

WA-51-2 U.S. DEPARTMENT OF AGRICULTURE
 (10-03-11) Farm Service Agency

FINANCIAL STATEMENT SUPPLEMENT
(For Agricultural Products)

RETURN TO:
Financial Review Branch
P.O. Box 419205
Stop 8758
Kansas City, MO 64141-6205

FAX No. 816-823-1805

FOR OVERNIGHT DELIVERY
Financial Review Branch
9240 Troost Avenue
Stop 8758
Kansas City, MO 64131-3055

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 7 CFR Part 735, 7 CFR Part 1423, 7 CFR Part 1427, the United States Warehouse Act (Pub. L. 106-472), and the Commodity Credit Corporation Charter Act (15 U.S.C. 714 et seq.). The information will be used to file information for review in meeting financial reporting requirements under the United States Warehouse Act. The information collected on this form may be disclosed to other Federal, State, 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 applicable Routine Uses identified in the System of Records Notice for USDA/FSA-2, Farm Records File (Automated) and USDA/FSA-3, Consultants File. Providing the requested information is voluntary. However, failure to furnish the requested information will result in a determination of ineligibility to obtain new licensing or retain existing licensing under the United States Warehouse Act.

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 0560-0120. The time required to complete this information collection is estimated to average 45 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. The provisions of appropriate criminal and civil fraud, privacy, and other statutes may be applicable to the information provided.

The provisions of appropriate criminal and civil fraud, privacy, and other statutes may be applicable to the information provided. **RETURN THIS COMPLETED FORM TO THE KANSAS CITY COMMODITY OFFICE AT THE APPROPRIATE ADDRESS AT THE TOP OF THIS FORM.**

1A. Name (Corporation, Limited Liability Company, Partnership, or Individual's Name)		2A. Address (Include Street, City, State, and Zip Code) (If applicable)	
1B. Telephone Number (Area Code)	1C. FAX Number (Area Code)	2B. E-Mail Address	
3. Statement Prepared By: <input type="checkbox"/> Independent CPA <input type="checkbox"/> Independent Public Accountant <input type="checkbox"/> Other (Explain in Item 15)		4. Form of Business: <input type="checkbox"/> Corporation (Co-op) <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation (Reg) <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation (Subchapter S) <input type="checkbox"/> Individual Proprietorship	
5. Reserved		6. Fiscal Closing Date (MM-DD-YYYY)	7. Date of Entity Formation (MM-DD-YYYY)

8. ORGANIZATIONAL INFORMATION

(To be completed by Corporation, Limited Liability Company, Partnership, and Individual Proprietorship.)

		Shares of Stock Held
A. Name of President, Member, Partner, or Individual	Home Address (Zip Code) and Telephone Number (Area Code)	
B. Name of Vice President, Member, or Partner	Home Address (Zip Code) and Telephone Number (Area Code)	
C. Name of Secretary, Member, or Partner	Home Address (Zip Code) and Telephone Number (Area Code)	
D. Name of Treasurer, Member, or Partner	Home Address (Zip Code) and Telephone Number (Area Code)	
E. Name of General Manager, Member, or Like Officer	Home Address (Zip Code) and Telephone Number (Area Code)	

9. DIRECTORS OF CORPORATION (Attach additional sheet if more room is needed)

A. Name	B. Occupation	C. Home Address	D. Shares of Stock Held

10. All banks where Warehouse Operator obtains banking services:

A. Name of Bank	B. Location of Bank	C. Telephone Number (Including Area Code)

11. Do you have a line of credit?
 NO YES (If "YES", list name and address of lending agency)

A. Name of Lending Institution	B. Address of Lending Institution	C. Amount of Line Credit
		\$
		\$

12. Who is the beneficiary of the cash value life insurance policy?

13. Insurance Amount of Fire Insurance coverage (Give dollar values)

Insurance Amount of Fire Insurance coverage (Give dollar values)	Amounts shown here must apply to corresponding assets shown on the balance sheet			
	A. Buildings	B. Fixtures and Equipment	C. Total	D. Vehicles – Rolling Stock
\$	\$	\$	\$	

14. Inventory – Limit of Liability \$ _____ Provisional Stock Specific

15. Remarks: (Use this space to furnish additional information needed to clarify any of the above statements. If more space is needed, attach additional sheets.)

16. CERTIFICATION

Under penalty of perjury, I declare that I have examined the enclosed financial statement, including any attachments, and it is a true, correct, and complete statement of the financial conditions of the above-named Warehouse Operator as of the date shown on the attached balance sheet and that the information contained in the Financial Statement Supplement is true and correct.

A. Name of Warehouse Operator (Legal Entity)	B. Warehouse Operator's Signature
C. Title (Officer, Member, Partner, Proprietor)	D. Date Signed (MM-DD-YYYY)

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