FORM APPROVED OMB NO. 0572-0155

Form RD 5001-9 GUARANTEED LOAN CLOSING REPORT				
(00-00)				
1. CASE NUMBER		3. LENDER ID NO.	4. BRANCH NUMBER	
			NUMBER	
ST CO BORROWER'S ID				
SI CO BORROWER SID				
2. BORROWER NAME		5. LENDER NAME AND ADDRESS		
6. SERVICING OFFICE		7. AMOUNT OF GUARANTEE FEE	7. AMOUNT OF GUARANTEE FEE PAID	
8. AMOUNT OF LOAN		9. AMOUNT ADVANCED AT CLOS	ING 10. CLOSING DATE (MO/DA/YR)	
11. MATURITY DATE OF LOAN	12. PERCENT OF LOAN GUARANTEED	13. LENDER'S NOTE INTEREST	14. LENDER'S NOTE INTEREST	
(MO/DA/YR)	.0000%	RATE ON GUARANTEED PORTION	RATE ON NONGUARANTEED	
	.000070	%	PORTION	
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
15. INTEREST BASIS 16. VARIABLE/FIXED 17. Variable: Source of Base Rate Publication :			blication :	
(ACTUAL 360, 360 Days, and 365 Days) 1- SINGLE VARIABLE		Guaranteed Rate: Current Base Rate +Incremental DifferenceRate Change Period: Rate Cap: Rate Floor:		
	2-SINGLE FIXED 3-MULTI VARIABLE	Difference Rate Change Per	Difference Rate Change Period: Rate Cap: Rate Floor:	
4-MULTI FIXED		Unguaranteed Rate: Current Base Rate +Incremental		
		Difference Rate Change Pe	riod: Rate Cap: Rate Floor:	
18. AUTHORIZED LENDER'S SIGNATURE -		19. TITLE	20. DATE	
I certify that all conditions of the Conditional Commitment have been met and that this report accurately describes the subject loan.				
COMPLETED BY AGENCY SERVICING OFFICE				
21. OBLIGATED LOAN NUMBER				
22. SIGNATURE OF AGENCY REPRESENTATIVE - I have reviewed this report and the information is consistent		23 TITLE	24 DATE	
with the Conditional Commitment and the supporting				
documentation provided by the lender.				
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 currently valid OMB control number. The valid OMB control number for this collection is 0572-0155. The time required to complete this information collection is				
estimated to average 1 hour 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. Responses to this collection of information are mandatory (7 CFR 5001). Send comments on the agency's need for this information, the accuracy of the provided burden estimates, and any suggested methods for minimizing respondent burden, including through the use of automated collection				
techniques to InnovationCenterRegulations@usda.gov. Include the OMB control number in any correspondence. Do not send the completed form to this address.				