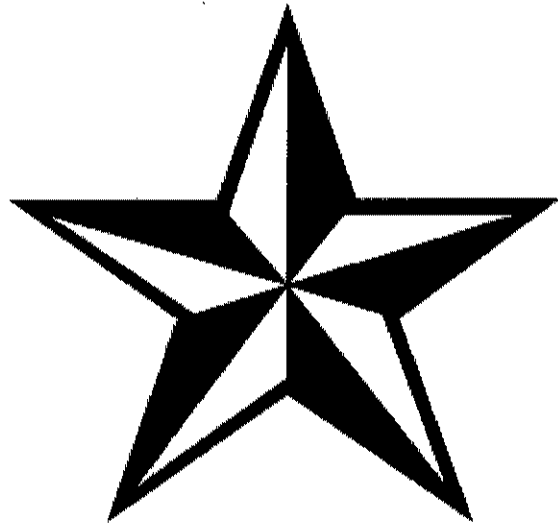


**FIVE POINT CAPITAL**

Equipment Leasing Specialists<sup>SM</sup>

Date: Monday, June 19, 2006  
To: Christy Wisemore  
Fax: (816) 690-3489  
Phone: (816) 690-6156  
Re: Express Verification Form Attached.



From: Jeff Thon  
Of: Five Point Capital  
Fax: (866) 650-7081  
Pages: 2

Urgent     For Review     Please Reply     Please Comment     Please Recycle

This is your Express Verification Form. It includes the information you gave us about your company. Please complete, sign and return to me at the number above.

Sincerely,

**Jeff Thon**

Sr. Account Executive

Phone: (888) 576-4685x235

Fax: (866) 650-7081

Email: [jthon@fivepointcapital.com](mailto:jthon@fivepointcapital.com)

**FIVE POINT CAPITAL  
EXPRESS VERIFICATION**

10525 Vista Sorrento Parkway 3rd Floor San Diego, California 92121  
Phone (888) 576-4685 x235 Fax (866) 650-7081  
www.fivepointcapital.com  
Credit Line: \$100,000

**COMPANY INFORMATION:**

Company Name:	Telephone:
Jay's Learning Center Inc	(816) 690-6156
Street Address:	Facsimile:
2009 SE Horseshoe Dr	(816) 690-3489
City, State, Zip Code:	Fed Tax ID:
Elk Grove, MO 64075	
Company Structure/Years in Business:	Web Site Address:
Corporation /	

**BUSINESS BANKING  
INFORMATION:**

Bank Name:	Bank Contact:
Account Number:	Bank Phone:

**COMPANY OWNERSHIP  
INFORMATION:**

Owner #1:	Owner #2:
Christy Wisemore	
Title:	Title:
President	
Home Address:	Home Address:
City/State/Zip:	City/State/Zip:
Social Security Number:	Social Security Number:
494-92-4190	
Percent of Ownership:	Percent of Ownership:
100.00	
E-Mail:	E-Mail:
cwisemore@earthlink.net	

**EQUIPMENT INFORMATION:**

Have you selected equipment?	Estimated Cost:
<input type="checkbox"/> Yes <input type="checkbox"/> No	
Type of Equipment:	I plan to purchase equipment in:
	<input type="checkbox"/> 30 days <input type="checkbox"/> 60-90 days
	<input type="checkbox"/> Over 90 days

**DECLARATION:**

I hereby certify: (i) the information provided above is true and correct, (ii) you are hereby authorized to investigate all bank, credit, and trade references, and said references are hereby authorized to release any requested information to you or your nominee, (iii) such authorization shall extend to obtaining personal credit profile in considering this application and subsequently for the purposes of update, renewal or extension of such credit or additional credit and for reviewing or collecting the resulting account, (iv) this information may be transmitted by us to you and by you to underwriter(s) for the purpose of granting me credit, either electronically or manually, and that by submitting this application, I take full responsibility for transmission thereof, (v) I am over 18 years of age, (vi) I acknowledge my rights under the Fair Credit Reporting Act, (vii) I consent to receive faxes and e-mails sent by Five Point Capital and its affiliates for the purposes of transmitting account updates, requests for information and notices, and (viii) this request is for business and not for consumer purposes.

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_  
Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_