

# INVESTOR QUESTIONNAIRE FOR PARADISE RECOVERY FUND, LLC

**PARADISE RECOVERY FUND, LLC**  
(A California Limited Liability Company)

## CONFIDENTIAL INVESTOR QUESTIONNAIRE

This information on this questionnaire is given by \_\_\_\_\_ (“Investor”) in connection with the proposed purchase of a limited liability membership interest (“Unit” or “Units”) in PARADISE RECOVERY FUND, LLC, a California Limited Liability Company (“the “Company”). The following information is needed to ensure that (1) an investment in Company by Investor is suitable in light of Investor’s personal, financial, and tax position, and (2) Investor has such knowledge and experience in financial and business matters that Investor is capable of evaluating the merits and risks of the Investment.

If the answer to any questions is not applicable, please so state. All information contained in this Investor Questionnaire will be treated confidentially. However, Investor agrees that the Manager of the Company may present this questionnaire to parties deemed appropriate if called on to establish that the proposed offer and sale of the Units is exempt from registration under the Securities Act of 1933, as amended (the “Act”), or meets the requirements of applicable state securities laws.

### 1. Contact Information

Mr.       Mrs.       Ms.       Dr.      **Suffix**       Sr.       Jr.

_____		_____		_____	
First Name		Middle Name		Last Name	
_____				_____	
Permanent Address				Apt/Suite No.	
_____		_____		_____	
City		State		ZIP Code	
_____		_____		_____	
Work Phone		Home Phone		Mobile Phone	
_____		_____		_____	
_____		_____		Email Address	

Please check if you have been at your current home address for less than one year.

_____				_____	
Mailing Address (if different from above)				Apt/Suite No.	
_____		_____		_____	
City		State		ZIP Code	
_____		_____		_____	
_____		_____		Country	

Are you:

Single       Married       Domestic Partner       Divorced       Widowed      Number of Dependents: \_\_\_\_\_

**Co-Applicant (If applicable)**



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### 3. USA Patriot Act Information

All applicants please provide the information below.

Date of Birth (mm/dd/yyyy)	Social Security or Taxpayer ID No.	Country of Citizenship
ID No. (Select one): <input type="checkbox"/> Driver's License <input type="checkbox"/> Passport <input type="checkbox"/> State ID <input type="checkbox"/> Other Government-issued ID		Place/Country of Issuance
Issue Date (mm/yyyy)	Expiration Date (mm/yyyy)	Country of Tax Residence (if different than country of citizenship)

### 4. Account Type

\_\_\_\_\_ Individual  
\_\_\_\_\_ Individual (by Purchaser's Representative)  
\_\_\_\_\_ Partnership (attach a copy of the Partnership Agreement)  
\_\_\_\_\_ Corporation (attach a certified copy of the Corporation's Articles of Incorporation and a certified copy of the resolutions authorizing the officer to sign on the Corporation's behalf)  
\_\_\_\_\_ Trust (attach a copy of the Trust Agreement or other authorization)  
\_\_\_\_\_ Other: \_\_\_\_\_

### 5. Purchaser's Representative

The undersigned acknowledges that (i) the individual named below has acted as his **"Purchaser Representative"** (as defined in Regulation D Promulgated under Section 4(2) of the Securities Act of 1933, as amended), (ii) in evaluating his/her investment as contemplated hereby, the undersigned has been advised by his/her Purchaser Representative as to the merits and risks of the investment in general and the suitability of the investment for himself/herself in particular, and (iii) such Purchaser Representative has confirmed to the undersigned in writing that there are no past, present, or future material relationships, actual or contemplated, between the Purchaser Representative or its Affiliates and the LLC, the Manager, or an Affiliates of any of them, and no compensation has been received or is to be received from any of them as a result of acting as the undersigned's Purchaser Representative in connection with this investment.

### 6. Education and Licenses

List any college, business, or professional education, indicating any degrees received and the year in which received:

\_\_\_\_\_  
\_\_\_\_\_

Professional licenses or registrations, including bar administrations, accounting certification, real estate brokerage licenses, and SEC or state broker-dealer registrations, if any:

\_\_\_\_\_  
\_\_\_\_\_

### 7. Financial Information:

## INVESTOR QUESTIONNAIRE FOR PARADISE RECOVERY FUND, LLC

ANNUAL INCOME <sup>1</sup> (from all sources)	NET WORTH <sup>2</sup> (excluding your residence)	LIQUID NET WORTH <sup>3</sup>	TAX RATE (highest marginal)
<input type="checkbox"/> \$25,000 and under	<input type="checkbox"/> \$25,000 and under	<input type="checkbox"/> \$25,000 and under	<input type="checkbox"/> 0-15%
<input type="checkbox"/> \$25,001-50,000	<input type="checkbox"/> \$25,001-50,000	<input type="checkbox"/> \$25,001-50,000	<input type="checkbox"/> 16-25%
<input type="checkbox"/> \$50,001-100,000	<input type="checkbox"/> \$50,001-200,000	<input type="checkbox"/> \$50,001-200,000	<input type="checkbox"/> 26-30%
<input type="checkbox"/> \$100,001-250,000	<input type="checkbox"/> \$200,001-500,000	<input type="checkbox"/> \$200,001-500,000	<input type="checkbox"/> 31-35%
<input type="checkbox"/> \$250,001-500,000	<input type="checkbox"/> \$500,001-1,000,000	<input type="checkbox"/> \$500,001-1,000,000	<input type="checkbox"/> Over 35%
<input type="checkbox"/> Over \$500,000	<input type="checkbox"/> \$1,000,001-3,000,000	<input type="checkbox"/> \$1,000,001-3,000,000	
	<input type="checkbox"/> Over \$3,000,000	<input type="checkbox"/> Over \$3,000,000	

