

UNITED STATES DEPARTMENT OF AGRICULTURE

Farm Service Agency
Washington, DC 20250

**Common Management and
Operating Provisions
1-CM (Revision 3)**

Amendment 30

Approved by: Deputy Administrator, Farm Programs



Amendment Transmittal

A Background

This amendment provides a new, less difficult procedure for:

- accessing SCIMS database
- a new SCIMS search default for both individuals and businesses.

FSA-211/FSA-211A and their respective instructions and examples have been amended to no longer require a tax ID number for grantors.

B Reasons for Amendment

Subparagraph 141 D has been amended to include the new URL and procedure for accessing SCIMS.

Subparagraph 141 E has been amended to include new procedure for accessing SCIMS and related screen prints.

Subparagraph 141 F has been amended to include new procedure for accessing SCIMS and new eAuthentication Login and Customer Search Page screen prints.

Subparagraphs 141 G through J have been removed because they are no longer applicable.

Subparagraph 175 C has been amended to search criteria for types to “both” (individual and business).

Subparagraph 175 F has been amended to:

- provide a new screen print for “Customer Search Page”
- correct note to comply with new “Customer Search Page”.

Amendment Transmittal (Continued)

B Reasons for Amendment (Continued)

Subparagraph 179 H has been amended to add a note and screen print about the general program interest code.

Subparagraph 752 A has been amended to:

- correct paragraph references
- change references from System 36 to FRS.

Exhibit 60 has been amended to revise FSA-211/FSA-211A instructions and examples to:

- no longer require tax ID or Social Security number for grantors
- include "Signature Date" in applicable fields.

| Page Control Chart | | |
|---------------------------|--|---|
| TC | Text | Exhibit |
| | 6-42.5, 6-42.6 6-43 through 6-50 7-41 through 7-44 7-77 through 7-100 25-119, 25-120 | 1, page 3 3, pages 1, 2 60, pages 1, 2 pages 3-10 page 11 |

141 Accessing Name and Address From SCIMS (Continued)

C Requesting Access to SCIMS Through FSA Security Operations (Continued)

- *--shall be FAXed to FSA Security Operations concurrently when SCIMS eAuthentication Access Excel spreadsheet is e-mailed to FSA KC Security at **security@kcc.usda.gov**

Note: The FSA Security Operations FAX number is 816-627-0687.

- shall be maintained by the respective State SCIMS Security Officer
- shall be used to document "Revocation of Authority" by completing Part C.

Note: Only the last 4 digits of employees SSN shall be entered in AD-2017, item 3.

| | | | | |
|---|--|---|--------------------------------------|--|
| This form is available electronically. AD-2017 (07-18-06) | | U.S. DEPARTMENT OF AGRICULTURE SERVICE CENTER INFORMATION MANAGEMENT SYSTEM (SCIMS) ACCESS FORM | | 1. Request Date (MM-DD-YYYY) 02-20-2007 |
| PART A - INSTRUCTIONS: Please complete a separate form for each employee. | | | | |
| 2. Employee Name (Last, First, MI) Hunt, Christian A. | 3. Social Security Number 5555 | 4. State Code 54 | 5. County Code 037 | |
| 6. Type of Employee (Check one below) <input checked="" type="checkbox"/> Permanent Federal <input type="checkbox"/> Permanent County Office <input type="checkbox"/> Temporary Federal <input type="checkbox"/> Temporary County Office <input type="checkbox"/> Other (Specify): | 7. Agency (Check one below): <input checked="" type="checkbox"/> FSA <input type="checkbox"/> NRCS <input type="checkbox"/> RD <input type="checkbox"/> Other (Specify below): | 8. State Name West Virginia | | |
| | | 9. County Name Jefferson | | |
| 10. Type of Access Requested: <input checked="" type="checkbox"/> Full Access (Employee complete Item 12) <input type="checkbox"/> View Only Access | | 11. eAuthentication User ID Chris.Hunt | | |
| PART B - CERTIFICATIONS | | | | |
| 12. Certification by Employee <i>By signing this form, I certify that I have received training by a USDA Employee who has authority to grant me use of the SCIMS database. I understand that proper use of the database and the consequences of accessing and making changes to customer's core data. I certify that I will use the database only for conducting USDA Government business as a necessary part of my position with the United States Department of Agriculture.</i> | | | | |
| 12A. Employee's Signature <i>Christian A. Hunt</i> | | | 12B. Date (MM-DD-YYYY) 02-20-2007 | |
| 13. Certification by SCIMS Security Officer <i>As State or County SCIMS Security Officer, I certify that the above employee has received sufficient training on the use of the SCIMS database. By signing this form, I have granted this USDA employee permission to access the SCIMS database to conduct official USDA business.</i> | | | | |
| 13A. SCIMS Security Officer's <i>Leanne Dilsworth</i> | | | 13B. Date (MM-DD-YYYY) 02-20-2007 | |
| PART C - REVOCATION OF AUTHORITY | | | | |
| 14. Revocation by SCIMS Security Officer <i>The authority for the above-named person was revoked on the day shown below:</i> | | | | |
| 14A. SCIMS Security Officer's Signature | | | 14B. Date (MM-DD-YYYY) | |
| OIP CODE: 66673 REQUESTED ACTION: "ADD" | | | | |
| <small>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.</small> | | | | |

