

U.S. Department of Agriculture Grain Inspection, Packers and Stockyards Administration Packers and Stockyards Program	Proof of Claim Under: 1. Surety Bond, (Clause 1) 2. Trust Fund Agreement, (Clause 1) 3. Trust Agreement, (Clause 1) Issued Under Provisions of The Packers and Stockyards Act, 1921, as Amended and Supplemented
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State of (1) _____

County (2) _____

As the undersigned, I, (3) _____
(full name of claimant)

Of (4) _____ (5) _____
(complete mailing address) (phone: home, cell)

(other contact information: fax number, email address)

being duly sworn, depose and state:

I make this claim to (6) _____
(name of trustee or surety)

Select One:

<input type="checkbox"/> under the bond issued by the (7a) _____ (name of surety company)
<input type="checkbox"/> under the Trust Fund Agreement with security held by (7b) _____ (depository, if one named)
<input type="checkbox"/> under the Trust Agreement with letter of credit held by (7c) _____ (name of trustee)

on behalf of (8) _____
(full name and address of principle named in the instrument checked above)

in the amount of (9) _____, which is the proceeds from livestock sold by

(10) _____
(full name and address of selling agency/registrant) Clause 1

for my account on a commission basis. This claim is based on the following

described livestock which was sold on a commission basis for my account by

(11) _____
(name of selling agency/registrant) Clause 1

(12)

Date of Sale	Number of Head	Description of Livestock	Amount
			\$

Attached and made a part of this claim are copies of the account of sale and other documents covering the livestock transaction, such as copies of checks issued and unpaid for the livestock sold by:

(13) _____
(name of selling agency/registrant) Clause 1

and other documents indicating the consignment of the livestock in question to such agency for which payment has not been made. *(If full and complete documents of the transaction are not available or if these papers have become lost or destroyed, the claimant should insert a statement below of the facts in such respect:)*

(14) _____

None of the claimed amount has been paid, and there are no setoffs or counterclaims to the same.

I hereby authorize the Grain Inspection, Packers and Stockyards Administration, Packers and Stockyards Program to release this proof of claim form and all of the attached supporting documents to the trustee or other interested parties to facilitate the processing of my claim.

(15) _____
(signature and title of claimant)

(16) Subscribed and sworn to before me this _____ day of _____, 20____.

(17) _____

(18) Notary Public for the State of _____

(19) Residing at _____

My commission expires

(20) _____ (seal)

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