

SBA Form 2483 - Addendum A - Complete Multiple If Necessary

Affiliate Business Legal Name:	
State of Organization:	
EIN:	
Affiliate Business Address: (Street, City, State, Zip)	
NAICS Code:	
Affiliate Business # of employees:	

Affiliate Business Legal Name:	
State of Organization:	
EIN:	
Affiliate Business Address: (Street, City, State, Zip)	
NAICS Code:	
Affiliate Business # of employees:	

Affiliate Business Legal Name:	
State of Organization:	
EIN:	
Affiliate Business Address: (Street, City, State, Zip)	
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