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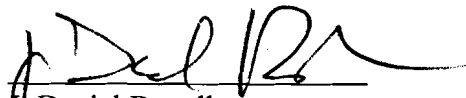
ENVIRONMENTAL PROTECTION
AGENCY-REGION VII
REGIONAL HEARING CLERK

UNITED STATES ENVIRONMENTAL PROTECTION AGENCY
Region VII
901 North 5th Street
Kansas City, Kansas 66101

In the matter of:)	
)	DOCKET NO. CWA-07-2008-0030
)	
Poverty Knob Farm, Inc.)	
)	MOTION FOR DISCOVERY OR
)	IN THE ALTERNATIVE MOTION
Ida County, Iowa)	IN LIMINE
)	
Respondent.)	
_____)	

It has come to my attention that Complainant neglected to include Attachment A with Complainant's Motion for Discovery or in the Alternative Motion in Limine filed by Complainant on August 18, 2008. Complaint requests that the Court append the enclosed Attachment A to the August 18, 2008, motion. Further, Complainant apologizes to the Court and Respondent for any inconvenience this error may have caused.

RESPECTFULLY SUBMITTED this 21st day of August, 2008.


 Daniel Breedlove
 Assistant Regional Counsel
 Region VII

CERTIFICATE OF SERVICE

I certify that the foregoing "Motion for Discovery or in the Alternative Motion in Limine" was sent to the following persons, in the manner specified, on the date below:

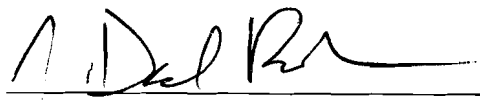
Original and one copy, via pouch mail:

Kathy Robinson, Regional Hearing Clerk
Honorable William B. Moran
Administrative Law Judge
EPA Office of Administrative Law Judges
Mail Code 1900L
Aerial Rios Building
Washington, D.C. 20460

Copy, by mail:

Eldon McAfee, Esq.
Beving, Swanson, & Forrest, PC
321 Walnut, Suite 200
Des Moines, Iowa 50309

Dated: 8/21/08



U.S. EPA Region VII

ATTACHMENT A

**BUSINESS ORGANIZATION
ABILITY TO PAY CLAIM
Financial Data Request Form**

This form requests information regarding your financial status. The data will be used to evaluate your ability to pay for an environmental cleanup or penalties. If there is not enough space for your answers, please use additional sheets of paper. Note that we may request further documentation of any of your responses. We welcome any other information you wish to provide supporting your case, particularly, if you feel your situation is not adequately described through the information requested here. If a particular question does not apply to your business, please indicate that it does not apply and give the reason. **Failure to answer all the questions clearly and completely may result in denial of your claim of inability to pay.**

Certification

Under penalties of perjury, I declare that this financial statement submitted by me as a responsible officer of the organization is a true, correct, and complete statement of all organization income and assets, real and personal, whether held in the company name or otherwise to the best of my knowledge and belief. I further understand that I will be subject to prosecution by the United States Government to the fullest extent possible under the law should I provide any information that is not true, correct, and complete to the best of my knowledge.

Signature

Date

Name (printed or typed)

Corporate Position

Financial Data Request Form

(Use Additional Sheets Where Needed)

1. Business Name: _____ For Profit ___ Not for Profit ___
2. Business Address: _____
Street _____

City State Zip

NOTE: Attach Schedule of all Business Addresses

3. Foreign _____ Domestic _____
4. Legal Form of Business Organization during the last 5 years
____ Corporation
____ Subchapter S Corporation
____ Partnership
____ Proprietorship
____ Trust
____ Other: _____
5. State of Incorporation _____ Date of Incorporation _____
6. Name of Registered Agent: _____
7. Address of Registered Agent: _____
Street _____

City State Zip

Phone _____

Name and address of principal stockholders and number of shares owned by each stockholder. (If more than 8 shareholders, list only those with 5 percent or more stock ownership). If your business is a partnership, list all partners and ownership percentage.

Total outstanding shares: _____

Name	Address	Shares
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		

9. A. Name and address of current, (and for previous 5 years), officers and number of shares held by each. For partnerships, list all partners for last 5 years.

Name	Address	Shares	Term

11. B. Total authorized shares for each type issued and present market value per share on each type of stock (or book value if not actively traded)

Types of Shares	Total Shares	Book Value	Market Value
1.			
2.			
3.			
4.			

