# **MannaResources LLC**

Phone (800) 656-1469 Fax (888) 841-3728 E-Mail: jhalverson@mannaresources.net Website: www.mannaresources.net

	Date:					
LAW FIRM FUNDING APPLICATION						
CONTACT INFORMATION:						
Name of Firm						
Contact Person						
Street Address						
City/State/Zip Code						
Phone Number						
Fax Number						
Email Address						
Tax Identification Number						
Form of Organization (Sole Proprietor, Partnership, Corporation, LLC etc.)						
Date and Jurisdiction of						

### **LAWFIRM BACKGROUND:**

Incorporation, Organization,

or Formation

Years in Business	
Offices (Number)	
Partners (Number)	
Associates (Number)	
Support Staff (Number)	

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All names under which Firm has done business for past five years.	
AMOUNT OF MONEY REQUEST	`ED:
	ey your firm would like us to provide, and what the money would be ifying how much money your firm seeks for each use (e.g., case expenses,
ADDITIONAL QUESTIONS — Answer YES or NO. Has your firm, a p	partner or an owner of your firm:
Ever been suspended or disciplin	ned by any state bar or other regulatory agency?
Ever been convicted of a felony,	or have any such matters pending?
Ever filed bankruptcy or other in	isolvency proceedings?
Ever had a foreclosure or reposs	ession in the past, or pending?
Ever had any unsatisfied tax lien	s or other judgments?
Ever had involvement as a defen	dant in any pending lawsuits?

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ADDITIONAL COMMENTS, QUESTIONS or INFORMATION —				

Please fax this completed application to 888-841-3728. You can also mail it to the address below:

MannaResources LLC 1867 Williams Hwy, Suite 269 Grants Pass, OR 97527