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 OMB expiration date: 11/30/2022

(See Page 2 for Privacy Act and Public Burden Statements)

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| **FSA-2465**  **U.S. DEPARTMENT OF AGRICULTURE** Position 1* + 1. Farm Service Agency

**ASSIGNMENT, ACCEPTANCE, AND RELEASE**(Wood or Mohair) |
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| 1. **WHEREAS** the United States acting through the U.S. Department of Agriculture, Farm Service Agency ("Government"), is the holder and owner of a perfected security interest in, or lien on, certain wool or mohair produced, or to be produced during the  |
| *(a)* |       | marketing year by *(b)* |       |
|       |
|       |
|       | (“Producer”). |
| 2. **WHEREAS** Producer desires to dispose of all or part of said wool or mohair to or through *(a)* |       |
|       |
|       |
| (Purchaser or Consignee ("Broker")), and |  |
| 3. **WHEREAS**, the Producer and the Broker have requested that Government release its security interest in, or lien on, said wool or mohair in order that a consignment or sale may be consummated, and 4. **WHEREAS**, the parties agree to the assignment to the Government of *(a)* the proceeds of any advance made or to be made on the wool or mohair by the Broker, less necessary costs for shipping, handling, processing, and marketing, and *(b)* the proceeds of the sale of the wool or mohair, less any remaining costs for shipping, handling, processing and marketing, and less the amount of any advance made by the Broker against the wool or mohair, including interest: |
|       |
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| 5. **NOW, THEREFORE**, in order to consummate the consignment or sale, *(a)* the net proceeds of any advance or sale described herein, or both, shall be and are hereby assigned to The Government, *(b)* it is hereby agreed that all such net proceeds shall be paid by checks payable jointly to the Producer and the Government, and *(c)* in consideration of said assignment and agreement the Government hereby releases its security interest or lien. This "Assignment, Acceptance and Release" shall not be effective until executed by all parties. |
| a. Borrower Signature(s) | b. Date |
|  |            |
| c. Broker Signature | d. Date |
|  |       |
| e. Authorized Agency Official Name | f. Authorized Agency Official Title |
|       |       |
| g. Authorized Agency Official Signature | h. Date |
|  |       |

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| **NOTE:** | *The following statements are made in accordance with the Privacy Act of 1974 (5 USC 552a); the Farm Service Agency (FSA) is authorized by the Consolidated Farm and Rural Development Act, (7 USC 1921 et seq.), and the regulations promulgated thereunder, to solicit the information requested on this form. The information requested is necessary for FSA to determine eligibility for financial assistance, service your loan, and conduct statistical analyses. Supplied information maybe furnished to other Department of Agriculture agencies, the Department of the Treasury, the Department of Justice or other law enforcement agencies, the Department of Defense, the Department of Housing and Urban Development, the Department of Labor, the United States Postal Service, or other Federal, State, or local agencies as required or permitted by law. In addition, information may be referred to interested parties under the Freedom of Information Act, to financial 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. However, failure to disclose certain items of information requested, including Social Security Number or Federal Tax Identification Number, may result in a delay in the processing of this request or its rejection.**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 0560-0236. 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 COUNTY FSA OFFICE.* |