This form is available electronically.						Position 2 Form Approved - OMB No. 0560-01					OMB No. 0560-0155		
FSA-2241 (08-18-08)	A-2241 USDA-FSA				(2) State and County Code/FSA ID Number		(3) Borrower's Name		(7) Please Submit the original of this report within 30 days to				
GUARANTEED FARM LOAN STATUS REPORT As of (1)				(4) Lender's ID Number (6) Lender's Name		(5) Lender's Branch Number							
(8) Lender's Loan Number (9) Date of Loan (10) Loan Amount (11) Date of Last Update	Agency Loan Number	Loan Type	Unpaid Principal	Unpaid Interest	Lender's Interest Rate Guaranteed	Lender's Interest Rate Nonguaranteed	Amount Advanced During the Current Reporting Period	Date of Last Advance	Terminate Guar (Y/N)	Loan Sold (Y/N)	Payment Status Code A-Borr Ahead of Schedule B-Borr Behind Schedule C-Borr Current Amount Ahead/Behind		
(8)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)		(20)	(21)	(22)	
(9) (10) (11)			(23)	(24)	(25)	(26)	(27)	(28)	(29)	(30)	(31)	(32)	
(8)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)		(20)	(21)	(22)	
(9) (10) (11)			(23)	(24)	(25)	(26)	(27)	(28)	(29)	(30)	(31)	(32)	
(8)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)		(20)	(21)	(22)	
(9) (10) (11)			(23)	(24)	(25)	(26)	(27)	(28)	(29)	(30)	(31)	(32)	
(8)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)		(20)	(21)	(22)	
(9) (10) (11)			(23)	(24)	(25)	(26)	(27)	(28)	(29)	(30)	(31)	(32)	
(8)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)		(20)	(21)	(22)	
(9) (10) (11)			(23)	(24)	(25)	(26)	(27)	(28)	(29)	(30)	(31)	(32)	
(33) Authorized Lender's Signature (34) Title NOTE: The following statements are made in accordance with the Privacy Act of 1974 (5 US)				552a): the Earm Coning Agency (F	(35) Date		der's Name and Address			therounder	to solicit the	information requested on its	

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