

FOR INDIVIDUALS

INITIAL TO INDICATE IF THE STATEMENT IS TRUE OR FALSE, OR COMPLETE THE STATEMENT, AS APPROPRIATE.

Verification of Status as "Accredited Investor" under Regulation D.

1.
 True False You are a natural person (individual) whose own net worth, taken together with the net worth of your spouse, exceeds \$1,000,000. Net worth for this purpose means total assets (excluding your primary residence¹) in excess of total liabilities.

2.
 True False You are a natural person (individual) who had an individual income in excess of \$200,000 in each of the two previous years, or joint income with your spouse in excess of \$300,000 in each of those years, and who reasonably expects to reach the same income level in the current year.

3.
 True False You are an executive officer of the Fund or a manager or executive officer of the Manager of the Fund.

4.
 True False You have such knowledge and experience in financial and business matters that you are capable of evaluating the merits and risks of investing in the Units.

Disclosure of Foreign Citizenship.

1.
 True False You are not a citizen of the United States.

If the answer to the preceding question is true, specify the country of which you are a citizen:

¹For purposes of this question, "excluding your personal residence" means:

(A) Your primary residence shall not be included as an asset;

(B) Indebtedness that is secured by your primary residence, up to the estimated fair market value of your primary residence at the time of your subscription, shall not be included as a liability (except that if the amount of such indebtedness outstanding at the time of your subscription exceeds the amount outstanding 60 days before such time, other than as a result of the acquisition of your primary residence, the amount of such excess shall be included as a liability); and

(C) Indebtedness that is secured by your primary residence in excess of the estimated fair market value of the primary residence at the time of the sale of securities shall be included as a liability.



FOR ENTITIES OTHER THAN INDIVIDUALS

INITIAL TO INDICATE IF THE STATEMENT IS TRUE OR FALSE, OR COMPLETE THE STATEMENT, AS APPROPRIATE.

Verification of Status as "Accredited Investor" under Regulation D.

1. ____ ____
 True False You are (i) a bank, or any savings and loan association or other institution acting in its individual or fiduciary capacity; (ii) a broker dealer; (iii) an insurance company; (iv) an investment company or a business development company under the Investment Company Act of 1940; (v) a Small Business Investment Company licensed by the U.S. Small Business Administration; (vi) an employee benefit plan whose investment decision is being made by a plan fiduciary, which is either a bank, savings and loan association, insurance company or registered investment adviser, or an employee benefit plan whose total assets are in excess of \$5,000,000 or a self-directed employee benefit plan whose investment decisions are made solely by persons that are accredited investors; or (vii) a plan established and maintained by a state of the United States, its political subdivisions, or any agency or instrumentality of a state of the United States or its political subdivisions, for the benefit of its employees that has total assets in excess of \$5,000,000.
2. ____ ____
 True False You are a private business development company as defined in Section 202 (a) (22) of the Investment Advisors Act of 1940.
3. ____ ____
 True False You are (i) an organization described in Section 501(c)(3) of the Internal Revenue Code, (ii) a corporation, (iii) a Massachusetts or similar business trust, or (iv) a partnership, in each case not formed for the specific purpose of acquiring the securities offered and in each case with total assets in excess of \$5,000,000.
4. ____ ____
 True False You are an entity as to which all the equity owners are accredited investors (If questions 1-3 above and question 5 below have been initialed "false," then have each equity owner fill out a suitability questionnaire).
5. ____ ____
 True False You are a trust, not formed for the specific purpose of acquiring the securities offered, with total assets in excess of \$5,000,000 and whose purchase is directed by a sophisticated person.

