Exp.	Date:	xxx/202	22

U. S. DEPARTMENT OF AGRICULTURE RURAL UTILITIES SERVICE REQUEST FOR RELEASE OF LIEN AND/OR APPROVAL OF SALE					
		1. DATE OF THIS REQUEST	2. CLOSING DATE		
		3. SYSTEM DESIGNATION OF SELLER	4. SYSTEM DESIGNATION OF		
INSTRUCTIONS - Submit three copies to RUS. See RUS Bulletin 415-1 for detailed instructions.		SELLER	PURCHASER (If RUS borrower)		
5. NAME AND ADDRESS OF SELLER		6. NAME AND ADDRESS OF PURCHASE	R		
7. APPROXIMATE ORIGINAL COST	8. SOURCE OF FUNDS (Original purchase)	9. DATE BOUGHT OR BUILT	10. PROPOSED SELLING PRICE		
11. DESCRIPTION OF PROPERTY TO and release of lien.)*	BE SOLD. (Identify it adequately and e	estimate its present value. If real estate, inclu	de legal description to be used in deed		
12. FORMAL RELEASE OF LIEN	IS IS IS NOT REQUIRED B	DV DIDCHACED			
13. REASON FOR SALE*		SI PURCHASER.			
RUS APPROVED PURPOSES b. TO THE RURAL ELECTRIFICA NOTE OF THE RUS LOAN. MA DEPARTMENT OF AGRICULT ADMINISTRATIVE & LOAN A	SH - TRUSTEE RUS CONSTRUCTION TION ADMINISTRATION AS A SPE	ON FUND" TO BE USED FOR CIAL PAYMENT ON THE MOST RECEN RAL UTILITIES SERVICE MAIL TO U. S 250-1510 ATTENTION OF:			
c. OTHER	IMED (For cale of property by accurate	ation of indoptedness only)			
a. SELLERS NOTE(S) TO BE ASSO SYSTEM DESIGNATION	JMED. (For sale of property by assump DATE OF NOTE(S)	AMOUNT OF NOTE(S)	AMOUNT TO BE ASSUMED		
CERTIFICATION I hereby certify that, in my opinion, the selling price is not less than the fair market value of the property; the system after the sale will be financially feasible for repayment of RUS loan funds and will constitute a satisfactory operating unit; all necessary approvals have been or will be obtained where required by law or by the articles of incorporation or by-laws of the organization; the sale is in the best interest of the Government and this organization; and the transaction will provide the Government with a compensating benefit for its approval. Two certified copies of the resolution adopted by the Directors Seller'S CORPORATE NAME SELLER'S CORPORATE NAME					
TITLE OF AUTHORIZ	ZED OFFICIAL	 SIGNATURE OF AI	UTHORIZED OFFICIAL		
According to the Paperwork Reduction information unless a valid OMB con- required to complete the information	on Act of 1995, an agency may not ntrol number is displayed. The O collection is estimated to average	conduct or sponsor and a person is no MB Control Number for this informa	nt required to respond to a collection of tion collection is 0572-0041. The time the for reviewing instructions, searching		

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