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|--|--|-----------------------------------|--|--|----------------|
| <b>WA-105</b><br>(11-01-03)                  |  |                                   | <b>U.S. DEPARTMENT OF AGRICULTURE</b><br>Farm Service Agency |  |                |
| <b>RETURNED AND DESTROYED RECEIPT RECORD</b> |  |                                   |  |  |                |
| 1. NAME AND ADDRESS OF WAREHOUSE OPERATOR    |  | 2. NAME AND LOCATION OF WAREHOUSE |  |  | 3. LICENSE NO. |

**PART A - RECEIPTS**

| RECEIVED                                  |            |          | 7.<br>BY WHOM | DESTROYED                                 |               | RETURNED TO WAREHOUSE OPERATOR             |                |                    |
|---|------------|----------|---------------|---|---------------|--|----------------|--------------------|
| 4.<br>DATE<br><small>(MM-DD-YYYY)</small> | NUMBERED   |          |               | 8.<br>DATE<br><small>(MM-DD-YYYY)</small> | 9.<br>BY WHOM | 10.<br>DATE<br><small>(MM-DD-YYYY)</small> | 11.<br>BY WHOM | 12.<br>RECEIVED BY |
|   | 5.<br>FROM | 6.<br>TO |               |   |               |  |                |                    |
|   |            |          |               |   |               |  |                |                    |
|   |            |          |               |   |               |  |                |                    |
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**PART B - LICENSES**

| RECEIVED                                   |                    |             | 16.<br>BY WHOM | RETURNED TO KCCO                           |                | RETURNED TO WAREHOUSE OPERATOR             |                |                    |
|--|--------------------|-------------|----------------|--|----------------|--|----------------|--------------------|
| 13.<br>DATE<br><small>(MM-DD-YYYY)</small> | NUMBERED           |             |                | 17.<br>DATE<br><small>(MM-DD-YYYY)</small> | 18.<br>BY WHOM | 19.<br>DATE<br><small>(MM-DD-YYYY)</small> | 20.<br>BY WHOM | 21.<br>RECEIVED BY |
|  | 14.<br>LICENSE NO. | 15.<br>NAME |                |  |                |  |                |                    |
|  |                    |             |                |  |                |  |                |                    |
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22. REMARKS

23. I authorize destruction of the above forms.

|   |                      |                                    |                      |
|---|----------------------|------------------------------------|----------------------|
| A. SIGNATURE OF AUTHORIZED OFFICER OR MANAGER | B. DATE (MM-DD-YYYY) | C. SIGNATURE OF WAREHOUSE EXAMINER | D. DATE (MM-DD-YYYY) |
|---|----------------------|------------------------------------|----------------------|

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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 regulations at 7 CFR Part 735. The information will be used to complete the terms of a license and contract between the warehouse operator and Deputy Administrator Commodity Operations. Furnishing the requested information is voluntary, however, without it a record of unused warehouse receipts surrendered by the warehouse operator for any reason would be difficult to complete. 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, 1001; 1024, 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, P.O. BOX 419205, KANSAS CITY, MO. 64141-6205.**