--*

141 Accessing Name and Address From SCIMS (Continued)

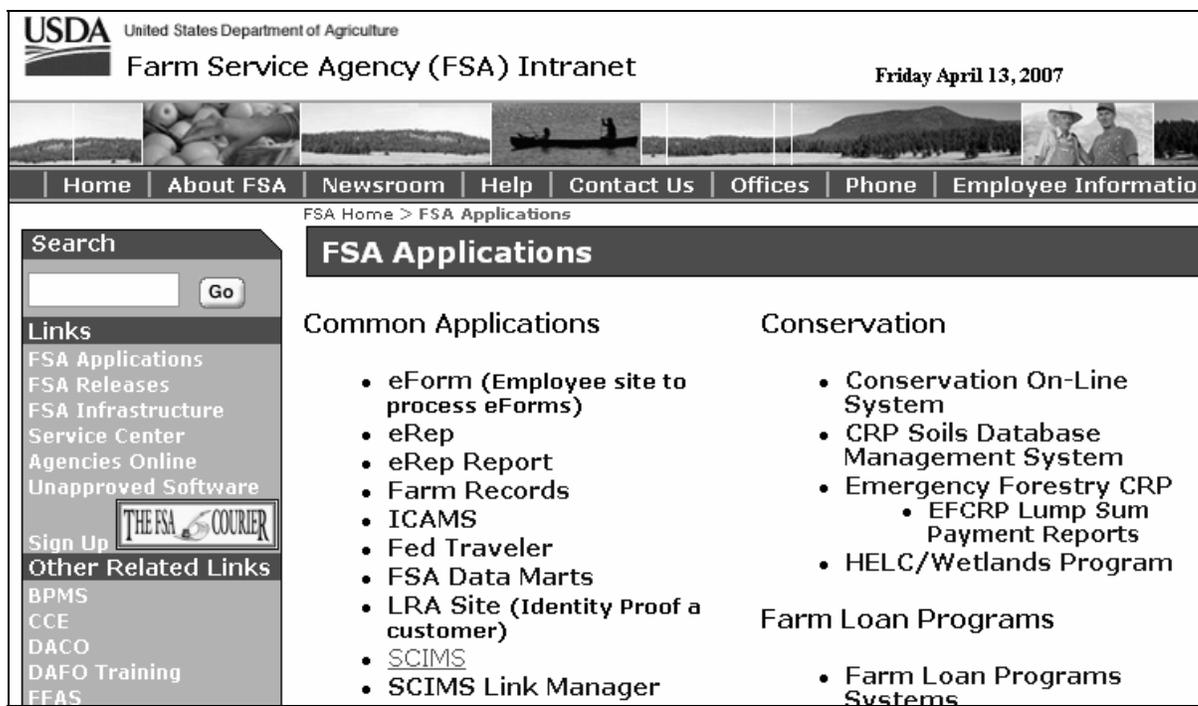
D Accessing SCIMS

*--SCIMS applications shall be accessed through IE using CCE equipment. Open IE, type: <http://intranet.fsa.usda.gov/fsa> in the address field, and PRESS “Enter”.

Note: NRCS employees will use the My NRCS web site to access SCIMS. The My NRCS web site is located at <https://my.nrcs.usda.gov/nrcs.aspx>. On the Homepage, CLICK “Field Office Tools” tab and then select the “Customers” SCIMS link.

E FSA’s Intranet Homepage

FSA’s Intranet Homepage will be displayed. CLICK “FSA Applications” and CLICK “SCIMS” under Common Application Menu.

