Form Approved – OMB No. 0505-0025

|                     | •  |   | Expiration Date: 04/30/2019      |
|---------------------|--|---|----------------------------------|
| AD-30               | 30   | U.S. DEPARTMENT OF AGRICULTURE  |                                  |
|                     |  | ENTATIONS REGARDING FELONY CONVICTION LINQUENT STATUS FOR CORPORATE APPLICANTS  |                                  |
| Note:               | E You only need to complete this form if you are a corporation. A corporation includes, but is not limited to, any entity that has filed articles of incorporation in one of the 50 States, the District of Columbia, or the various territories of the United States including American Samoa, Federated States of Micronesia, Guam, Midway Islands, Northern Mariana Islands, Puerto Rico, Republic of Palau, Republic of the Marshall Islands, or the U.S. Virgin Islands. Corporations include both for profit and non-profit entities.  The following statement is made in accordance with the Privacy Act of 1974 (5 USC 552(a), as amended). The authority for requesting the following information for U.S. Department of Agriculture (USDA) Agencies and staff offices is in §745 and 746 of the Consolidated Appropriations Act, 2016, Pub. L. 114-113, as amended and/or subsequently enacted. The information will be used to confirm applicant status concerning entity conviction of a felony criminal violation, and/or unpaid Federal tax liability status.  According to the Paperwork Reduction Act of 1985 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 0505-0025. 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. |   |                                  |
|                     |  |   |                                  |
| 1. APP              | LICANT'S NAME  | 2. APPLICANT'S ADDRESS (Including Zip Code)   | 3. TAX ID NO.<br>(Last 4 digits) |
| of<br>4B. Do<br>rei | application? YES NO  Does the Applicant have any unpaid F  | felony criminal violation under any Federal law in the 24 federal tax liability that has been assessed, for which all judlapsed, and that is not being paid in a timely manner pursuath the tax liability? YES NO | dicial and administrative        |
|                     |  | untary. However, failure to furnish the requested informated indum of understanding, grant, loan, loan guarantee, or coo  |                                  |

USDA.

| PART B – SIGNATURE             |  |                              |  |  |
|--------------------------------|--|------------------------------|--|--|
| 5A. APPLICANT'S SIGNATURE (BY) | 5B. TITLE/RELATIONSHIP OF THE INDIVIDUAL IF SIGNING IN A REPRESENTATIVE CAPACITY | 5C. DATE SIGNED (MM-DD-YYYY) |  |  |

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