C. Total outstanding shares of each type of stock currently being held as Treasury Stock.

D. Total outstanding shares of each type of stock.

E. Amount of bonded debt and principal bondholders.

12. List states and municipalities to which taxes have been paid and/or are being paid. Describe nature and amount of such taxes, state most recent year of payments thereof and whether tax payments are current.

13. Has this organization filed United States income tax returns during the last five years?
Yes _____ No _____

To what I.R.S. Office(s)

What Years?

Are Federal Taxes current? Yes _____ No _____

Provide **SIGNED** Federal income tax returns and **ALL** associated schedules for the following years:

2007 2006 2005

14. Name and address of:

A. Organization's Independent Certified Public Accountants

B. Organization's Attorney(s) presently and during the past five years.

15. Has this organization filed Financial Forms with any organization or government entity?
List name(s) of organization or entity, date and type of Financial Form.

16. Does this organization have a Profit and Loss Statement and Balance Sheet for the most recent calendar or fiscal year and for specified past years? Past Years:

2007 2006 2005

Submit one copy of each. (Audited documents are preferred.)

A. Assets

		<u>2007</u>	<u>2006</u>	<u>2005</u>	<u>2004</u>	<u>2003</u>
<u>Cash</u>	\$					
<u>Securities</u>	\$					
<u>Facilities</u>	\$					
<u>Depreciation</u>	\$					
<u>Equipment</u>	\$					
<u>Depreciation</u>	\$					
<u>Inventory</u>	\$					
<u>Accounts Receivable</u>	\$					
<u>Other</u>	\$					
TOTAL ASSETS	\$					

B. Liabilities and Stockholder's Equity

		<u>2007</u>	<u>2006</u>	<u>2005</u>	<u>2004</u>	<u>2003</u>
Loans Principal	\$					
Monthly Payment	\$					
Mortgages Principal	\$					
Monthly Payment	\$					
Accounts Payable	\$					
Deferred Taxes	\$					
Insurance Premiums	\$					
Other	\$					

Stockholder's Equity

Common Stock	\$					
Paid-in Capital	\$					
Retained Earnings	\$					
TOTAL LIABILITIES & EQUITY						

17. Loans Payable:

a.

Owed to:	Purpose:
Term:	Interest Rate:
Collateral:	Cosigner:
Monthly Payments:	
Original Amount:	Date:
Present Balance	

b.

Owed to:	Purpose:
Term:	Interest Rate:
Collateral:	Cosigner:
Monthly Payments:	
Original Amount:	Date:
Present Balance	

c.

Owed to:	Purpose:
Term:	Interest Rate:
Collateral:	Cosigner:
Monthly Payments:	
Original Amount:	Date:
Present Balance	

d.

Owed to:	Purpose:
Term:	Interest Rate:
Collateral:	Cosigner:
Monthly Payments:	
Original Amount:	Date:
Present Balance	

18. Mortgages Payable:

a.

Owed To:	Address of Property:
Term:	Interest Rate:
Collateral:	Cosigner:
Monthly Payments:	
Original Amount:	Date:
Present Balance:	

b.

Owed To:	Address of Property:
Term:	Interest Rate:
Collateral:	Cosigner:
Monthly Payments:	
Original Amount:	Date:
Present Balance:	

c.

Owed To:	Address of Property:
Term:	Interest Rate:
Collateral:	Cosigner:
Monthly Payments:	
Original Amount:	Date:
Present Balance:	

d.

Owed To:	Address of Property:
Term:	Interest Rate:
Collateral:	Cosigner:
Monthly Payments:	
Original Amount:	Date:
Present Balance:	

19. Income/Expenses:

Gross Income		2007	2006	2005	2004	2003
Net Sales	\$					
Interest Income	\$					
Dividends	\$					
Other	\$					
Operating Expenses						
Wages	\$					
Overhead	\$					
Lease Payments	\$					
Interest Expense	\$					
Cost of Sales	\$					
Net Income	\$					

20. In addition, provide the following firm size information:

	2007	2006	2005	2004	2003
Number of Employees					
Size of Warehouse(s)					
Volume Shipped					
Other					

21. Does this organization maintain bank accounts? Give names and addresses of banks, savings and loan associations, and other such entities, within the United States or located elsewhere.

