

8. Determine affiliated person(s) according the following chart. File form AD-1026 with AD-1026A's for all affiliated persons with farming interests with the local FSA office or service center. In the following table, list affiliated persons in column A and the required information in columns B and C. Attach additional sheets if necessary.

Note: Failure to complete this Item 8 can lead to loss of storage payments under your CCC storage agreement.

| DETERMINING AFFILIATED PERSONS | |
|--|---|
| IF the warehouse operator is a(an)... | THEN affiliated persons who must file AD-1026 if they have farming interests are . . . |
| individual | spouse or minor children with separate farming interests, or who receives benefits under their individual ID number. |
| | estates, trusts, partnerships, and joint ventures in which the individual filing, or the individual's spouse or minor children have an interest. |
| | corporations in which the individual filing or the individual's spouse or minor children have more than 20% interest. |
| general partnership | Example: If the warehouse operator is Partnership A, and the partners are Trust A and Individual A, the first level members of Partnership A are Trust A and Individual A . |
| limited partnership | |
| joint venture | |
| estate | |
| irrevocable or revocable trust | |
| Indian tribal venture or group | |
| corporations with stockholders | first level members with more than 20% interest in the corporation. |
| State | none |
| Church or other charitable organizations | |
| county | |
| city | |
| public schools | |
| corporations with no stockholders | |

| A. NAME OF AFFILIATED PERSONS | B. SOCIAL SECURITY OR TAXPAYER ID NO. | C. FARMING INTEREST | |
|----------------------------------|--|------------------------|----|
| | | YES | NO |
| | | | |
| | | | |
| | | | |

9. CERTIFICATION: I declare that Form AD-1026 and AD-1026A have been filed at the appropriate County FSA Office(s) or service center(s) for the company and all affiliated persons and that the company and affiliates have not been declared ineligible to receive USDA benefits. I certify that all information submitted to USDA on this form and Form AD-1026 and AD-1026A is true and correct.

| | | |
|---|----------|----------------------|
| A. SIGNATURE OF AUTHORIZED COMPANY REPRESENTATIVE | B. TITLE | C. DATE (MM-DD-YYYY) |
|---|----------|----------------------|

INSTRUCTIONS TO WAREHOUSE OPERATOR: Sign the above certification if you have completed Items 7 and 8. If you entered "NONE" in Item 7, sign the certification below.

10. CERTIFICATION: I hereby certify that the company or any affiliated person does not have an interest in any farm as owner, operator, tenant, or sharecropper and the company or affiliated persons are not required to certify on Form AD-1026 to receive USDA loans or other program benefits as a producer of agricultural commodities on highly erodible lands or converted wetlands.

| | | |
|---|----------|----------------------|
| A. SIGNATURE OF AUTHORIZED COMPANY REPRESENTATIVE | B. TITLE | C. DATE (MM-DD-YYYY) |
|---|----------|----------------------|