

**APPLICATION FOR OPTION 3
THE HANDS-ON PROGRAM**

If you wish to be considered for one of the few available slots for this program, please provide the following information in order to qualify for scheduling of a phone interview:

Why do you wish to be considered for this option?

If resources were not a constraint, what revenue level would you like to achieve (10 years out in the future)? \$ _____

What would be your operating pre-tax profit margin, based on that revenue level (above)?
_____ %

One year from now, if we looked back, what would have to have happened for you to say to yourself "The Hands-On Program with Stefania was one of the best investments I've ever made"

Your title: _____

Percent breakdown of company's ownership:

You	_____ %
Management	_____ %
Family/friends	_____ %
Angels	_____ %
Professional capital	_____ %

Company website: _____

Revenue -- last 12 months: \$ _____

operating pre-tax margin%: _____%

Revenue -- projection next 12 months: \$ _____

operating pre-tax margin %: _____%

Year company was founded: _____

Email address for confirmation of scheduling of an interview phone call:

Your contact telephone number: _____

Please Mail or Fax your completed application to:

Capital LinkUSA Inc.
175 E Delaware Pl
Suite 8011
Chicago, Illinois 60611

FAX (312) 264-4420