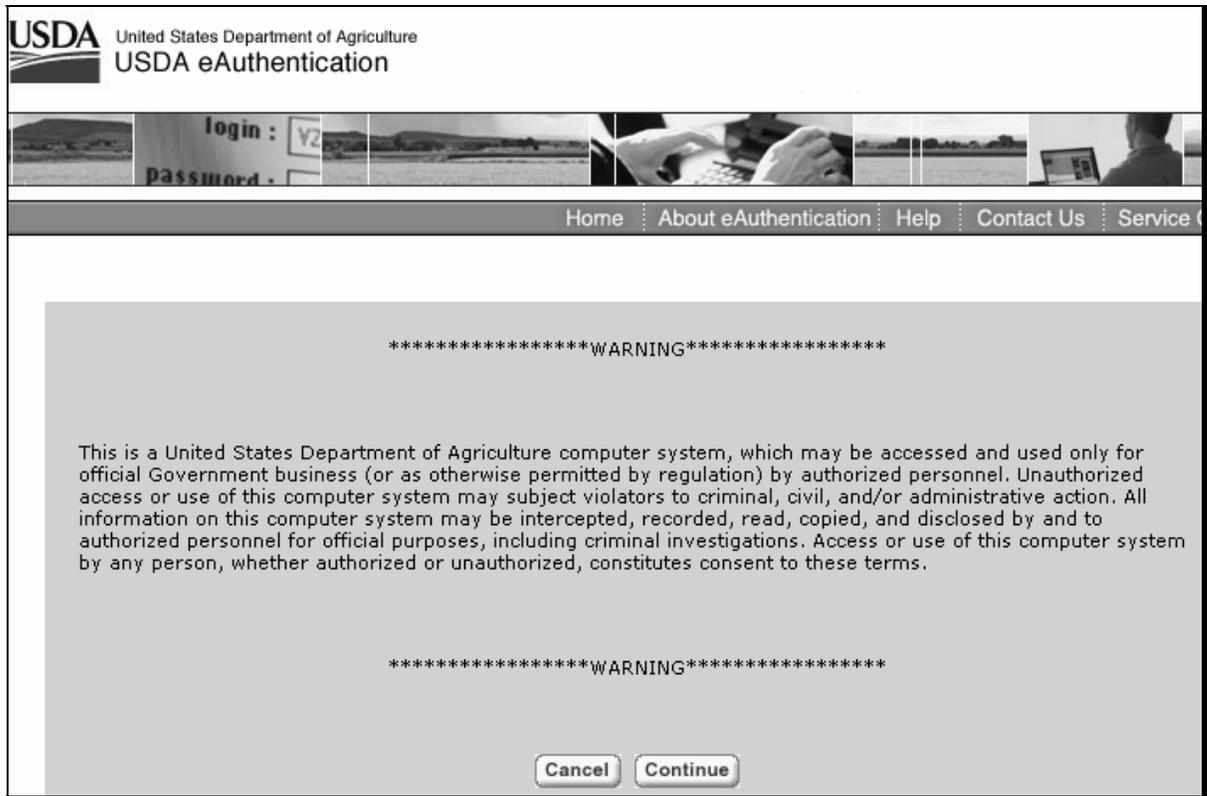


--*

141 Accessing Name and Address From SCIMS (Continued)

*--E FSA's Intranet Homepage (Continued)

USDA's eAuthentication Warning Screen will be displayed. CLICK "Continue".



