

<b>WA-51-2</b> (01-14-08)  <b>U.S. DEPARTMENT OF AGRICULTURE</b> Farm Service Agency  <b>FINANCIAL STATEMENT SUPPLEMENT</b> (for Agricultural Products)	<b>RETURN TO:</b> Financial Review Branch P.O. Box 419205 Stop 8758 Kansas City, MO 64141-6205  FAX No. 816-823-1805	<b>FOR OVERNIGHT DELIVERY:</b> Financial Review Branch 9240 Troost Avenue STOP 8758 Kansas City, MO 64131-3055
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**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. This report is authorized by 7 U.S.C. 242 et. seq. U.S. Warehouse Act) and 15 U.S.C. 714 (Commodity Credit Corporation Charter Act). This form must be submitted with a copy of your financial statement prepared as required in 7 CFR Parts 735 and 1421.5551. The information will be used in part to determine a warehouse operator's eligibility or continued eligibility for a USWA license or a CCC storage contract. Furnishing the requested information is voluntary, but failure to furnish the requested information may result in denial of a license and or CCC storage contract, suspension of USWA license or removal from the CCC approved list. This information may be provided to other agencies, IRS, Department of Justice or other State and Federal Law enforcement agencies and in response to a court magistrate or administrative tribunal. The provisions of criminal and civil fraud statutes, including 18 U.S.C. 286, 287, 371, 641, 651, 1001; 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 45 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, at the appropriate address at the top of this form.**

1A. NAME (Corporation, Limited Liability Company, Partnership, or Individual's Name)	2. ADDRESS (Include Street, City, State, Zip Code) and e-mail (if applicable)	
1B. Telephone Number (Area Code)	1C. FAX Number (Area Code)	
3. STATEMENT PREPARED BY: <input type="checkbox"/> Independent CPA <input type="checkbox"/> Independent Public Accountant <input type="checkbox"/> Other (Explain in Item 15)	4. FORM OF BUSINESS: <input type="checkbox"/> Corporation (Co-op) <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation (Reg) <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation (Subchapter S) <input type="checkbox"/> Individual Proprietorship	
5. RESERVED	6. FISCAL CLOSING DATE (MM-DD-YYYY)	7. DATE OF ENTITY FORMATION (MM-DD-YYYY)

**8. ORGANIZATIONAL INFORMATION**

(To be completed by Corporation, Limited Liability Company, Partnership, and Individual Proprietorship.)		SHARES OF STOCK HELD
A. NAME OF PRESIDENT, MEMBER, PARTNER, OR INDIVIDUAL	HOME ADDRESS AND PHONE NUMBER (Include Area Code)	
B. NAME OF VICE PRESIDENT, MEMBER, OR PARTNER	HOME ADDRESS AND PHONE NUMBER (Include Area Code)	
C. NAME OF SECRETARY, MEMBER, OR PARTNER	HOME ADDRESS AND PHONE NUMBER (Include Area Code)	
D. NAME OF TREASURER, MEMBER, OR PARTNER	HOME ADDRESS AND PHONE NUMBER (Include Area Code)	
E. NAME OF GENERAL MANAGER, MEMBER, OR LIKE OFFICER	HOME ADDRESS AND PHONE NUMBER (Include Area Code)	

**9. DIRECTORS OF CORPORATION (Attach additional sheet if more room is needed)**

A. NAME	B. OCCUPATION	C. HOME ADDRESS	D. SHARES OF STOCK HELD

The U.S. Department of Agriculture (USDA) prohibits discrimination in all its programs and activities on the basis of race, color, national origin, age, disability, and where applicable, sex, marital status, familial status, parental status, religion, sexual orientation, genetic information, political beliefs, reprisal, or because all or part of an individual's income is derived from any public assistance program. (Not all prohibited bases apply to all programs.) Persons with disabilities who require alternative means for communication of program information (Braille, large print, audiotape, etc.) should contact USDA's TARGET Center at (202) 720-2600 (voice and TDD). To file a complaint of discrimination, write to USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, or call (800) 795-3272 (voice) or (202) 720-6382 (TDD). USDA is an equal opportunity provider and employer.

10. ALL BANKS WHERE WAREHOUSE OPERATOR OBTAINS BANKING SERVICES:		
A. NAME OF BANK	B. LOCATION OF BANK	C. TELEPHONE NO. <i>(Include Area Code)</i>

11. DO YOU HAVE A LINE OF CREDIT?  
 NO  YES  *(If "YES", list name and address of lending agency)*

A. NAME OF LENDING INSTITUTION	B. ADDRESS OF LENDING INSTITUTION	C. AMOUNT OF LINE OF CREDIT
		\$
		\$

12. WHO IS THE BENEFICIARY OF THE CASH VALUE LIFE INSURANCE POLICY?

13. INSURANCE AMOUNT OF FIRE INSURANCE COVERAGE  <i>(Give dollar values)</i>	AMOUNTS SHOWN HERE MUST APPLY TO CORRESPONDING ASSETS SHOWN ON THE BALANCE SHEET			
	A. BUILDINGS	B. FIXTURES AND EQUIPMENT	C. TOTAL	D. VEHICLES - ROLLING STOCK
\$	\$	\$	\$	

14. INVENTORY - LIMIT OF LIABILITY  
 \$ \_\_\_\_\_ PROVISIONAL STOCK  SPECIFIC

15. REMARKS *(Use this space to furnish additional information needed to clarify any of the above statements. If more space is needed, attach additional sheets.)*

**16. CERTIFICATION**

*Under penalty of perjury, I declare that I have examined the enclosed financial statement, including any attachments, and it is a true, correct, and complete statement of the financial conditions of the above-named warehouse operator as of the date shown on the attached balance sheet and that the information contained in the Financial Statement Supplement is true and correct.*

A. WAREHOUSE OPERATOR	B. SIGNATURE
C. TITLE <i>(Officer, Member, Partner, Proprietor)</i>	D. DATE SIGNED <i>(MM-DD-YYYY)</i>