

<b>FSA-2236</b> (proposal 2)			<b>U.S. DEPARTMENT OF AGRICULTURE</b> Farm Service Agency				Position 2
<b>GUARANTEED LOAN CLOSING REPORT</b> Transaction 4030							
1. BORROWER'S CASE NUMBER  STATE CODE      COUNTY CODE      BORROWER'S ID NO.			4. LENDER ID NO.		5. LENDER STATUS CODE	6. LENDER TYPE CODE	
			7. CERTIFICATION EFFECTIVE DATE		8. CERTIFICATION EXPIRATION DATE		
2. BORROWER NAME AND ADDRESS			9. LENDER NAME AND ADDRESS				
3. BORROWER TYPE CODE			10. SERVICING OFFICE				
11. SOURCE OF FUND			12. GUARANTEE FEE PURPOSE CODE		13. FEE RATE		
14. AMOUNT OF GUARANTEE FEE PAID		15. AMOUNT OF LOAN-LINE OF CREDIT	16. ADVANCE AMOUNT TO DATE		17. CLOSING DATE		
18. MATURITY DATE OF LOAN		19. TERM OF BUYDOWN/INTEREST ASSISTANCE YEARS	20. PERCENT OF LOAN GUARANTEED  %		21. LENDER'S NOTE INTEREST RATE GUARANTEED PORTION  %		
22. LENDER'S NOTE INTEREST RATE ON NONGUARANTEED PORTION  %		23. BUYDOWN INTEREST ASSISTANCE RATE  %	24. PERIOD OF OPERATING LINE OF CREDIT  YEARS		25. RESERVED		
26. TYPE OF GUARANTEE  1 = LINE OF CREDIT 2 = LOAN NOTE GUARANTEE		27. INTEREST BASIS (360 OR 365 DAYS)	28. INTEREST RATE CODE  1 = SINGLE VARIABLE 2 = SINGLE FIXED 3 = MULTI VARIABLE 4 = MULTI FIXED		29. BALANCE OWED ON LOAN		
30. DATE GUARANTEE PERIOD BEGINS		31. DATE GUARANTEE PERIOD ENDS	32. ANNUAL REVIEW DATE		33. CERTIFIED LOAN  <input type="checkbox"/> NO <input type="checkbox"/> YES		
<b>34. I certify that all conditions of the conditional commitment have been met and that this report accurately describes the subject loan.</b>							
A. SIGNATURE OF AUTHORIZED LENDER			B. TITLE		C. DATE		
<b>COMPLETED BY AGENCY SERVICING OFFICE</b>				<b>COMPLETED BY FINANCE OFFICE</b>			
35. GUARANTEED LOAN NUMBER		36. OBLIGATED LOAN NUMBER	37. BRANCH NUMBER		38. DATE OF DEPOSIT		
<b>39. I have reviewed this report and the information is consistent with the conditional commitment and the supporting documentation provided by the lender.</b>							
A. SIGNATURE OF AGENCY REPRESENTATIVE			B. TITLE		C. DATE		

Agency Servicing Office (Original)

Lender

**Note:** *The following statements are made in accordance with the Privacy Act of 1974 (5 USC 552a): the Farm Service Agency (FSA) is authorized by the Consolidated Farm and Rural Development Act, (7 USC 1921 et seq), and the regulations promulgated thereunder, to solicit the information requested on this form. The information requested is necessary for FSA to determine eligibility for financial assistance, service your loan, and conduct statistical analyses. Supplied information maybe furnished to other Department of Agriculture agencies, the Department of the Treasury, the Department of Justice or other law enforcement agencies, the Department of Defense, the Department of Housing and Urban Development, the Department of Labor, the United States Postal Service, or other Federal, State, or local agencies as required or permitted by law. In addition, information may be referred to interested parties under the Freedom of Information Act (FOIA), to financial consultants, advisors, lending institutions, packagers, agents, and private or commercial credit sources, to collection or servicing contractors, to credit reporting agencies, to private attorneys under contract with FSA or the Department of Justice, to business firms in the trade area that buy chattel or crops or sell them for commission, to Members of Congress or Congressional staff members, or to courts or adjudicative bodies. Disclosure of the information requested is voluntary. However, failure to disclose certain items of information requested, including your Social Security Number or Federal Tax Identification Number, may result in a delay in the processing of this form or its rejection.*

*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-XXX. The time required to complete this information collection is estimated to average 2 hours 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 LOCAL FSA OFFICE.***