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United States Department of Agriculture Rural Utilities Service		BORROWER DESIGNATION	
REQUEST FOR MAIL LIST DATA		TAX IDENTIFICATION NUMBER	
LEGAL NAME		PRIMARY E-MAIL ADDRESS	
CORRESPONDENCE ADDRESS STREET 1 2 3 CITY STATE ZIP		WEBSITE URL	
		REGULAR BOARD MEETING HELD ON	
PHYSICAL ADDRESS STREET 1 2 3 CITY STATE ZIP		DATE SET FOR NEXT ANNUAL MEETING (mm-dd-yy)	
		PHONE NO.	FAX NO.
CORPORATE OFFICIALS			
NAME (Salutation, First, Middle, and Last)		MAILING ADDRESS (include P.O. Box, Street Address or Rural Route, City, State, and Zip Code)	
MANAGER OR CEO _____ TITLE _____	STREET 1 2 3 CITY STATE ZIP		
PRESIDENT _____ TITLE _____	STREET 1 2 3 CITY STATE ZIP		
VICE PRESIDENT _____ TITLE _____	STREET 1 2 3 CITY STATE ZIP		
SECRETARY _____ TITLE _____	STREET 1 2 3 CITY STATE ZIP		
TREASURER _____ TITLE _____	STREET 1 2 3 CITY STATE ZIP		
_____ TITLE _____	STREET 1 2 3 CITY STATE ZIP		
_____ TITLE _____	STREET 1 2 3 CITY STATE ZIP		
_____ TITLE _____	STREET 1 2 3 CITY STATE ZIP		
_____ TITLE _____	STREET 1 2 3 CITY STATE ZIP		

CORPORATE OFFICIALS (Continue)		
NAME (Salutation, First, Middle, and Last)	MAILING ADDRESS (include P.O. Box, Street Address or Rural Route, City, State, and Zip Code)	
TITLE _____ _____	STREET 1 2 3 CITY	STATE ZIP
TITLE _____ _____	STREET 1 2 3 CITY	STATE ZIP
TITLE _____ _____	STREET 1 2 3 CITY	STATE ZIP
TITLE _____ _____	STREET 1 2 3 CITY	STATE ZIP
RELATED ORGANIZATIONS		
NAME OF ORGANIZATION	MAILING ADDRESS (include P.O. Box, Street Address or Rural Route, City, State, and Zip Code)	
ATTORNEY	STREET 1 2 3 CITY PHONE	STATE ZIP
C.P.A.	STREET 1 2 3 CITY PHONE	STATE ZIP
CONSULTING ENGINEER	STREET 1 2 3 CITY PHONE	STATE ZIP
DATE PREPARED (mm-dd-yy)	SIGNATURE	TITLE