--*

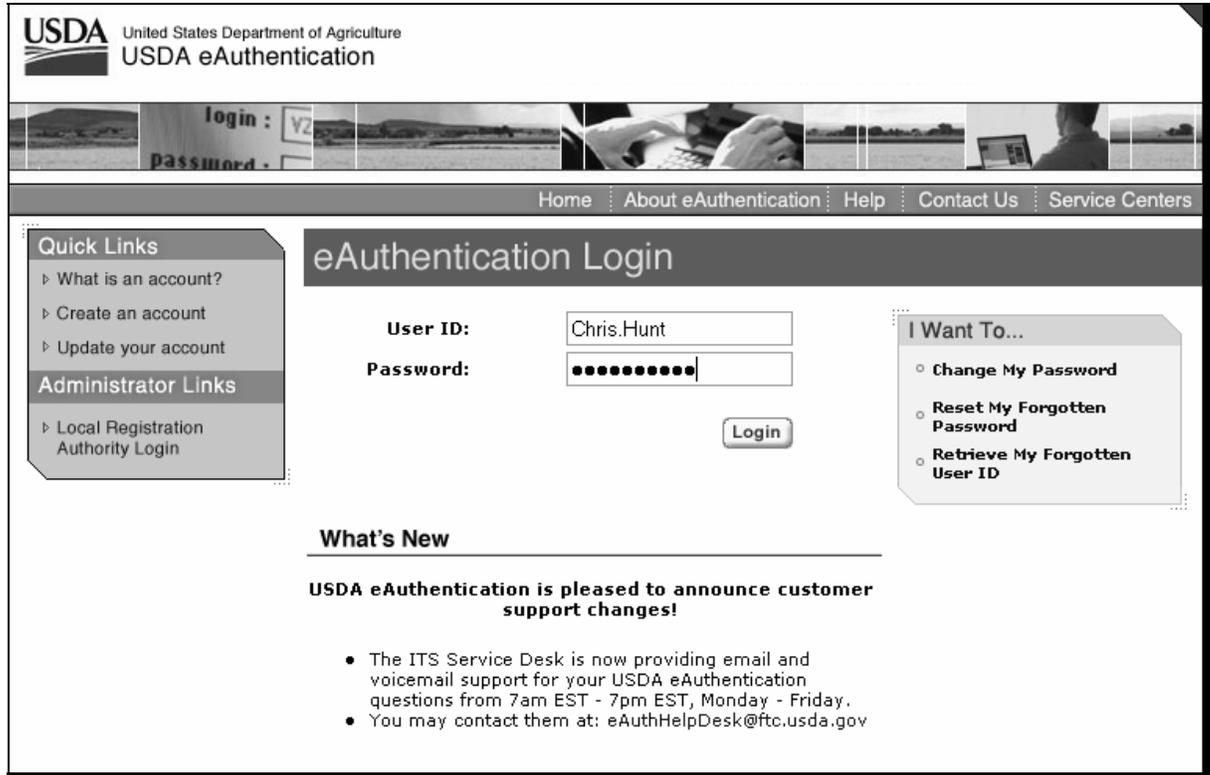
* * *

141 Accessing Name and Address From SCIMS (Continued)

F eAuthentication Login Screen

After clicking “Continue” on the eAuthentication Warning Screen, the eAuthentication Login Screen will be displayed as follows.

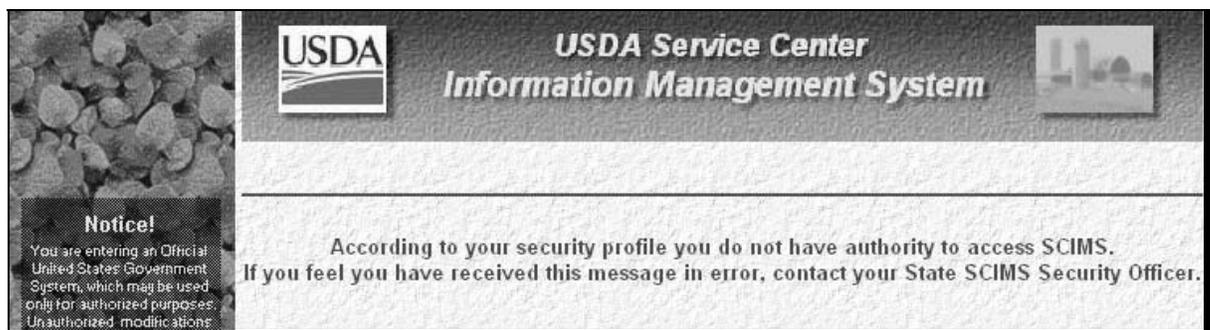
*--



--*

Enter eAuthentication user ID and password and CLICK “Login”.

If the user does **not** have authority to access SCIMS, the following screen will be displayed. Contact State SCIMS Security Officer for assistance.



141 Accessing Name and Address From SCIMS (Continued)

F eAuthentication Login Screen (Continued)

If the user does not have an eAuthentication account, the following screen will be displayed. Follow the instructions on the screen.

The screenshot shows the USDA eAuthentication login interface. At the top left is the USDA logo and the text 'United States Department of Agriculture' and 'USDA eAuthentication'. Below this is a navigation bar with links for 'Home', 'About eAuthentication', 'Help', 'Contact Us', and 'Service Center'. The main content area is titled 'eAuthentication Status' and displays a 'Login failed' message. To the left is a 'Quick Links' menu with options like 'What is an account?', 'Create an account', and 'Update your account'. To the right is an 'I Want To...' menu with options like 'Change My Password' and 'Reset My Forgotten Password'. A note at the bottom explains that a valid account is required for access and provides instructions for users who do not have one.

