

FSA-211A (Proposal 1) Farm Service Agency - Commodity Credit Corporation - Federal Crop Insurance Corporation	U.S. DEPARTMENT OF AGRICULTURE POWER OF ATTORNEY SIGNATURE CONTINUATION SHEET <i>Attach to Form FSA-211</i>	Attachment Pages ____ of ____
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NOTE: The following statement is made in accordance with the Privacy Act of 1974 (5 USC 552a) and the Paperwork Reduction Act of 1995, as amended. The authority for requesting the following information is The Food Security and Rural Investment Act of 2002 (Pub. L. 107-171) and 7 CFR Part 718. The information will be used to legally document your opinion to appointing an attorney-in-fact, identify the person and authorities granted to the appointee. Furnishing the requested information is voluntary; however, failure to furnish the requested information will result in the individual or entity not being able to act as your attorney-in-fact. This information may be provided to other agencies, IRS, Department of Justice, or other State and Federal Law enforcement agencies, and in response to a court magistrate or administrative tribunal. The provisions of criminal and civil fraud statutes, including 18 USC 286, 287, 371, 651, 1001; 15 USC 714m; and 31 USC 3729, may be applicable to the information provided.

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0560-0190. The time required to complete this information collection is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. **RETURN THIS COMPLETED FORM TO YOUR COUNTY FSA OFFICE.**

1. Name of Attorney-In-Fact (Item (1) from FSA-211)	2. Name of Grantor (Item (5) from FSA-211)
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AUTHORIZED SIGNATURES

3A. Signature of Grantor	3B. Date (MM-DD-YYYY)
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3C. Witness Signature (FSA Employee Only)	3D. Date (MM-DD-YYYY)	3E. Official Position
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3F. Notary Public (this form shall be acknowledged by a Notary Public unless witnessed by a FSA employee or a corporate seal of grantor is affixed).
 Signature: _____ State of _____ County of _____

4A. Signature of Grantor	4B. Date (MM-DD-YYYY)
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4C. Witness Signature (FSA Employee Only)	4D. Date (MM-DD-YYYY)	4E. Official Position
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4F. Notary Public (this form shall be acknowledged by a Notary Public unless witnessed by a FSA employee or a corporate seal of grantor is affixed).
 Signature: _____ State of _____ County of _____

5A. Signature of Grantor	5B. Date (MM-DD-YYYY)
--------------------------	-----------------------

5C. Witness Signature (FSA Employee Only)	5D. Date (MM-DD-YYYY)	5E. Official Position
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5F. Notary Public (this form shall be acknowledged by a Notary Public unless witnessed by a FSA employee or a corporate seal of grantor is affixed).
 Signature: _____ State of _____ County of _____

6A. Signature of Grantor	6B. Date (MM-DD-YYYY)
--------------------------	-----------------------

6C. Witness Signature (FSA Employee Only)	6D. Date (MM-DD-YYYY)	6E. Official Position
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6F. Notary Public (this form shall be acknowledged by a Notary Public unless witnessed by a FSA employee or a corporate seal of grantor is affixed).
 Signature: _____ State of _____ County of _____

7A. Signature of Grantor	7B. Date (MM-DD-YYYY)
--------------------------	-----------------------

7C. Witness Signature (FSA Employee Only)	7D. Date (MM-DD-YYYY)	7E. Official Position
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7F. Notary Public (this form shall be acknowledged by a Notary Public unless witnessed by a FSA employee or a corporate seal of grantor is affixed).
 Signature: _____ State of _____ County of _____

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