**Exhibit C**

Freight Forwarder’s Letterhead

Carrier’s Broker Name

Address

Dear Carrier’s Broker –

Your signature below confirms that all invoicing for freight services provided by Carrier Name was completed under [[Agreement Number]], WBSCM freight purchase order number(s) ##########, for country name and PVO. To facilitate the de-obligation of unused balances associated with this contract please advise us as follows:

[[Carrier Name and/or Carrier’s Broker’s Name]], on behalf of [[Carrier’s Name]], have submitted all invoices to and received payments required under the above agreement from USDA’s Paying Office.

( ) YES ( ) NO

Sincerely,

Freight Forwarder

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Type or Print Name of Carrier or Authorized Representative

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Carrier or Authorized Representative and Date

cc: USDA/FAS/TLB

PVO

 Carrier