USDA United States Department of Agriculture
USDA eAuthentication

login : YZ
password :

Home About eAuthentication Help Contact Us Service Center

Quick Links

- What is an account?
- Create an account
- Update your account

Employee Links

- Local Registration Authority Login

eAuthentication Status

Login failed .

If you have a USDA e-Authentication account please do the following:

- Click the back button and re-enter your eAuthentication User ID and Password.
- If you receive this message again, use the self-service "Reset My Forgotten Password" feature.
- If you need additional assistance, contact the USDA eAuthentication Help Desk at eAuthHelpDesk@usda.gov

I Want To...

- Change My Password
- Reset My Forgotten Password

NOTE: A valid USDA eAuthentication Account is required to access this application. If you do not have a USDA eAuthentication account, please choose "Create an Account" from the "Quick Links" Menu on this page.

141 Accessing Name and Address From SCIMS (Continued)

F eAuthentication Login Screen (Continued)

*--Once a user has successfully completed the eAuthentication Login and cleared the SCIMS security profile, the software shall default to the SCIMS Customer Search Page as follows.

| IF the user is... | THEN the Customer Search Page will default to... |
|--|---|
| associated with a single Service Center | user's respective State, County, and Service Centers linked to county |
| associated with multiple Service Centers | Service Center and respective County with the lowest numbered organizational unit within user's respective State. |
| a State Office employee | Service Center and respective County with the lowest numbered organizational unit within user's respective State. |
| a National Office employee | State, Service Center, and respective County with the lowest numbered organizational unit within the entire SCIMS database. |
| not assigned to a specific office | the following error message: "According to your security profile you do not have an assigned office ID in EAS. Please contact your State SCIMS security officer per 1-CM, Exhibit 11.5." |

Note: Service Center drop-down menu shall default to respective FSA Service Center 1st, as applicable.

After successful login to SCIMS, the following Customer Search Page will be displayed. See paragraph 175 for customer search instructions.--*

141 Accessing Name and Address From SCIMS (Continued)

F eAuthentication Login Screen (Continued)

*--

USDA Service Center Information Management System
Customer Search Page

State: WEST VIRGINIA County: ALL COUNTIES

Service Center: ALL SERVICE CENTERS

Service Center Details National Search:

Type
 Individual Business Both
 Active Active and Inactive

Name
 Starts With Exact Match
 Last or Business:
 First:

Tax ID
 ID:
 ID Type: Select One
 Whole ID Last 4 Digits

Other
 Common Name:
 Zip Code:
 Phone No:

Search Reset

ACCESSIBILITY: USDA is committed to making its web pages accessible to all individuals. If you are a person with a disability and have trouble accessing or using our web site, please contact the CCE Help Desk at 1-800-457-3642. Please provide us with the specific URL with which you have a problem or concern.

--*

Note: When exiting SCIMS, **always** CLICK “Log Off” on the navigation bar on the left side of the screen.

Never exit SCIMS from the “Close Box” (Red “X” in the upper right-hand corner of the screen on the blue Microsoft Internet Explorer blue banner) or clicking the “Home” button on the tool bar. Exiting from the “Close Box” or “Home” button will lock-out other users from accessing the last customer accessed for 2 hours. If SCIMS is inadvertently exited from the “Close Box” or “Home” button, user shall **immediately** re-access the applicable record and “Log Off” from the navigation bar.

Section 3 Automated Procedures for Adding Records**175 Customer Search in SCIMS****A Purpose**

To prevent duplicate entry of customer core data, SCIMS requires a search for the customer before adding the customer to the database. The search should first be conducted in the selected Service Center. If the customer cannot be located, then conduct a national search.

B Accessing SCIMS

Access SCIMS according to paragraph 141 to do a customer search.

C Search Criteria

Search for a customer by both of the following:

- 1 of the following types:
 - individual * * *
 - business
 - *--both (default)--*
 - active (default)
 - active and inactive
- any of the following criteria:
 - name:
 - starts with (default)
 - exact match
 - last or business name
 - first name

175 Customer Search in SCIMS (Continued)

C Search Criteria (Continued)

- tax ID:
 - ID number
 - ID type
 - whole ID
 - *--last 4 digits of ID

Note: The last 4-digit search does **not** function for “National Search”.--*

- other
 - common name
 - ZIP Code
 - telephone number.

