
Capital Access Program

CLAIM FORM

1. Name & Address of Lender: _____

2. Lender CAP ID No: _____

3. Lender Loan No: _____

4. Name of Borrower: _____

5. Outstanding Balance of Enrolled Loan
Immediately Prior to Charge off: \$ _____

6. Amount of Claim:
a. Principal \$ _____
b. Accrued Interest \$ _____
c. Out-of-pocket expenses \$ _____

Total amount of Claim \$ _____

7. The Lender will ___ / will not ___ (check one) pursue additional recovery on this defaulted loan through legal proceedings, seizure and liquidation of collateral, guarantees, and/or other sources.

8. Attach a summary of the collections efforts performed by Lender.

Authorized Signature: _____

Name & Title: _____

Date: _____

Phone Number: _____

Email Address: _____