Position 1 This form is available electronically. Form Approved - OMB No. 0560-0162 U.S. DEPARTMENT OF AGRICULTURE 1A. County FSA Office Name & Address (Including ZIP Code) FSA-441-08 Farm Service Agency (05-29-02) ASSIGNMENT OF PROCEEDS FROM THE SALE OF PRODUCTS 1B. County FSA Telephone Number (Including Area Code) (See Page 2 for Privacy Act and Public Burden Statements.) PART A - SELLER OR BORROWER AGREEMENT 2A. Seller or Borrower's Name and Address (Including ZIP Code) 3A. Purchaser's Name and Address (Including ZIP Code) 2B. Seller or Borrower's Telephone Number (Including Area Code) 3B. Purchaser's Telephone Number (Including Area Code) 2C. Seller or Borrower's County of Residence 3C. Kind of Product Purchased 4. Effective Date of Assignment (MM-DD-YYYY) 5. In consideration of a loan made by the United States of America acting through the Farm Service Agency (FSA), or its successor agency, the Borrower assigns and transfers to FSA the following percentages or amounts of the purchase price due or which may become due to Borrower from the Purchaser for the above-named product(s) sold or which may be sold to, by, or through Purchaser: (Check applicable block:) (a)(1) _____ percent of purchase price, payable (a)(2) _____(Monthly, Bi-Monthly or Other) (b)(1) \$ _____ of purchase price, payable (b)(2) _____(Monthly, Bi-Monthly or Other) (c)(1) \$ _____ Amount of purchase price in excess payable (c)(2) __ (Monthly, Bi-Monthly or Other) until the FSA releases or suspends this assignment in writing, giving notice of that action to Purchaser. This assignment supersedes any previous assignment to FSA of income due Borrower from the above-named Purchaser. 6A. Signature of Seller or Borrower 6B. Date (MM-DD-YYYY) PART B - ACCEPTANCE BY PURCHASER 7. The undersigned (company or association, by and through its duly authorized officer) consents to and accepts the above assignment and agrees to remit to FSA the sums of money provided in the assignment, when due and payable under it. This assignment will be given priority over any subsequent assignments granted to other lenders. Payments will be identified by the name and address of Borrower or as otherwise agreed. If payment is made by check, the check will be drawn: (Check appropriate block:) (a) To the order of the Farm Service Agency. (b) To the order of: (Name of Bank) (c) Jointly to the order of the Borrower and the Farm Service Agency.

The U.S. Department of Agriculture (USDA) prohibits discrimination in all its programs and activities on the basis of race, color, national origin, gender, religion, age, isability, political beliefs, sexual orientation, and marital or family status. (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 complaint of discrimination, write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call (202) 720-5964 (voice or TDD). USDA is an equal opportunity provider and employer.

9B. Title of Purchaser

9C. Date (MM-DD-YYYY)

8. Payments to be Delivered to: (Farm Service Agency or Name of Bank)

9A. Signature of Duly Authorized Officer for the Purchaser

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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, as amended (7 USC 1921_et seq.), or other Acts, and the regulations promulgated thereunder, to solicit the Information requested on its application forms. The information requested is necessary for FSA to determine eligibility for credit or other financial assistance, service your loan, and conduct statistical analyses. Supplied information may be furnished to other Department of Agriculture agencies, the Internal Revenue Service, the Department of Justice or other law enforcement agencies, the Department of 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 (FOIA), 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 your Social Security Number or Federal Tax Identification Number, may result in a delay in the processing of an application 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 0560-0162. 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.