

TEXAS CERTIFIED CAPITAL COMPANY BIOGRAPHICAL AFFIDAVIT

_____ Full name and mailing address of Certified Capital Company ("CAPCO") _____

ANSWER ALL QUESTIONS, using "NO," "NONE," or "NOT APPLICABLE" if appropriate. Attach a separate sheet if spaced provided is insufficient to fully answer any questions.

1. Affiant's full name (<i>Initials are NOT acceptable</i>)		2a. Have you ever changed your name? <input type="checkbox"/> YES <input type="checkbox"/> NO	
2b. If you answered "YES," give the reason for the change.			
2c. Other names used at any times			
3. Social security number	4. Date of birth	5. Place of birth	
6. Business address (<i>Street, city, ZIP code</i>)		7. Business phone (<i>Area code and number</i>)	

8. List your residence(s) for the last ten (10) years, starting with your current address:

<u>DATE</u>	<u>STREET ADDRESS</u>	<u>CITY, STATE, ZIP CODE</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

9. Education: (Include dates, names, locations, and degrees received.)

High School _____

College _____

Graduate _____

Professional / other _____

10. List memberships in professional societies and associations.

11. Do you have at least four (4) years experience in venture capital or a venture capital related industry? YES NO

If "YES," give details. _____

12. Present Proposed Position with the CAPCO _____

13. List complete employment record (up to and including present jobs, positions, directorates, or officerships) for the past twenty (20) years, giving:

<u>DATE</u>	<u>EMPLOYER & ADDRESS</u>	<u>TITLE</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

14a. Have you ever held a position which required a fidelity bond? YES NO

If, "YES," were any claims made on the bond? YES NO

If "YES," give details. _____

14b. Have you ever been denied an individual or position schedule fidelity bond or had a bond cancelled or revoked? YES NO

If "YES," give details. _____

15. List any professional occupational, or vocational licenses issued by any public or governmental licensing agency or regulatory authority which you presently hold or have held in the past. (Include the date license was issued, the issuer of license, whether the license is current, the date license was terminated and reasons for the termination.)

16. During the last ten (10) years, have you or a firm in which you are or were a member, or a corporation of which you are or were an officer, director, or major stockholder (10% or more) ever been refused or have voluntarily withdrawn a professional, occupational or vocational license by any public or governmental licensing agency or regulatory authority, or has any such license held by you ever been suspended or revoked? YES NO

If "YES," give details. _____

17. Have you ever compromised liabilities with creditors, been insolvent or adjudged as bankrupt? YES NO

If "YES," give details. _____

18a. Have you or a firm in which you are or were a member, or a corporation of which you are or were an officer, director, or major stockholder (10% or more) ever been convicted or had a sentence imposed or suspended or had pronouncement of a sentence suspended or been pardoned for conviction of or pleaded guilty or nolo contendere to an indictment charging any felony or charging a misdemeanor involving embezzlement, theft, larceny, or mail fraud or charging a violation of any corporate securities statute or any insurance law, or have you been the subject of any disciplinary proceedings of any federal or state regulatory agency, which resulted in a determination adverse to your interest? YES NO

If "YES," give details. _____

18b. Do you or a firm in which you are or were a member or a corporation of which you are or were an officer, director, or a major stockholder (10% or more) have any arrests, criminal accusations, or disciplinary proceedings currently pending before any federal, state, or local agency? YES NO

If "YES," give details. _____

19. Have you ever been an officer, director, trustee, investment committee member, key employee, or controlling stockholder of any company which, while you occupied any such position or capacity with respect to it, became insolvent or was placed under supervision or in receivership, rehabilitation, liquidation or conservatorship? YES NO

If "YES," give details. _____

20. Has the certificate of authority or license to do business of any company of which you were an officer or director or key management person ever been suspended or revoked while you occupied such position? YES NO

If "YES," give details. _____

Dated and signed this _____ day of _____, 20 _____
at _____

I hereby certify under penalty of perjury that I am acting on my own behalf and that the foregoing statements contained in the CAPCO Biographical Affidavit are true and correct to the best of my knowledge and belief.

Signature of Affiant

State of _____

County of _____

Personally appeared before me the above named _____,
who being duly sworn, deposes and says that he/she executed the above instrument and that the statement and answers contained therein are true and correct to the best of his/her knowledge and belief.

Subscribed and sworn to before me this _____ day of _____, 20 _____.

(Notary Seal)

Signature of Notary Public

My commission expires _____.