After entering the search criteria, CLICK “Search”.

To clear the page of entered data, CLICK “Reset”.

Notes: Searching by an initial or the first few letters of a name will locate all names starting with that letter or letters. For example, entering “mi” in the “First Name” field will locate “Michael” as well as “Mike”.

The search process is sensitive to spaces in a name. For example, searching for the last name of “De Jong” will not locate “DeJong”.

D Customer Search in Local Service Center

Search for a customer at the local Service Center level first. When using broad search criteria, such as the last name of Jones, a maximum of 100 customers with similar matching data will be displayed. If necessary, refine the search criteria to narrow the search.

If the customer is not found in the local Service Center, perform the search by selecting either of the following:

- “All Service Centers” in the Service Center drop-down box
- “National Search”.

175 Customer Search in SCIMS (Continued)

E National Customer Search

When the user selects “National Search” and enters sufficient search data for the customer, SCIMS searches all name and address records on file in the database for the customer. The same criteria used for a State and local search is used for the national search.

Note: When using broad search criteria, such as the last name of Jones or the same ZIP Code, a maximum of 100 customers with similar matching data will be displayed. If the customer is not located, the user shall enter additional customer data to attempt to locate the customer before adding.

F Example of Customer Search Screen

This is an example of the Customer Search Screen.

***--Note:** User may search by specific “County” and/or “Service Center”. To perform a State search user must select “All Counties” and “All Service Centers” for the State.

--*

175 Customer Search in SCIMS (Continued)

F Example of Customer Search Screen (Continued)

To view the details of the selected Service Center, click on “Service Center Details”. The following data will be displayed:

- site name
- site address
- agencies serviced by the Service Center
- telephone number.

G Example of Search Results Screen

This is an example of the Search Results Screen.

*--

USDA Service Center Information Management System

Navigation

Customer Search

Add Customer

Log Off

Search Results

Based on selected Servicing Site SIOUX FALLS SERVICE CENTER

Select a customer:

| Active | Potential Duplicate | Common Name | Tax Id | Tax Id Type | Delivery Address Line | City, State ZIP Code | Phone No | Legacy State | Legacy County | Prior Year Business Code |
|--------|---------------------|-------------------------------|-----------|-----------------|-----------------------|-------------------------|----------------|--------------|---------------|--------------------------|
| Active | No | CHARLES JONES | 555443333 | Social Security | 333 EAST STREET | HARTFORD, SD 66666-5746 | (605) 446-3577 | | | PYBC |
| Active | No | CHRIS JONES | 555334444 | Social Security | 444 WEST STREET | HARTFORD, SD 44444-5747 | (605) 446-3903 | SOUTH DAKOTA | MINNEHAHA | PYBC |

Page 1 of 1

--*

Click on the customer to be accessed.

179 Additional Customer Entries (Continued)

H Program Participation (Continued)

*--The General Program Interest code must in be in sync with the Current Participant code or the following Warning Screen will be displayed.

USDA-SCIMS Add Program Participation - Microsoft Internet Explorer

General Program Interest Code must be 'Has interest in the program' if Current Participant Code is Application made or Currently Enrolled and Participating.

* Program: FSA Customer

* State: WEST VIRGINIA

* County Served: JEFFERSON

* Organization Name: RANSON SERVICE CENTER-FSA

* General Program Interest: Does not have interest in the program

* Current Participant: Currently Enrolled and Participating

OK Cancel

* Required

--*

179 Additional Customer Entries (Continued)

I Legacy Link

The legacy link is used to direct the customer’s core data to the appropriate AS/400 for use by specific programs. All FSA customers must be linked to at least 1 State and county.

| Click to Modify | Click to Delete | State | County | Address |
|------------------------|-------------------------------------|--------------|-----------|---|
| Modify | Select for Deletion | SOUTH DAKOTA | MINNEHAHA | 33333 222ST ST, HARTFORD, PA 66666-5746 |

Add

| [Go to Top](#) || [Go to Bottom](#) |

State:

County:

| Check One | Delivery Address | City, State ZIP Code |
|----------------------------------|------------------|-------------------------|
| <input checked="" type="radio"/> | 33333 222ST ST | HARTFORD, PA 66666-5746 |

OK Cancel

Add information to this section according to the following table. All legacy link data is required.

| Field | Valid Entry |
|-----------|--|
| State | Identify the State where the customer’s record should be downloaded to by selecting from the drop-down box. The default is the State corresponding to the Service Center selected according to subparagraph 141 F. |
| County | Identify the county where the customer’s record should be downloaded to by selecting from the drop-down box. The default is the county corresponding to the Service Center selected according to subparagraph 141 F. |
| Check One | Identify the customer’s address that should be linked with the State and county selected. |

179 Additional Customer Entries (Continued)

I Legacy Link (Continued)

Before creating a legacy link, review and make any modifications to the customer's core data.

