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	N ACTIVITIES ON LIQUI	DATION ACCO	UNIS		
INSTRUCTIONS TO LENDER: Complete Part B, and subm		e in Item 2 by Nov	vember 30 each year.		
PART A – TO BE COMPLETED BY FSA LOAN SERVICING	G OFFICIAL				
Lender's Name and Mailing Address	2. Name and	d Address of Coun	nty FSA Office Loan Service Officia	al	
3. Borrower's Name (Last, First, Middle Initial)	4. FSA Acco	4. FSA Account Number			
	A. State Code	B. County Code	C. FSA ID Number		
Total unpaid loan balance as of date of loss claim (guaran	teed and unguaranteed portion				
NOTE: The dollar amount must agree with the amount or	n the FSA-2254.	Ψ			
6. Percentage of loan guaranteed by Farm Service Agency			%		
PART B – TO BE COMPLETED BYLENDER					
7. Total Collected in Most Recently Completed Fiscal Year (	\$				
8. Total Amount Remitted to Farm Service Agency by Lende	\$				
NOTE: Do not include proceeds remitted prior to the pay  9. Describe briefly the collection efforts made during the pas	Ψ				
10A Signature of Authorized Londor's Popresentative 1	OR Title of Authorized Lon	dor's Poprocontat	tivo 100 Doto		
10A. Signature of Authorized Lender's Representative 1	0B. Title of Authorized Lend	der's Representat	tive 10C. Date		
NOTE: The following statements are made in accordance with the Priv and Rural Development Act, as amended (7 USC 1921 et seq.) information requested is necessary for FSA to determine eligible be furnished to other Department of Agriculture agencies, the Department of Defense, the Department of Housing and Urban local agencies as required or permitted by law. In addition, inforconsultants, advisors, lending institutions, packagers, agents, a agencies, to private attorneys under contract with FSA or the D	), and the regulations promulgated to litiy for payment, service the guaran Department of the Treasury, the Dep Development, the Department of L Domation may be referred to interest and private or commercial credit sou	thereunder, to solicit the teed loan, and conduct partment of Justice or o abor, the United States ed parties under the Fr urces, to collection or se	e information requested on this form. The it statistical analyses. Supplied information mo other law enforcement agencies, the s Postal Service, or other Federal, State, or reedom of Information Act (FOIA), to financial ervicing contractors, to credit reporting	nay	

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

commission, to Members of Congress or Congressional staff members, or to courts or adjudicative bodies. Disclosure of the information requested is voluntary.

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.

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