

FSA-211 (04-27-07)

U. S. DEPARTMENT OF AGRICULTURE Farm Service Agency - Commodity Credit Corporation - Federal Crop Insurance Corporation

POWER OF ATTORNEY

THE UNDERSIGNED does hereby appoint (1) _____, of (2) _____ (3) _____ County, State of (4) _____, the attorney-in-fact to act for (5) _____ in connection with Farm Service Agency and Commodity Credit Corporation program number(s) checked below. Checking any of the FSA or CCC programs does not have any impact as to the FCIC transactions checked below:

A. FSA and CCC PROGRAMS (Check applicable program numbers)

- 1. All current programs. 2. All current and all future programs. 3. Direct and Counter-Cyclical Program except 2002 peanuts covered by Item A4. 4. 2002 Direct and Counter-Cyclical Peanut Program. 5. Peanut Quota Buy-Out Program. 6. Noninsured Crop Disaster Assistance Program. 7. Tobacco programs. 8. Marketing Assistance Loans and Loan Deficiency Payments. 9. Conservation programs. 10. Milk Income Loss Contract Program. 11. Other (Specify)

B. TRANSACTIONS for FSA and CCC PROGRAMS (Check applicable program numbers)

- 1. All actions. 2. Signing applications, agreements, and contracts. 3. Election of bases and yields except peanut designation covered by Item B4. 4. Designation of peanut historical base and yield to a farm. 5. Making reports. 6. Conducting all marketing assistance loan and LDP transactions. 7. Other (Specify)

This form may also be used to grant authority to an attorney-in-fact to act on the grantor's behalf with respect to certain FCIC programs and crops. Checking any of the FCIC transactions does not have any impact as to the FSA or CCC transactions checked above:

C. FCIC CROPS

(Enter "All" or specify each crop and year)

- 1. _____ 2. _____ 3. _____ 4. _____

D. TRANSACTION NUMBERS USED BY FCIC

(Check applicable numbers)

- 1. All actions. 2. Making application for insurance. 3. Reporting crop acreage and notice of damage reports. 4. Making claim for indemnity. 5. Making contract changes. 6. Other (Specify)

This Power of Attorney is valid in all counties in the United States unless otherwise noted. This power of attorney shall remain in full force and effect until (1) written notice of its revocation has been duly served upon FSA; (2) death of the undersigned grantor; or (3) incompetence or incapacitation of the undersigned grantor. The undersigned grantor shall provide separate written notice of revocation to the applicable crop insurance agent. This power of attorney shall not be effective until properly executed and served to a FSA Service Center.

AUTHORIZED SIGNATURES:

Table with 3 columns: Signature, Title, Signature Date. Rows include 6A. Signature of Grantor (Individual), 7A. Signature of Grantor (Partnership, Corporation, Trust, etc.), 8A. Witness Signature (FSA Employee Only).

9. Notary Public (this form shall be acknowledged by a Notary Public unless witnessed by a FSA employee or a corporate seal of grantor is affixed). Signature (a) _____ State of (b) _____ County of (c) _____

10. This power of attorney was served to (a) _____ County FSA Office, (b) State of _____ and became effective this (c) _____ day of (d) _____, (e) _____.

NOTE: The following statement is made in accordance with the Privacy Act of 1974 (5 USC 552a) and the Paperwork Reduction Act of 1995, as amended. The authority for requesting the following information is The Food Security and Rural Investment Act of 2002 (Pub. L. 107-171) and 7 CFR Part 718. The information will be used to legally document your opinion to appointing an attorney-in-fact, identify the person and authorities granted to the appointee. Furnishing the requested information is voluntary; however, failure to furnish the requested information will result in the individual or entity not be able to act as your attorney-in-fact. 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, 651, 1001; 15 USC 714m; and 31 USC 3729, 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 0560-0190. The time required to complete this information collection is estimated to average 15 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. The U.S. Department of Agriculture (USDA) prohibits discrimination in all its programs and activities on the basis of race, color, national origin, age, disability, and where applicable, sex, marital status, familial status, parental status, religion, sexual orientation, genetic information, political beliefs, reprisal, or because all or part of an individual's income is derived from any public assistance program. (Not all prohibited bases apply to all programs.) Persons with disabilities who require alternative means for communication of program information (Braille, large print, audiotape, etc.) should contact USDA's TARGET Center at (202) 720-2600 (voice and TDD). To file a complaint of discrimination, write to USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, or call (800) 795-3272 (voice) or (202) 720-6382 (TDD). USDA is an equal opportunity provider and employer.

FSA-211A

U.S. DEPARTMENT OF AGRICULTURE

(04-27-07)

Farm Service Agency - Commodity Credit Corporation - Federal Crop Insurance Corporation

Attachment Pages

POWER OF ATTORNEY SIGNATURE CONTINUATION SHEET

____ of ____

Attach to Form FSA-211

NOTE: The following statement is made in accordance with the Privacy Act of 1974 (5 USC 552a) and the Paperwork Reduction Act of 1995, as amended. The authority for requesting the following information is The Food Security and Rural Investment Act of 2002 (Pub. L. 107-171) and 7 CFR Part 718. The information will be used to legally document your opinion to appointing an attorney-in-fact, identify the person and authorities granted to the appointee. Furnishing the requested information is voluntary; however, failure to furnish the requested information will result in the individual or entity not being able to act as your attorney-in-fact. 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, 651, 1001; 15 USC 714m; and 31 USC 3729, may be applicable to the information provided.

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1. Name of Attorney-In-Fact (Item (1) from FSA-211)

2. Name of Grantor (Item (5) from FSA-211)

AUTHORIZED SIGNATURES

3A. Signature of Grantor

3B. Signature Date

3C. Witness Signature (FSA Employee Only)

3D. Signature Date

3E. Official Position

3F. Notary Public (this form shall be acknowledged by a Notary Public unless witnessed by a FSA employee or a corporate seal of grantor is affixed).

Signature: _____ State of _____ County of _____

4A. Signature of Grantor

4B. Signature Date

4C. Witness Signature (FSA Employee Only)

4D. Signature Date

4E. Official Position

4F. Notary Public (this form shall be acknowledged by a Notary Public unless witnessed by a FSA employee or a corporate seal of grantor is affixed).

Signature: _____ State of _____ County of _____

5A. Signature of Grantor

5B. Signature Date

5C. Witness Signature (FSA Employee Only)

5D. Signature Date

5E. Official Position

5F. Notary Public (this form shall be acknowledged by a Notary Public unless witnessed by a FSA employee or a corporate seal of grantor is affixed).

Signature: _____ State of _____ County of _____

6A. Signature of Grantor

6B. Signature Date

6C. Witness Signature (FSA Employee Only)

6D. Signature Date

6E. Official Position

6F. Notary Public (this form shall be acknowledged by a Notary Public unless witnessed by a FSA employee or a corporate seal of grantor is affixed).

Signature: _____ State of _____ County of _____

7A. Signature of Grantor

7B. Signature Date

7C. Witness Signature (FSA Employee Only)

7D. Signature Date

7E. Official Position

7F. Notary Public (this form shall be acknowledged by a Notary Public unless witnessed by a FSA employee or a corporate seal of grantor is affixed).

Signature: _____ State of _____ County of _____

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