

WA-139 (10-01-03)	U.S. DEPARTMENT OF AGRICULTURE Farm Service Agency	1. TYPE OF WAREHOUSE RECEIPT(S) <i>(Check box)</i> <input type="checkbox"/> CANCELED <input type="checkbox"/> UNCANCELED <input type="checkbox"/> NEGOTIABLE <input type="checkbox"/> NONNEGOTIABLE	2. LICENSE NUMBER
CERTIFICATE OF LOSS OF CANCELED OR UNCANCELED WAREHOUSE RECEIPT(S)		3. NAME OF WAREHOUSE	
(See Page 2 for Privacy Act and Public Burden Statements.)		4. WAREHOUSE LOCATION <i>(City and State as shown on License)</i>	

PART A - CANCELED WAREHOUSE RECEIPT(S)

IT IS HEREBY CERTIFIED THAT the warehouse receipt(s) identified below, issued by the undersigned warehouse operator operating under provisions of the United States Warehouse Act and the regulations thereunder, was lost or misplaced by said warehouse operator after issuance to and return by the undersigned depositor or owner of said receipt(s), and that after diligent search such receipt(s) cannot be found by said warehouse operator. The person signing below as depositor or owner witnesses these facts and acknowledges delivery of said product(s) by said warehouse operator. He or she further stipulates that on the date indicated herein he or she was the lawful owner of said warehouse receipt(s). Said warehouse operator agrees to save harmless any innocent third party in event of the reappearance of said lost warehouse receipt(s).

5. Receipt No.	6. Date Issued <i>(MM-DD-YYYY)</i>	7. Depositor or Owner	8. Product	9. Grade	10. Weight Gross or Net

PART B - UNCANCELED WAREHOUSE RECEIPT(S)

IT IS HEREBY CERTIFIED THAT the warehouse receipt(s) identified below, prepared by the undersigned warehouse operator operating under provisions of the United States Warehouse Act and the regulations thereunder, was lost or misplaced by said warehouse operator after prepared and prior to the delivery of the receipt(s) or the product(s) covered thereby to the undersigned depositor; and that after diligent search such receipt(s) cannot be found by said warehouse operator. The person signing below as depositor witnesses these facts and acknowledges receipt of a new warehouse receipt(s) Nos. _____ or delivery of said product(s) in lieu thereof. Said warehouse operator agrees to save harmless any innocent third party in event of the reappearance of said lost warehouse receipt(s).

11. Receipt No.	12. Date Issued <i>(MM-DD-YYYY)</i>	13. Depositor or Owner	14. Product	15. Grade	16. Weight Gross or Net

PART C - CERTIFICATION

Under penalty of perjury, I declare that I have examined the foregoing certificate and that to the best of my knowledge and belief, it is a true, correct, and complete statement.

17. WAREHOUSE OPERATOR <i>(Name and title)</i>		
18A. WAREHOUSE OPERATOR'S SIGNATURE	18B. DATE <i>(MM-DD-YYYY)</i>	
19A. DEPOSITOR'S OR OWNER'S NAME AND ADDRESS	19B. DEPOSITOR'S OR OWNER'S SIGNATURE	19C. DATE <i>(MM-DD-YYYY)</i>

PART D - WITNESSES TO SIGNATURE

20. NAME	21. ADDRESS

NOTE: *The following statements are made in accordance with the Privacy Act of 1974 (5 U.S.C. 552a) and the Paperwork Reduction Act of 1995, as amended. The authority for requesting the following information is the United States Warehouse Act (7 U.S.C. 242). The information will be used to determine U.S. Warehouse Act compliance regarding warehouse receipts. Furnishing the requested information is voluntary and no penalty will be imposed for failure to respond. However, failure to report the information will result in an inability to determine the status of missing, canceled or uncanceled warehouse receipts. This information will not be disclosed outside of the U.S. Department of Agriculture except as required by law to the Department of Justice and to the Department of the Treasury. The provisions of criminal and civil fraud statutes, including 18 U.S.C. 286, 287, 371, 641, 651, 1001; 15 U.S.C. 714m; and 31 U.S.C. 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 0560-0120. 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 KANSAS CITY COMMODITY OFFICE, (KCCO), WAREHOUSE LICENSING AND EXAMINATION DIVISION, STOP 9148, P.O. BOX 419205, KANSAS CITY, MO 64141-6205.