A. Checking

Name of Bank

Address of Bank

Account #

Balance

B. Savings/Certificate of Deposit

Name of Bank	Address of Bank	Account #	Balance

C. Other Accounts

Name of Institution	Address of Institution	Account #	Balance

D. Savings & Loan Associations or other such entities

Name of Institution	Address of Institution	Account #	Balance

E. Trust Account(s)

Name of Institution	Address of Institution	Account #	Balance

F. Other Account(s)

Name of Institution	Address of Institution	Account #	Balance

22. List all commercial paper, negotiable or nonnegotiable, in which the organization has any interest whatsoever, presently in transit or in the possession of any banking institution. Describe such paper and the organization's interest therein, and state its present location. List all loans receivable in excess of \$10,000.00 and specify if due from an officer, stockholder, or director.

23. Has this organization engaged in any Joint Loan Agreements, including Letters of Credits, with any other organization(s)? If yes, describe all such agreements.

24. Does this organization have any debt coinsured by another organization? If yes, describe such arrangements.

25. List all equity participation in other organizations, both domestic and foreign, in which this organization has an interest, including the type, amount and terms of such interest.

26. List all debt participation in other organizations, both domestic and foreign, in which this organization has an interest, including the type, amount and terms of such interest.

27. Is this organization presently:

A. Active

(Answer No for inactive, but still in existence) Yes _____ No _____

B. Void and/or terminated by State authority. Yes _____ No _____

C. Otherwise dissolved Yes _____ No _____

1. Date _____
2. By Whom _____
3. Reason _____

28. A. List corporate salaries, bonuses to and/or drawings of the following personnel for the last five taxable years:

Position	Name	2007	2006	2005	2004	2003
President						
Vice President						
Chairman/Board						
Secretary						
Treasurer						

B. List the five most highly compensated employees or officers other than the above, describe position and list annual salary and/or bonus for the last five taxable years:

Name	Position/Title	2007	2006	2005	2004	2003

C. Describe the nature of the compensation paid to the persons listed in (A) and (B) above and set forth any stock options, pensions, profit sharing, royalties, or other deferred compensation rights of said persons.

29. List the organization's commercial activity, (fields of activity resulting in income), and SIC Code.

<u>Commercial Activity</u>	<u>SIC Code</u>
Primary _____	_____
Other 1. _____	_____
Other 2. _____	_____
Other 3. _____	_____

30. List all other supplementary fields of activity in which this organization is engaged, either directly, through its affiliates, stating the name(s) and states(s) of incorporation of such subsidiaries or affiliates:

31. Has this organization at any time been the subject of any proceeding under the provisions of any State Insolvency Law, or the federal Bankruptcy Act, as amended? If so, supply the following information as to each proceeding:

A. Date (Commencement)

B. Date (Termination)

C. Discharge or other disposition, if any, and operative effect thereof:

D. State Court _____ Docket No. _____

County

E. Federal Court _____ Docket No. _____

County

33. List and describe all judgments, recorded and unrecorded, this organization is a party of:

A. Against the organization

B. In favor of the organization

List and describe all other encumbrances (including but not limited to security interest, whether perfected or not) against any such personal property owned by the organization as is listed in 30 (A) above.

35. List all life insurance, now in force on any or all officers, directors, and/or "key" employees, setting forth face amounts, names of life insurance companies and policy numbers where this organization has an "insurable interest" and/or paying the premium or part of same. Where applicable, indicate under which policy(s) this organization is a beneficiary, type of policy(s) this organization is a beneficiary, yearly premium, and location of policy(s). In addition, state the cash value if any and the conditions of any borrowing options available under each policy.

36. For the following types of policies, list all primary and excess insurance policies, the deductible amount, the per occurrence and aggregate coverage limit for each policy.

A. Comprehensive General Liability

B. Environmental Impairment Liability

C. Other policies for which coverage might apply including participation in risk retention pools.

Other

37. List all transfers of assets (real) and/or (personal) (over \$10,000.00) made by this organization, OTHER THAN IN THE ORDINARY COURSE OF BUSINESS, during the last three calendar years and state to who transfer was made. Describe compensation paid by recipient and to whom.

Date	Value	Property Transferred	To Whom	Compensation Paid

38. Is this business organization a party in any law suit now pending?

Yes (Give details below) _____ No _____

39. List names and addresses of any persons or other business entity, holding funds in escrow or in trust for this organization, or any of its subsidiaries or affiliates.

40. Other information requested:
