2. CO-APPLICANT'S NAME

PART A - APPLICANT INFORMATION

1. APPLICANT'S NAME

FSA-1980-28

(03-22-04)

U.S. DEPARTMENT OF AGRICULTURE

Farm Service Agency

PREFERRED LENDER APPLICATION FOR GUARANTEE

INSTRUCTIONS TO LENDER: LOAN APPLICANT WILL COMPLETE PARTS A, B AND G. LENDER WILL COMPLETE PARTS C THROUGH F.

3. APPLICANT'S TELEPHONE NUMBER (Including Area Code)						
6. APPLICANT'S BIRTH DATE (MM-DD-YYYY)	7. CO-APPLICANT'S BIRTH DATE (MM-DD-YYYY)	8. CO-APPLICANT'S SSN OR TAX ID NO.	9. TOTAL NUMBER OF HOUSEHOLD MEMBERS			
10. TYPE OF INDIVIDUAL [PARTNERSHIP TRUST	JOINT OPERATION	11. ACRES OWNED			
CORPORATION [ATION COOPERATIVE LLC OTHER (Explain)					
13. MARITAL STATUS: MARRIED	SEPARATED UN	MARRIED (INCLUDING SINGLE, DIVORCED, A	AND WIDOWED)			
14. Have you or any member of the entity ob	tained a direct or guaranteed loan from US	SDA?		YES	NO	
15. If "YES" to Item 14, was the loan paid in	full? If not paid in full, please explain:					
16. Have you or any member of the entity ever been in receivership, been discharged in bankruptcy, or filed a petition for bankruptcy?						
17. If "YES" to Item 16, provide details:						
18. Are you or any member of the entity delir	equent on any debt to the United States Go	overnment?				
19. Are you (or all entity members if an entity	applicant) a United States citizen?					
20. If "NO," to Item 19, are you a non-citizen	national, or a qualified alien? (Please pro	vide documentation)				
21. Are you a veteran? If "YES", indicate Bra	anch and dates of service:					
22. Are you an employee, related to an empl	oyee, or an associate of an employee of th	e Lender or Farm Service Agency?				
23. Are you farming or ranching now? If "YE	S", number of years experience:					
24. If "NO" to Item 23, but you have operated	d a farm in the past, list dates:					
PART B - LOAN APPLICANT CERTIF						
	ncial institutions in connection with providing assistance	CIAL PRIVACY ACT OF 1978 2e to you, as well as collecting on loans made to you or guaran used by this institution to another government Agency or Depa				
		against applicants on the basis of race, color, religion, sex, nat from any public assistance program, or because the applicant				
or employee of Congress, or an employee of a Memb amendment, or modification of any Federal contract, in accordance with its instructions.	on behalf of the loan applicant, have been or will be pai er of Congress in connection with the awarding of any grant, or loan, the loan applicant shall complete and su	OSURE OF LOBBYING ACTIVITIES id to any person for influencing or attempting to influence and Federal contract, the making of any Federal grant or Federal lebmit Standard Form - LLL, "Disclosure of Lobbying Activities"	oan, and the extension, cont	inuation, renev	wal,	
subrecipients shall certify and disclose accordingly. This certification is a material representation of fact u	pon which reliance was placed when this transaction v	or all sub-awards at all tiers (including contracts, subcontracts, was made or entered into. Submission of this statement is a pre penalty of not less than \$10,000 and not more than \$100,000	requisite for making or ente			
	or any member of an entity applicant, has not been control U.S.C. 889. The loan applicant also certifies that he	NTROLLED SUBSTANCES nvicted under Federal or State law of planting, cultivating, gro /ske as an individual, or any member of an entity applicant is C. 862.				
The individual or authorized party certifies that the needed owned by the entity and all of the individual members.	credit, without a loan guarantee, cannot be obtained b	T FOR CREDIT y the individual applicant, or in the case of an entity, the neede	ed credit cannot be obtained	considering al	ll assets	
FSA may use all remedies available to it, including offset	ounts paid by FSA on account of the liabilities of the gunder the Debt Collection Improvement Act, to collect	DERAL DEBT puaranteed loan borrower will constitute a Federal debt owing the debt from the borrower. The Agency's right to collect is i ny Agency collection under this paragraph will not be shared w	ndependent of the lender's ri			
obtain a loan. I understand that the 14-day prompt appro-	d hereon. I certify that the statements made by me in the wal period will not begin until a complete application h	NOWLEDGMENT this application are true, complete, and correct to the best of m tas been filed. (Warning: section 1001 of title 18, United State supplete, such finding may be grounds for denial of the requested	es Code provides for crimina	al penalties to	those who	
25A. APPLICANT'S SIGNATURE	25B DATE (MM-DD-YYY)	Y) 26A. CO-APPLICANT'S SIGNATURE	26B DA	TE (MM-DI	D-VVVV)	

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PART C - TYPE OF ASSISTANCE REQUESTED 27. PURPOSE(S) OF LOAN								
28. INTEREST RATE		29. INTEREST ASSISTANCE REQUESTED			30. REPAYMENT PERIOD (Years)			
20. INTERESTRATE		25 ENECT ACCIONATE NEW DECITED			oo. NEI / TIME TT LINES (Tours)			
% Fixed Variable		YES NO						
31. LOAN TYPE		32. LOAN AMOUNT OR LOC	CEILING	•				
FO OL OL/LC	C	\$						
PART D - PROPOSED SECURITY								
A. Item Description	B. Lien Position	C. Estimated Value	D. Amount of	Prior Lien E. C		. Collateral Value		
33.		\$	\$		\$			
34.		\$	\$		\$			
					i i			
35		\$	\$		\$			
36.		\$	\$		\$			
ТОТА	ALS	\$	\$		\$			
PART E - ENVIRONMENTAL INFORMATION Based on a site visit to the loan applicant's operation and of	discussion of the	e operating plan, answer the fo	ollowing.			\/ T 0	NO	
(If "YES" please explain and attach to this form):						YES	NO	
 Floodplains: If the loan will be secured by real estate, do or does the proposal involve development (i.e., construction FEMA floodplain maps, NRCS soil surveys, or other documents. 	n, channeling, or o							
38. State Water Quality Standards: Did the investigation ind	icate the operation	n may violate State Water Quali	ty Standards?			<u> </u>		
39. Historical and Archaeological Sites: Does the property contain structures over 50 years old, structures with significant architectural features, or does the property have any historical significance which may make it eligible for the National Register of Historic Places?								
40. Wetlands and Highly Erodible Land: Will loan funds be used for any purpose that may contribute to the erosion of Highly Erodible Land or the Conversion of Wetlands; OR will loan funds be used to drain, dredge, fill, or otherwise manipulate any land or reduce the flow, circulation, or reach of water?								
41. Hazardous Substances: If the loan will be secured by real estate, did the "due diligence" investigation in respect to underground storage								
tanks and contamination from hazardous substances indic PART F - LENDER INFORMATION AND CERTIFICAT		1?						
I certify that all requirements of 7 C.F.R. Part 762 and					ocessed as in	the len	der's	
application to obtain preferred lender program (PLP)			= = =					
42. LENDING INSTITUTION NAME AND ADDRESS (Including Zip Code) 43A. NAME OF LENDER'S REPRESENTATIVE 43B. TITLE				43B. TITLE (E OF LENDER'S REPRESENTATIVE			
	44A.	A. AUTHORIZED LENDER REPRESENTATIVE SIGNATURE		44B. DATE (MM-DD-YYYY)				
					(IVII	ו ו -טט-וו	11)	
Telephone No. (Including Area Code) PART G - VOLUNTARY INFORMATION FOR MONIT		SES						
Ethnicity, race, and gender information is requested in order to qualify for targeted funds. You are not required to furnish this i to targeted funds for which you may be eligible. Entity applican	monitor FSA's con	mpliance with federal laws prohi e encouraged to do so. Failure	to complete this in	formation may	y result in you n	ot receivi	ing access	
45. ETHNICITY 46. RACE (Choose as m			c, and gender or a	47. GENE				
	n or Alaska Nativ	<u>_</u>	her Pacific Islande	r 🗆	Male			
Not Hispanic or Latino Asian Black or Africa	n-American	White			Female			
PART H - FSA USE ONLY 48A. DATE RECEIVED (MM-DD-YYYY)		48B. DATE COMPLETED (MN	M-DD-YYYY)					
,,			,					
RI	EQUIRED PRIVACY	ACT AND PUBLIC BURDEN STAT	EMENT					

The following statements are made in accordance with the Privacy Act of 1974 (5 U.S.C. 552a): The Farm Service Agency (FSA) is authorized by the Consolidated Farm and Rural Development Act, (7 U.S.C. 1921 et seq.), 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 Department of 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 (FOIA), to financial consultants, advisors, lending institutions, packagers, agents, and private or commercial credit sources, to corlection 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. 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.

The Paperwork Reduction Act of 1995, provides that 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 0560-0155. The time required to complete this information collection is estimated to average 60 minutes per response for the lender and 25 minutes per response for the applicant, 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 LOCAL FSA OFFICE.

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