  

ANNUAL EXPENSES <sup>4</sup> (recurring)	SPECIAL EXPENSES <sup>5</sup> (future, non-recurring)	<p><sup>1</sup> <b>Annual income</b> includes income from sources such as employment, alimony, social security, investment income, etc.</p> <p><sup>2</sup> <b>Net worth</b> is the value of your assets minus your liabilities. For purposes of this application, assets include stocks, bonds, mutual funds, other securities, bank accounts, and other personal property. Do not include your primary residence among your assets. For liabilities, include any outstanding loans, credit card balances, taxes, etc. Do not include your mortgage.</p> <p><sup>3</sup> <b>Liquid net worth</b> is your net worth minus assets that cannot be converted quickly and easily into cash, such as real estate, business equity, personal property and automobiles, expected inheritances, assets earmarked for other purposes, and investments or accounts subject to substantial penalties if they were sold or if assets were withdrawn from them.</p> <p><sup>4</sup> <b>Annual expenses</b> might include mortgage payments, rent, long-term debts, utilities, alimony or child support payments, etc.</p> <p><sup>5</sup> <b>Special expenses</b> might include a home purchase, remodeling a home, a car purchase, education, medical expenses, etc.</p>
<input type="checkbox"/> \$50,000 and under	<input type="checkbox"/> \$50,000 and under	
<input type="checkbox"/> \$50,001-100,000	<input type="checkbox"/> \$50,001-100,000	
<input type="checkbox"/> \$100,001-250,000	<input type="checkbox"/> \$100,001-250,000	
<input type="checkbox"/> \$250,001-500,000	<input type="checkbox"/> Over \$250,000	
<input type="checkbox"/> Over \$500,000		
	<i>Timeframe for special expenses:</i>	
	<input type="checkbox"/> Within 2 years	
	<input type="checkbox"/> 3-5 years	
	<input type="checkbox"/> 6-10 years	

### 8. Financial Investment Experience

Please check the boxes that best describe your investment experience to date.

Investment investments)	Years experience			Transactions per year (excluding automatic		
Mutual Funds/ Exchange Traded Funds	<input type="checkbox"/> 0	<input type="checkbox"/> 1-5	<input type="checkbox"/> Over 5	<input type="checkbox"/> 0-5	<input type="checkbox"/> 6-15	<input type="checkbox"/> Over 15
Individual Stocks	<input type="checkbox"/> 0	<input type="checkbox"/> 1-5	<input type="checkbox"/> Over 5	<input type="checkbox"/> 0-5	<input type="checkbox"/> 6-15	<input type="checkbox"/> Over 15
Bonds	<input type="checkbox"/> 0	<input type="checkbox"/> 1-5	<input type="checkbox"/> Over 5	<input type="checkbox"/> 0-5	<input type="checkbox"/> 6-15	<input type="checkbox"/> Over 15
Options	<input type="checkbox"/> 0	<input type="checkbox"/> 1-5	<input type="checkbox"/> Over 5	<input type="checkbox"/> 0-5	<input type="checkbox"/> 6-15	<input type="checkbox"/> Over 15
Securities Futures	<input type="checkbox"/> 0	<input type="checkbox"/> 1-5	<input type="checkbox"/> Over 5	<input type="checkbox"/> 0-5	<input type="checkbox"/> 6-15	<input type="checkbox"/> Over 15
Annuities	<input type="checkbox"/> 0	<input type="checkbox"/> 1-5	<input type="checkbox"/> Over 5	<input type="checkbox"/> 0-5	<input type="checkbox"/> 6-15	<input type="checkbox"/> Over 15
Alternative <sup>5</sup>	<input type="checkbox"/> 0	<input type="checkbox"/> 1-5	<input type="checkbox"/> Over 5	<input type="checkbox"/> 0-5	<input type="checkbox"/> 6-15	<input type="checkbox"/> Over 15
Margin	<input type="checkbox"/> 0	<input type="checkbox"/> 1-5	<input type="checkbox"/> Over 5			

<sup>5</sup> May include structured products, hedge funds, etc.

9. Do you have any other investments or contingent liabilities that you reasonably anticipate could cause the need for sudden cash requirements in excess of cash readily available to you?

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10. State your investment objective by checking the following where applicable:

- Income
- Appreciation
- Tax Shelter
- Other: \_\_\_\_\_

11. Knowledge or solicitation of this investment was made to or received by me in the following manner: (Check applicable)

- Personal contact or acquaintance
- Investment advisor or counselor
- Affiliation with business or management
- Other (Please state): \_\_\_\_\_

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_