

<b>FSA-2241</b> (09-03-10)  <b>GUARANTEED FARM LOAN STATUS REPORT</b>  <b>As of</b> (1) _____	USDA-FSA	(2) State and County Code/FSA ID Number	(3) Borrower's Name	(7) Please Submit the original of this report within 30 days to	
		(4) Lender's ID Number	(5) Lender's Branch Number		
		(6) <b>Lender's Name</b>			

(8) Lender's Loan Number (9) Date of Loan (10) Loan Amount (11) Date of Last Update	Agency Loan Number	Loan Type	Unpaid Principal	Unpaid Interest	Lender's Interest Rate Guaranteed	Lender's Interest Rate Nonguaranteed	Amount Advanced During the Current Reporting Period	Date of Last Advance	Terminate Guar (Y/N)	Loan Sold (Y/N)	Payment Status Code A-Borr Ahead of Schedule B-Borr Behind Schedule C-Borr Current  Amount Ahead/Behind	
(8)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)		(20)	(21)	(22)
(9) (10) (11)			(23)	(24)	(25)	(26)	(27)	(28)	(29)	(30)	(31)	(32)
(8)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)		(20)	(21)	(22)
(9) (10) (11)			(23)	(24)	(25)	(26)	(27)	(28)	(29)	(30)	(31)	(32)
(8)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)		(20)	(21)	(22)
(9) (10) (11)			(23)	(24)	(25)	(26)	(27)	(28)	(29)	(30)	(31)	(32)
(8)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)		(20)	(21)	(22)
(9) (10) (11)			(23)	(24)	(25)	(26)	(27)	(28)	(29)	(30)	(31)	(32)
(8)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)		(20)	(21)	(22)
(9) (10) (11)			(23)	(24)	(25)	(26)	(27)	(28)	(29)	(30)	(31)	(32)

(33) Authorized Lender's Signature	(34) Title	(35) Date	(36) Lender's Name and Address Changes - Enter here:
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**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 the Consolidated Farm and Rural Development Act, as amended (7 U.S.C. 1921 *et. seq.*). The information will be used to determine eligibility and feasibility for loans and loan guarantees, and servicing of loans and loan guarantees. The information collected on this form may be disclosed to other Federal, State, and 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 the applicable Routine Uses identified in the System of Records Notice for USDA/FSA-14, Applicant/Borrower. Providing the requested information is voluntary. However, failure to furnish the requested information may result in a denial for loans and loan guarantees, and servicing of loans and loan guarantees. The provisions of criminal and civil fraud, privacy, and other statutes may be applicable to the information provided.

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 20 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 COUNTY FSA OFFICE.**

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