

<p><b>CCC-186-SU</b> (07-10-03)</p> <p><b>U.S. DEPARTMENT OF AGRICULTURE</b> Commodity Credit Corporation</p> <p><b>Sugar Storage Facility Loan Program</b></p> <p><b>PROMISSORY NOTE</b></p> <p>NOTE: The authority for collecting the following information is Pub. L. 107-171. This authority allows for the collection of information without prior OMB approval mandated by the Paperwork Reduction Act of 1995. The time required to complete this information collection is estimated to average 3 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.</p>	1A. State Code	1B. County Code	1C. Loan Number
	2. Amount Financed \$		
	3. Annual Percentage Rate	4. Finance Charge <u>1/</u> \$	
7. Debtor's Name and Address (Include Zip Code)	5. No. of Annual Installments	6. Installment Amount \$	
Telephone Number (Include Area Code):			
<p><i>1/ Assuming installments are paid on anniversary date at the interest rate shown in Item 3 above.</i></p>			

The undersigned Debtor(s) jointly and severally promise to pay to the order of the Commodity Credit Corporation (CCC) the principal amount shown above as "Amount Financed", together with interest and other charges provided herein. Payment shall be in the number of equal annual installments shown above with interest at the "Annual Percentage Rate" specified above. Equal loan installments are due and payable no later than the last day of each 12 months of the loan period. Payments shall be applied first to interest and then to principal. Payment of loan installments and interest shall be made by check, cash, money order, or by deduction from amounts due Debtor from CCC. Any delinquent amount may be deducted and paid out of any amounts due Debtor under any program carried out by any agency of the Department of Agriculture and any other agency of the United States. The Debtor waives presentment for payment, demand, protest, notice of protest, and notice of nonpayment of this note.

Debtor hereby grants to CCC as collateral security for the payment of this note, plus interest and charges, a security interest as described in the attached security agreement. The above provisions and those on the CCC-186-SU Addendum (Security Agreement) have been read and considered by the undersigned. It is agreed that by signing CCC-186-SU (Promissory Note), and if applicable CCC-186-1 SU (Continuation Sheet), they make the representations, warranties, and agree to all the terms and conditions specified.

The terms and conditions on this form are in addition to the applicable program regulations found at 7 CFR Part 1436. Additionally, the regulations and statutes applicable to CCC operations apply to this program.

8. Debtor's Seal	9. Date of Execution (MM-DD-YYYY)
10A. Attest: (Signature)	11A. By (Borrower)
10B. Attest (Title)	11B. Borrower Title:

**12. COMMODITY CREDIT CORPORATION SECURED PARTY**

12A. By: Approving Official's Signature	14. County FSA Office Name and Address (Include Zip Code)
12B. Title	13. Date of Disbursement (MM-DD-YYYY)
Telephone No. (Include Area Code):	

NOTE: The following statement is made in accordance with the Privacy Act of 1974 (5 USC 552a). The authority for requesting the following information is 7 CFR Part 1436 and the Commodity Credit Corporation Charter Act, 15 U.S.C. 714 et seq. The information will be used to determine eligibility for CCC financing for farm storage and handling equipment. Furnishing the requested information is voluntary; however, without if CCC financing under the program cannot be provided. Failure to furnish the requested information will result in denial of CCC financing under this program. This information may be provided to other agencies, IRS, Department of Justice, or other State and Federal Law enforcement agencies, and in response to a court magistrate or administrative tribunal. The provisions of criminal and civil fraud statutes, including 18 USC 286, 287, 371, 641, 651, 1001; 15 USC 714m; and 31 USC 3729, may be applicable to the information provided. **RETURN THIS COMPLETED FORM TO YOUR COUNTY FSA OFFICE.**