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: ________________________________