For any customer with:

- 1 address, that address should be linked to each county in which the producer participates
- multiple addresses, an address must be linked to each county in which the producer participates.

Note: In some cases, different addresses may be linked to different counties. The customer must specify which address is to be directed to each Service Center.

If a linked address is:

- modified, the updated address will be sent to each Service Center it is linked
- deleted, the legacy link must be deleted also.

To retain the entered data, CLICK "OK". To return to the Customer Information Page and not retain the entered data, CLICK "Cancel".

Note: The Program Participation and the Legacy Link State and county must match for the record to be updated.

179 Additional Customer Entries (Continued)

J Option to Modify or Delete a Record

In each section of the Customer Information Page and the Business Information Page, existing records can be modified or deleted. To:

- change data in a specific record, CLICK “Modify”, correct the data, and CLICK “OK”
- clear entered changes, CLICK “Cancel”; the changes will not be retained
- delete a record, CLICK “Select for Deletion”.

Note: A confirmation dialog box will be displayed. CLICK:

- “OK” to delete the record
- “Cancel” to retain the record.

K Submitting Data to SCIMS

CLICK:

- “Submit” to:
 - retain new data entered
 - retain modified data
 - delete the selected record

Note: When users CLICK “Submit”, a series of validations will be processed and core data that is stored in the name and address files on the AS/400 will be downloaded to the AS/400 in all Service Centers where the customer is linked. If the validations are not met, appropriate error messages will be displayed at the top of the Customer Information page or Business Information page, as applicable.

- “Reset” to:
 - clear data entered
 - clear modified data
 - not delete the record selected.

180-190 (Reserved)

750 MOA Between FSA and NRCS (Continued)

B FSA/CCC Responsibilities (Continued)

| MOA Requirement | Status |
|--|--|
| FSA will provide access to SCIMS. | Trained NRCS employees have access to SCIMS. |
| FSA will record information in SCIMS for *--NRCS applicants having no records on file if--* trained NRCS employees are unavailable. | Ongoing. See paragraph 751 for additional information. |
| FSA will process, hear, and issue determinations for all EQIP appeals and handle mediations. NRCS shall continue to prepare for and participate in hearings of NRCS adverse technical or non-technical determinations. | Ongoing. See 1-APP, paragraph 72 for additional information. |

751 SCIMS

A Entering Information in SCIMS

FSA County Office employees shall be responsible for timely entering certain information and establishing legacy links in SCIMS for NRCS * * * applicants as follows.

- Record all pertinent information provided by NRCS in SCIMS for * * * applicants having no current records on file if trained NRCS employees with access to SCIMS are unavailable.
- Upon request by NRCS, an “FSA Customer, Program Participation” record shall be *--established for NRCS applicants currently residing in SCIMS as only an “NRCS--* Customer” with “State”, “County Served”, and “Organization Name” identified accordingly. “General Program Interest” shall be identified as “Does not have interest in program” and “Current Participant” shall be “Not Currently Participating”. Legacy links shall then be established accordingly.

Note: In all cases, FSA shall continue to be solely responsible for establishing legacy links. This legacy link must be established for data to be downloaded to the AS/400 and an eligibility record created.

752 Farm Records**A Farm and Tract Maintenance**

3-CM provides procedure for farm and tract maintenance. FSA County Office shall determine whether the producer is applying for EQIP on land for which a farm already exists *--in FRS. If the FSA County Office determines that the land is:

- associated with a farm that already exists in FRS, the FSA County Office shall add the producer to the farm as an operator, owner, or other producer according to 3-CM, paragraph 130, 211, or 226, as applicable
- not associated with a farm that already exists in FRS, the FSA County Office shall, as applicable, do 1 or more of the following:
 - add a new tract to an existing farm according to 3-CM, paragraph 155
 - increase the acreage on the farm according to 3-CM, paragraph 152
 - add a new farm according to 3-CM, paragraph 105.--*

* * *

B Conservation Compliance

6-CP provides procedure for conservation compliance. Conservation compliance shall be determined for all new producers. FSA shall follow:

- 6-CP for conservation compliance
- 3-CM to update NRCS determination flags.

