

Instructions For WA-460-9

ADDENDUM TO THE PROVIDER AGREEMENT TO ELECTRONICALLY FILE AND MAINTAIN RICE WAREHOUSE RECEIPTS

Used by authorized providers to contract with FSA to provide services to users of the provider's electronic storage and transfer system.

Submit the original of the completed form in hard copy or facsimile to the Kansas City Commodity Office (KCCO), Warehouse Licensing and Examination Division, P. O. Box 419205, STOP 9148, Kansas City, MO 64141-6205; or FAX 816-926-1548.

Providers complete Items (a), (b), (c), (d) and (e).

<i>Fld Name / Item No.</i>	<i>Instruction</i>
(a) Name of Provider	Enter complete name of Provider.
(b) Name of Provider	Enter complete name of Provider.
(c) Signature of Provider	Enter signature of Provider's authorized person. If you are mailing or faxing this form, print the form and manually enter your signature. Submit the original of the completed form in hard copy or facsimile to the Kansas City Commodity Office, FSA.
(d) Title of Provider	Enter title of Provider's authorized person.
(e) Date	Enter date of signature of Provider's authorized person.

Items (f) and (g) will be completed by the Deputy Administrator for Commodity Operations, FSA.