Form Approved - OMB No. 0560-0237 (See Page 2 for Privacy Act and Public Burden Statements.) This form is available electronically FSA-2371 **U.S. DEPARTMENT OF AGRICULTURE** Farm Service Agency (12-31-07) AGREEMENT TO COMPLETE TRAINING PART A - AGREEMENT In consideration for receiving a direct loan, I agree to complete the following approved courses in production and/or (b)financial management: (a) I understand payment for all required courses is my responsibility. I must complete training as follows: within 2 years of the date this agreement is signed, unless I am granted an extension by the Farm Service Agency; financial management training, if required, within one year of the date the one time 2-year OL term limit extension is signed. I understand that if I fail to complete this training as agreed, I will be ineligible for future direct loans. 5B. Signature 5A. Name 5C. Date **PART B - FSA USE ONLY** The borrower completed the training course on (a) as per attached documentation.

has not met the borrower training requirements.

(e) Title of Agency Official

(g) Date

The borrower (b)

(d) Name of Agency Official

(f) Signature of Agency Official

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NOTE: The following statements are made in accordance with the Privacy Act of 1974 (5 U.S.C. 552(a)). The Farm Service Agency (FSA) is authorized by the Consolidated Farm and Rural Development Act, as amended (7 U.S.C. 1921 et seq.) or other Acts, and the regulations promulgated thereunder, to solicit the information requested on its application forms. The information requested is necessary for FSA to determine eligibility for credit or other financial assistance, service your loan, and conduct statistical analyses. Supplied information may be furnished to other Department of Agriculture agencies, the Internal Revenue Service, the Department of Justice or other law enforcement agencies, the Department of Defense, the Department of Housing and Urban Development, the Department of Labor, the United States Postal Service, or Federal, State, or local agencies as required or permitted by law. In addition, information may be referred to interested parties under the Freedom of Information Act, to financial consultants, advisors lending institutions, packagers, agents, and private or commercial credit sources, to collection or servicing contractors, to credit reporting agencies, to private attorneys under contract with FSA or the Department of Justice, to business firms in the trade area that buy chattel or crops or sell them for commission, to Members of Congress or Congressional staff members, or to courts or adjudicative bodies. Disclosure of the information requested is voluntary. However, failure to disclose certain items of information requested, including Social Security Number or Federal Tax Identification Number, may result in a delay in the processing of an application or its rejection.

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 0560-0237. 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 YOUR COUNTY FSA OFFICE.