					Fac	A	
	DARTMENT OF ACCION	TUDE	Form Approved - OMB No. 0560-0120 1. TYPE OF WAREHOUSE RECEIPT(S) (Check box) 2. LICENSE NUMBER				
WA-139 U.S. DEPARTMENT OF AGRICULTURE Farm Service Agency		LIURE					DENSE NOWBER
(10-01-03)				ANCELED	UNCANCELED		
CERTIFICATE OF LOSS OF CANCELED OR				GOTIABLE	NONNEGOTIA	BLE	
	D WAREHOUSE		3. NAME OF \	WAREHOUSE			
			4. WAREHOU	SE LOCATION (C	City and State as sho	wn on Lice	nse)
(See Page 2_for Privad	cy Act and Public Burde	en Statements.)					
	LED WAREHOUS	,					
IT IS HEREBY CERTIFIED regulations thereunder, was receipt(s) cannot be found by operator. He or she further s	THAT the warehouse receipt(lost or misplaced by said war v said warehouse operator. T	s) identified below, issued ehouse operator after issu he person signing below d cated herein he or she wa	uance to and return by as depositor or owner	the undersigned depo witnesses these facts o	ositor or owner of said reco and acknowledges delivery	eipt(s), and th of said prodi	
5. 6. 7.			8.	9.		10.	
Receipt No. Date Issued (MM-DD-YYYY) De		Depositor or	Depositor or Owner		Grade		Weight Gross or Net
	(WWW. DD 1111)						
	+ +						
			(2)				
IT IS HEREBY CERTIFIED the regulations thereunder, w	CELED WAREHO THAT the warehouse receipt(was lost or misplaced by said gent search such receipt(s) ca	s) identified below, prepa warehouse operator after	ared by the undersigne prepared and prior to	the delivery of the re the person signing belo	ceipt(s) or the product(s) c w as depositor witnesses th	overed therei nese facts and	
harmless any innocent third	party in event of the reappear	•	use receipt(s).				
11. Receipt No.	11. Receipt No. Date Issued (MM-DD-YYYY) Depositor		Owner	14. Product	15. Grade		16. Weight Gross or Net
PART C - CERTIF							
Under penalty of perjur complete statement.	y, I declare that I have ex	amined the foregoing o	certificate and that	to the best of my kn	owledge and belief, it is	s a true, cor	rect, and
	ERATOR (Name and ti	tle)					
						100 0:-	E (444.55) 2000
18A. WAREHOUSE OPERATOR'S SIGNATURE						18B. DAT	E (MM-DD-YYYY)
404 DEDCOITORIO O	D OVANIEDIO MARAE AA	ID ADDDESS I				400 547	T (MA DD \0000
119A. DEPOSITOR'S O	R OWNER'S NAME AN	ND ADDRESS	19B. DEPOSITOI	R'S OR OWNER'S	S SIGNATURE	19C. DAT	E (MM-DD-YYYY)

18A. WAREHOUSE OPERATOR'S SIGNATURE 19A. DEPOSITOR'S OR OWNER'S NAME AND ADDRESS 19B. DEPOSITOR'S OR OWNER'S SIGNATURE 19C. DATE (MM-DD-YYYY) PART D - WITNESSES TO SIGNATURE 20. NAME 21. ADDRESS

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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. 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 a 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.