OMB Control No. 0560-0155

## OMB Expiration Date: 07/31/2020 U.S. DEPARTMENT OF AGRICULTURE FSA-2261 (08-18-08)Farm Service Agency

REPORT OF COLLECTION ACTIVITIES ON LIQUIDATION ACCOUNTS					
INSTRUCTIONS TO LENDER: Complete Part B, and submit this form to	o the FSA Office	in Item 2 by	November 3	30 each year.	
PART A - TO BE COMPLETED BY FSA LOAN SERVICING OFFICIAL					
Lender's Name and Mailing Address	2. Name and Address of County FSA Office Loan Service Official				
3. Borrower's Name (Last, First, Middle Initial)	4. FSA Account Number				
	A. State Code	B. County Cod	e C. FSA I	ID Number	
<ol> <li>Total unpaid loan balance as of date of loss claim (guaranteed and unguaranteed portion)</li> <li>NOTE: The dollar amount must agree with the amount on the FSA-2254.</li> </ol>		\$			
6. Percentage of loan guaranteed by Farm Service Agency					%
PART B – TO BE COMPLETED BYLENDER					
7. Total Collected in Most Recently Completed Fiscal Year (October 1 - September 30)					
Total Amount Remitted to Farm Service Agency by Lender.      NOTE: Do not include proceeds remitted prior to the payment of the final loss claim.					
9. Describe briefly the collection efforts made during the past fiscal year:					
10A. Signature of Authorized Lender's Representative 10B. Title of <i>t</i>	Authorized Lende	er's Represer	ıtative	10C. Date	
NOTE: The following statements are made in accordance with the Privacy Act of 1974 and Rural Development Act, as amended (7 USC 1921 et seq.), and the regula information requested is necessary for FSA to determine eligibility for payment, be furnished to other Department of Agriculture agencies, the Department of the Department of Housing and Urban Development, to local agencies as required or permitted by law. In addition, information may be	itions promulgated the service the guarante Treasury, the Depa the Department of Lab	ereunder, to solid led loan, and con rtment of Justice oor, the United Si	it the information duct statistical or other law el tates Postal Se	ion requested on this lanalyses. Supplied in nforcement agencies ervice, or other Feder	s form. The information may s, the ral, State, or

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 0560-0155. The time required to complete this information collection is estimated to average 10 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. RETURN THIS COMPLETED FORM TO YOUR LOCAL FSA OFFICE.

consultants, advisors, lending institutions, packagers, agents, and private or commercial credit sources, to collection or servicing contractors, to credit reporting agencies, to private attorneys under contract with FSA or the Department of Justice, to business firms in the trade area that buy chattel or crops or sell them for commission, to Members of Congress or Congressional staff members, or to courts or adjudicative bodies. Disclosure of the information requested is voluntary.

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, gender identity (including gender expression), sexual orientation, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident.

However, failure to disclose the information requested, may result in a delay in the processing of this form or its rejection.

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language, etc.) should contact the responsible Agency or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at http://www.ascr.usda.gov/complaint\_filing\_cust.html and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: program.intake@usda.gov. USDA is an equal opportunity provider, employer, and lender.