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Form Approved - OMB No. 0560-0120

**WA-400** (09-01-03)

U.S. DEPARTMENT OF AGRICULTURE Farm Service Agency United States Warehouse Act

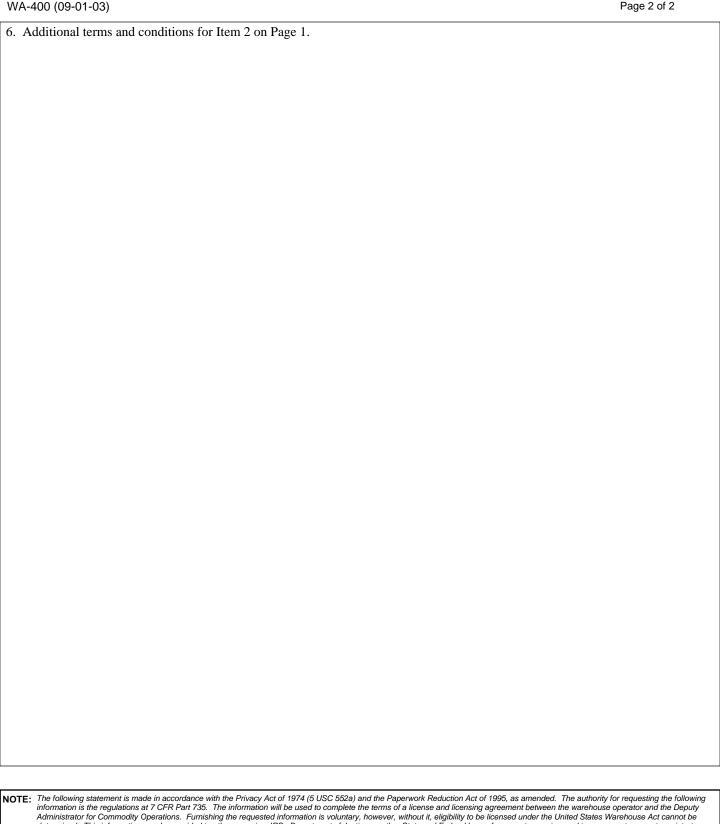
## ADDENDUM TO THE TERMS AND CONDITIONS OF THE LICENSING/PROVIDER AGREEMENT

(See Page 2 for the Privacy Act and Public Burden Statements.)

	1. FOR FSA USE ONLY				
A.	License Number	B. Initials			

2. The undersigned licensed warehouse operator or approved provider under the United States Warehouse Act (the Act) and the Administrator of the Act now agree to the following amended and modified terms and conditions of the applicable licensing or provider agreement as set forth: (Furnish additional terms and conditions for Item 2 in Item 6 on Page 2 of this form.)

		vider agreement that forms a part of the license or
agreement number. (a)	101 (b)	(Principal: Name of Legal Entity)
	(Principal: Name of Le	egal Entity)
at (c)		and is effective on (d)
	(City and State)	(Date) (MM-DD-YYYY)
Warehouse Operator or Provider (a	) — (Warehouse O	Operator or Provider: Name of Legal Entity)
4B. Signature of Warehouse Operator	or or Provider 4C. Title	4D. Date (MM-DD-YYYY)
	5. Farm Service	e Agency
5A. Signature of Farm Service Age	ncy Official 5B. Title	5C. Date (MM-DD-YYYY)



determined. 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 USC 286, 287, 371, 641, 651, 1001; 1014, and 31 USC 3729, may be applicable to the information

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 30 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 THE KANSAS CITY COMMODITY OFFICE (KCCO), WAREHOUSE LICENSE AND EXAMINATION DIVISION, STOP 9148, P.O. BOX 419205, KANSAS CITY, MO 64141-6205.