

This form is available electronically.

See Page 2 for Privacy Act and Paperwork Reduction Act Statements.

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| <p><b>WA-62</b><br/>(10-03-11)</p> <p style="text-align: center;"><b>U.S. DEPARTMENT OF AGRICULTURE</b><br/>Farm Service Agency</p> <p style="text-align: center;"><b>BOND TO COVER LOST PAPER WAREHOUSE RECEIPTS UNDER THE UNITED STATES WAREHOUSE ACT</b></p> | <p>1A. Bond Number</p> <hr/> <p>1B. License Number</p> |
|---|--|

2. We, (a) \_\_\_\_\_ of (b) \_\_\_\_\_  
(Name of the owner of the paper warehouse receipts(s)) (City, State Address Including Zip Code)

as principal, and \_\_\_\_\_

**(SELECT ONE OPTION – EITHER ITEM 3 or ITEM 4)**

Residents of the State in which the paper warehouse receipt was issued, each of whom own real property valued, less encumbrances and exceptions, at least at the penal sum of the bond.

|   |  |
|---|--|
| <p>3. We, (a) _____ of (b) _____<br/> <small>(Name of Individual) (City and State of Residence)</small></p> | <p>(c) _____ of (d) _____<br/> <small>(Name of Individual) (City and State of Residence)</small></p> |
|---|--|

4. \_\_\_\_\_  
(Name of Corporate Surety (Include City and State Address Including Zip Code))

5. As surety, are held and firmly bound unto (a) \_\_\_\_\_  
(Warehouse Operator)  
 (b) \_\_\_\_\_  
(Warehouse Operator's City, State Address Including Zip Code)

here after referred to as the Warehouse Operator,

6. In the penal sum of (a) \$ \_\_\_\_\_ dollars (b) (\$ \_\_\_\_\_ )  
(Double the value of the agricultural product at the time the bond is given)

to be paid to the warehouse operator, its heirs, executors, administrators, successors, or assigns, for which payment well and truly to be made, we do bind ourselves, our heirs, executors, administrators, successors, or assigns, jointly and severally, firmly by these presents.

7. The conditions of this obligation are such that:

A. Paper warehouse receipts as follows were issued by

- the warehouse operator, for agricultural products stored in the
- (1) \_\_\_\_\_  
(Name of Warehouse Operator)
  - (2) \_\_\_\_\_  
(Name of Warehouse)
  - (3) \_\_\_\_\_  
(City and State Location)

| (4) Paper WHR No. | (5) Issued To | (6) Date Issued | (7) Grade | (8) Ag Product | (9) Weight |
|-------------------|---------------|-----------------|-----------|----------------|------------|
|                   |               |                 |           |                |            |
|                   |               |                 |           |                |            |
|                   |               |                 |           |                |            |
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|                   |               |                 |           |                |            |

For in excess of five additional lost paper warehouse receipts, please attach an 8 ½ x 11 inch sheet of paper listing the receipts followed by the statement "This listing is an integral part of bond number (10) \_\_\_\_\_ executed effective (11) \_\_\_\_\_."

B. The principal has made and filed with the warehouse operator an affidavit showing that the principal is lawfully entitled to the possession of the warehouse receipts listed and that the principal has not negotiated or assigned these warehouse receipts, that the warehouse receipts were lost or destroyed, and that a diligent effort has been made to find the warehouse receipts without success; and

C. The principal promises to deliver these warehouse receipts, if subsequently recovered, to the warehouse operator for cancellation; and

The U.S. Department of Agriculture (USDA) prohibits discrimination in all of its programs and activities on the basis of race, color, national origin, age, disability, and where 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,

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 executed Item 2, you must complete this section*):

(a) \_\_\_\_\_  
 (Principal – The owner of the paper warehouse receipts)

(b) \_\_\_\_\_  
 (Signature)

Witnesses: (c) \_\_\_\_\_ (d) \_\_\_\_\_  
 (Name) (City, State)

(e) \_\_\_\_\_ (f) \_\_\_\_\_  
 (Name) (City, State)

9. Individuals Acting As Surety (*If you executed Item 3, you must complete this section.*)

(a) \_\_\_\_\_ (b) \_\_\_\_\_  
 (Name) (City, State)

(c) \_\_\_\_\_ (d) \_\_\_\_\_  
 (Name) (City, State)

Witnesses: (e) \_\_\_\_\_ (f) \_\_\_\_\_  
 (Name) (City, State)

(g) \_\_\_\_\_ (h) \_\_\_\_\_  
 (Name) (City, State)

10. Corporate Surety (*If you executed Item 4, you must complete this section*)

(a) \_\_\_\_\_  
 (Surety)

(b) \_\_\_\_\_  
 (By)

(c) \_\_\_\_\_  
 (Title)

Witnesses: (d) \_\_\_\_\_ (e) \_\_\_\_\_  
 (Name) (City, State)

(f) \_\_\_\_\_ (g) \_\_\_\_\_  
 (Name) (City, State)

**Note:** 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 1423, 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 allow warehouse receipt owners with warehouse receipted deposits in warehouses licensed under the United States Warehouse Act who have lost warehouse receipts to indemnify the warehouse operator against losses to the warehouse operator as a result of reissue of duplicate warehouse receipts or delivery of the warehouse receipted agricultural product covered by the warehouse receipts. 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 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.***