WA-125

U.S. DEPARTMENT OF AGRICULTURE

Farm Service Agency

MEMORANDUM OF ADJUSTMENTS

NOTE:

(10-31-11)

The following statement is made in accordance with the Privacy Act of 1974 (5 U.S.C. 552a - as amended). The authority for requesting the information identified on this form is 7 CFR Part 735, 7 CFR Part 1427, the United States Warehouse Act (Pub. L. 106-472), and the Commodity Credit Corporation Charter Act (15 U.S.C. 714 et seq.). The information will be used to document examiner exceptions to the operation of the warehouse, commodity shortages, or other violations of the United States Warehouse Act or Commodity Credit Corporation contract found during a warehouse examination and to document the warehouse operator's report of action taken. The information collected on this form may be disclosed to other Federal, State, Local government agencies, Tribal agencies, and nongovernmental entities that have been authorized access to the information by statute or regulation and/or as described in applicable Routine Uses identified in the System of Records Notice for USDA/FSA-2, Farm Records File (Automated) and USDA/FSA-3, Consultants File. Providing the requested information is voluntary. However, failure to furnish the requested information will result in a determination of ineligibility to obtain new licensing or retain existing licensing under the United States Warehouse Act.

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 s 0560-0120. The time

per response, including the time for reviewing instruction information. The provisions of appropriate criminal and c KANSAS CITY COMMODITY OFFICE, WAREHOUSE L	s, searching existing ivil fraud, privacy, an	data, sources gathering and maintainin d other statutes may be applicable to th	g the data needed, and completing an ne information provided. RETURN TH	d reviewing the collection of IS COMPLETED FORM TO THE		
1. Name of Warehouse		2. License and/or Code Nu	5. Type of Exam			
				Original		
3A. Location	3B. County		4. Date of Examination	Amendment Subsequent Special		
6. EXAMINER EXCEPTION (Continued on page 2	⊥ 2)		<u> </u>			
An examination of this warehouse and the agricultural prodiaction must be reported on the reverse of this form and mai completed within 15 days, you should report your progress or state criminal or civil statutes, program regulations, or yo this examination and is not an election by the United States requirements herein by the Warehouse Operator do not and Corporation may take under criminal or civil statutes, the co	led to the office sh at 15-day intervals ur contract with th or Commodity Cr d will not affect or	nown in Item 12 within 15 days of s until all corrections are complete e Commodity Credit Corporation. edit Corporation of actions to be t limit the administrative, criminal, c	the date you received this form. d. These conditions may also be The issuance of this form is a re aken. Issuance of this form and	If all corrections are not e in violation of various Federal eport of the conditions found at compliance with the		
7A. Warehouse Examiner (Signature)		7B. Date Prepa	ared (MM-DD-YYYY)			
I acknowledge receipt of this form.						
8. Warehouse Operator		9. By (Signatur	re)			
10. Date (MM-DD-YYYY)		11. Title				
12. Report to be Submitted to: The U.S. Department of Agriculture (USDA) prohibits discrip	Kansas C P.O. Box Kansas C	arehouse License and Exam City Commodity Office, FSA 419205 - Stop 9148 City, Missouri 64141-6205				

applicable, sex, marital status, familial status, parental status, religion, sexual orientation, political beliefs, genetic information, reprisal, or because all or part of an individual's income is derived from any public assistance program. (Not all prohibited bases apply to all programs.) Persons with disabilities who require alternative means for communication of program information (Braille, large print, audiotape, etc.) should contact USDA's TARGET Center at (202) 720-2600 (voice and TDD). To file a complaint of discrimination, write to USDA, Assistant Secretary for Civil Rights, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, 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.

WA-125 (10-31-11)	Page 2 of 3
WA-125 (10-31-11) 6. EXAMINER EXCEPTION (Continuation)	

13. WAREHOUSE OPERATOR'S REPORT OF ACTION TAKEN

		completed when gra	ain is purchased by the War	ehouse Operator t	to regain a suff	ficient inventory b	alance to meet all storage
obligati A. Date	B. Kind	C. Bushel	D. Type	E. Check	F. Date	G. Dollar	H. Purchased
		I I	Purchase <u>1</u> /		1		
		Amount	Pulchase <u>1</u> /	No. <u>2</u> /	Issued	Amount \$	From
		Amount	Pulcilase <u>I</u> /	No. <u>2</u> /	Issued		From
		Amount	Fulcilase <u>1</u> /	No. 2/	Issued		From
		Amount	Fulcilase <u>I</u> /	No. 2/	Issued		From
		Amount	Pulciase 1/	No. 2/	Issued		From
		Amount	Pulciase 1/	No. 2/	Issued		From
		Amount	Pulciase 1/	No. 2/	Issued		From
		Amount	Pulcilase 1	No. 2/	Issued		From
1/ New gr	ain, warehouse	e receipts, open sto	rage, other.	2/ If not paid	l, enter "Contra	\$	From
The inform	mation contain	e receipts, open sto	rage, other. 15. CERTIFICATION ouse Operator's Report of	2/ If not paid DF WAREHOUSE Action Taken" is	l, enter "Contra E OPERATOR , to the best of	st Number" To my knowledge of	and information, true and
The inform	mation contain	e receipts, open sto ned in the "Wareh statement of the ac	rage, other. 15. CERTIFICATION ouse Operator's Report of	2/ If not paid OF WAREHOUSE Action Taken" is that a false state	l, enter "Contra FOPERATOR to the best of ment or repres	sect Number" Timy knowledge of the section herein	and information, true and or in any subsequent report,
The inform	mation contain nd a complete : ect me to crimi	e receipts, open sto ned in the "Wareh statement of the ac	rage, other. 15. CERTIFICATION of the control of t	2/ If not paid OF WAREHOUSE Action Taken" is that a false state	l, enter "Contra FOPERATOR to the best of ment or repres	sect Number" Timy knowledge of the section herein	and information, true and or in any subsequent report,