This form is availab	le electronically	See D	age 2 for Privacy Ac	Form Approved – O t and Paperwork Reducti		
WA-62	U.S. DEPARTMENT OF AGRICULTURE		1A. Bond Nu		UN ACI Statements.	
(10-03-11)	Farm Service Agency					
	SOND TO COVER LOST PAPER WAREH TS UNDER THE UNITED STATES WARE		1B. License	1B. License Number		
2. We, (a)			of (b)	(City, State Address Includir		
, ,	(Name of the owner of the paper warehouse	receipts(s)		(City, State Address Includir	ng Zip Code)	
as principal, and	(SELECT ONE OPT	FION – EITHER ITE	M 3 or ITFM 4)		·	
Residents of the State least at the penal sum	in which the paper warehouse receipt was issu			ed, less encumbrances ar	nd exceptions, at	
3. We, (a)		of (b)				
	(Name of Individual)		(0	City and State of Residence)		
(C)	(Name of Individual)	of (d)	10	City and State of Residence)		
	(Name of mulvidual)		(0	city and State of Residence)		
4.						
	(Name of Corporate Suret	ty (Include City and State A	Address Including Zip C	Code)		
5. As surety, are l	held and firmly bound unto (a)					
0.1			(Warehouse Operator))		
	<i>(b)</i>					
have after unfai	and to so the Manchessee Operation	(Warehouse Operate	or's City, State Address	s Including Zip Code)		
nere after refer	red to as the Warehouse Operator,					
6. In the penal su	m of <i>(a)</i> \$		d	ollars <i>(b)</i> (\$)	
ourselves, our heirs, e 7. The conditions	house operator, its heirs, executors, administra xecutors, administrators, successors, or assign of this obligation are such that:	s, jointly and severally	, firmly by these pro	esents.		
A. Paper ware	ehouse receipts as follows were issued by	(1)				
the words	nuce operator, for agricultural products stored i	(1)	(Nan	ne of Warehouse Operator)		
the waterio	ouse operator, for agricultural products stored i	(2)	(1001)			
				(Name of Warehouse)		
		(3)				
		(C) Data laguad		City and State Location)	(0) M/-:	
(4) Paper WHR No	. (5) Issued To	(6) Date Issued	(7) Grade	(8) Ag Product	(9) Weight	
	dditional lost paper warehouse receipts, please gral part of bond number (10)		ch sheet of paper lis uted effective <i>(11)</i>		d by the statement ."	
of the wa were los	cipal has made and filed with the warehouse o arehouse receipts listed and that the principal h t or destroyed, and that a diligent effort has be	has not negotiated or as en made to find the wa	signed these wareh rehouse receipts wi	ouse receipts, that the wathout success; and	arehouse receipts	
C. The prin	cipal promises to deliver these warehouse rece	eipts, if subsequently re	covered, to the war	rehouse operator for cano	cellation; and	

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S.W., Stop 9410, Washington, DC 20250-9410, or call toll-free at (866) 632-9992 (English) or (800) 877-8339 (TDD) or (866) 377-8642 (English Federal-relay) or (800) 845-6136 (Spanish Federal-relay). USDA is an equal opportunity provider and employer.

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D. The principal has requested (*Check one box*):

(1) Delivery of the agricultural product evidenced by the paper warehouse receipt(s).

(2) Issuance of a duplicate paper warehouse receipt in lieu of the lost or destroyed paper warehouse receipt *(bearing the same date of the original warehouse receipt and subject to the same terms and conditions, and referencing the lost warehouse receipt number).*

E. Therefore, if the principal indemnifies the warehouse operator against the original warehouse receipt, including all damages, costs, charges and expenses that may arise from the delivery of the agricultural product or the issuance of a duplicate paper warehouse receipt and delivers for cancellation the original warehouse receipt if subsequently located, then this obligation is void; otherwise, it remains in full force and effect.

F. The above bound parties have executed this agreement this:

(1)		Day of (2)		(3) .			
		(Day)	(Month)	(Year)			
		8. Principal (If you exec	uted Item 2, you must con	mplete this section):			
	(a)	(Principa	(Principal – The owner of the paper warehouse receipts)				
	(b)						
	(0)	(Signature)					
Witnesses:	(c)		(d)				
		(Name)		(City, State)			
	(e)	(Name)	(f)	(City, State)			
		(Name)		(City, State)			
		9. Individuals Acting As Surety (1	f you executed Item 3, yo	ou must complete this section.)			
	(a)		(b)				
		(Name)		(City, State)			
	(c)		(d)				
		(Name)		(City, State)			
Witnesses:	(e)	(Name)	(f)	(City, State)			
		(Name)					
	(g)	(Name)	(h)	(City, State)			
		10. Corporate Surety (If you e	wacutad Itam A you must				
		io. Corporate Survey (17 you e.	xeculeu nem 4, you musi				
	(a)						
	(-)		(Surety)				
	(b)						
			(Ву)				
	(c)						
			(Title)				
Witnesses:	(d)		(e)				
		(Name)		(City, State)			
	(f)	(Name)	(g)	(City, State)			
 , 	a fallou :	. ,	(EUCC EE2a an amorti-1) T				
73: be the the be File	5, 7 CFR used to a warehou warehou en authon e (Automa	art 1423, 7 CFR Part 1427, the United States Warehouse Act (low warehouse receipt owners with warehouse receipted depos e operator against losses to the warehouse operator as a resul e receipts. The information collected on this form may be disclu- ted access to the information by statute or regulation and/or as	Pub. L. 106-472), and the Commo its in warehouses licensed under it of reissue of duplicate warehous osed to other Federal, State, Loca described in applicable Routine U ed information is voluntary. Howe	he authority for requesting the information identified on this form is 7 CFR Part dify Credit Corporation Charter Act (15 U.S.C. 714 et seq.). The information will the United States Warehouse Act who have lost warehouse receipts to indemnify e receipts or delivery of the warehouse receipted agricultural product covered by al government agencies, Tribal agencies, and nongovernmental entities that have ses identified in the System of Records Notice for USDA/FSA-2, Farm Records ver, failure to furnish the requested information will result in a determination of			

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. The provisions of appropriate criminal and civil fraud, privacy, and other statutes may be applicable to the information provided.

The provisions of appropriate criminal and civil fraud, privacy, and other statutes may be applicable to the information provided. RETURN THIS COMPLETED FORM TO THE KANSAS CITY COMMODITY OFFICE, WAREHOUSE LICENSE AND EXAMINATION DIVISION, STOP 9148, P.O. BOX 419205, KANSAS CITY, MO 64141-6205.