6.
 True False
- You (i) were not formed, and (ii) are not being utilized, primarily for the purpose of making an investment in the Fund (and investment in this Fund does not exceed 40% of the aggregate capital committed to you by your partners, shareholders or others).
7.
 True False
- You are, or are acting on behalf of, (i) an employee benefit plan within the meaning of Section 3(3) of ERISA, whether or not such plan is subject to ERISA, (ii) a plan described in Section 4975(e)(1) of the Code or (iii) an entity which is deemed to hold the assets of any such employee benefit plan pursuant to 29 C.F.R. § 2510.3-101. For example, a plan which is maintained by a foreign corporation, governmental entity or church, a Keogh plan covering no common-law employees and an individual retirement account are employee benefit plans within the meaning of Section 3(3) of ERISA but generally are not subject to ERISA (collectively, "Non-ERISA Plans"). In general, a foreign or U.S. entity which is not an operating company and which is not publicly traded or registered as an investment company under the Investment Company Act and in which 25% or more of the value of any class of equity interests is held by employee pension or welfare plans (including an entity which is deemed to hold the assets of any such plan), would be deemed to hold the assets of one or more employee benefit plans pursuant to 29 C.F.R. § 2510.3-101. However, if only Non-ERISA Plans were invested in such an entity, the entity generally would not be subject to ERISA. For purposes of determining whether this 25% threshold has been met or exceeded, the value of any equity interests held by a person (other than such a plan or entity) who has discretionary authority or control with respect to the assets of the entity, or any person who provides investment advice for a fee (direct or indirect) with respect to such assets, or any affiliates of such person, is disregarded.
8.
 True False
- You are, or are acting on behalf of, such an employee benefit plan, that is subject to ERISA or a plan described in Section 4975(e)(1) of the Code, or are an entity deemed to hold the assets of any such plan or plans (i.e., you are subject to ERISA).
9.
 True False
- You are a U.S. pension trust or governmental plan qualified under Section 401(a) of the Code or a U.S. tax-exempt organization qualified under Section 501(c)(3) of the Code.

10. True False You are acting on behalf of an insurance company general account and any part of the general account represents interests that may be deemed to be assets of benefit plan investors under applicable law.

Disclosure of Foreign Ownership.

1. True False You are an entity organized under the laws of a jurisdiction other than those of the United States or any state, territory or possession of the United States.
2. True False You are a corporation of which, in the aggregate, more than one-fourth of the capital stock is owned of record or voted by foreign citizens, foreign entities, foreign corporations or foreign partnerships.
3. True False You are a general or limited partnership of which any general or limited partner is a foreign citizen, foreign entity, foreign government, foreign corporation or foreign partnership.
4. True False You are a representative of, or entity controlled by, any of the entities listed in items 1 through 3 above.

If you answered true to any of questions 1 through 4, what is the percentage of:

Your aggregate capital commitment that will be contributed directly or indirectly by any person or entity listed in items 1 through 4 above? ____%

for a pension fund, your non-U.S. beneficiaries? ____%

for a corporation, your direct and indirect foreign ownership ____%

for a trust, your foreign beneficial interest? ____%

for a partnership or limited liability company, your direct and indirect foreign ownership? ____%

Signature Page – Individuals

The undersigned, desiring to become a Member of Silverado Income Fund I, LLC, (the "Fund"), by executing this Signature Page, hereby (a) executes, adopts, and agrees to all the terms, conditions, and representations set forth in the undersigned's Subscription Agreement and the Operating Agreement of the Fund, and (b) reaffirms the Power of Attorney set forth in Section 2 of the Subscription Agreement.

Dollar amount of Capital Commitment: \$_____

Date: _____ 20__ Reinvest Distributions: Yes _____ No _____

If Purchaser is an individual, sign below and provide the requested information:

Signature

Print Name

Social Security Number

If purchasing jointly, additional individual should sign below:

Signature

Print Name

Social Security Number

Purchaser(s) Information:

Address: _____

Mailing Address, if different: _____

Home No.: _____

Work No.: _____

Mobile No.: _____

Fax No.: _____

Email: _____

Addl Email: _____

Accepted:

SILVERADO INCOME FUND I, LLC

By: Silverado Management Group, LLC, as
Manager

By: _____



SILVERADO INCOME FUND I, LLC
Signature Page - Entities

The undersigned, desiring to become a Member of Silverado Income Fund I, LLC (the "Fund"), by executing this Signature Page, hereby (a) executes, adopts, and agrees to all the terms, conditions, and representations set forth in the undersigned's Subscription Agreement and the Operating Agreement of the Fund, and (b) reaffirms the Power of Attorney set forth in Section 2 of the Subscription Agreement.

Dollar amount of Capital Commitment: \$ _____

Date: _____ 20____ Reinvest Distributions: Yes _____ No _____

If Purchaser is an entity, an authorized individual signs below:

Print Name of Entity

Type of Entity

Tax Identification Number

Signature

Print Name

Title or Capacity

Entity/Trustee Information:

Address: _____

Mailing Address, if different: _____

Home No.: _____

Work No.: _____

Mobile No.: _____

Fax No.: _____

Email: _____

Addl Email: _____

Accepted:

SILVERADO INCOME FUND I, LLC

By: Silverado Management Group, LLC, as
Manager

By: _____