Reports, Forms, Abbreviations, and Delegations of Authority (Continued)

Abbreviations Not Listed in Exhibit 102

The following abbreviations are not listed in Exhibit 102.

| Approved Abbreviation | Term | Reference |
|-----------------------|---|--|
| AGI | adjusted gross income | 750 |
| APO | Army Post Office | 179, 932 |
| CCE | Common Computing Environment | 141 |
| CY | current year | 208, 212 |
| DBA | doing business as | 177 |
| e-FC | electronic funds control | 20 |
| EQIP | Environmental Quality Incentives Program | 750-754 |
| FIPS | Federal Information Processing Standards | 141, Ex. 101 |
| FRS | Farm Records Management System | 752 |
| FSRIA | Farm Security and Rural Investment Act of 2002 | 106, 107 |
| HC | highway content | 179 |
| IE | Internet Explorer | 141 |
| ITSD-ADC | Information Technology Services Division - Application Development Center | 141, 156 |
| LAA | local administrative area | 142, 208, 212, 291, 294, 305 |
| LLC | Limited Liability Company | 121, 178.6 |
| MQ | Marketing Quota | 208, 209 |
| NSCP | Naval Stores Conservation Program | 779, 918 |
| OIP | Office Information Profile | 141 |
| OT | other producer | 197 |
| RR | rural route | 179, 208 |
| SCIMS | Service Center Information Management System | Text, Ex. 11, 11.5, 12, 2.5-12.10, 104 |
| TAA | Trade Adjustment Assistance | 728 |

Redelegations of Authority

This table lists redelegations of authority in this handbook.

| Redelegation | Reference |
|---|-----------|
| Authority to act for entities may be redelegated by the representative by filing FSA-211 for an agent to perform for the trust or estate. | 730 |

Menu and Screen Index

The following menus and screens are displayed in this handbook.

| Menu or Screen | Title | Principal Reference |
|-----------------------|--|----------------------------|
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| | USDA eAuthentication Login | 141 |
| | USDA eAuthentication Status | 141 |
| | USDA eAuthentication Warning Screen | 141 |
| | USDA Service Center Information Management System | 141 |
| | USDA Service Center Information Management System Customer Search Page | 141, 175 |
| HCA010-00 | Select Crop for Table Load Screen | 77 |
| MAA10001 | County Data Table Maintenance Screen | 23 |
| MAA10005 | County Data Table Maintenance Screen | 26 |
| MAA10501 | County Data Table Maintenance Screen | 24 |
| MAA11002 | County Data Table Maintenance Screen | 26 |
| MAA23602 | Production Flexibility Crop Table Screen | 83 |
| MAA25002 | Direct Payment Crop Table Screen | 106 |
| MAA25502 | Counter-Cyclical Crop Table Screen | 107 |
| MAB100 | Name/Address Report Menu | 291 |
| MAB09401 | COC/LAA Change Screen | 305 |
| MAB09601 | Producer Name and Address - Elections Screen | 305 |
| MAB35203 | Fiduciary Record Screen | 763 |
| MAB35302 | Producer List of Farms Screen | 762 |
| MAB35303 | Fiduciary Record Screen | 762 |
| MAB35304 | Fiduciary ID Listing Screen | 762 |

Menu and Screen Index (Continued)

| Menu or Screen | Title | Principal Reference |
|-----------------------|---|----------------------------|
| MAC000 | Facility Selection Menu | 931 |
| MAC01102 | Facility Display Screen | 933 |
| MAC01202 | Facility Change Screen | 934 |
| MAC01302 | Facility Add Screen | 932 |
| MAC01401 | Facility Delete Screen | 935 |
| MAC01601 | Facility Reactivate Screen | 937 |
| MAC01701 | Supplemental Data Screen | 933, 934 |
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| MACI00 | Name/Address Selection Menu | 142 |
| MACI1001 | Producer Selection Screen | 207 |
| MACI2001 | Individual Basic Data Screen | 208 |
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| MACI3001 | Additional Supplemental Data Screen | 210 |
| MACI3501 | Application Use Flags Screen | 211 |
| MACI4001 | Spouse Basic Data Screen | 212 |
| MACI6001 | Record Update Screen | 211 |
| MACR01-01 | Common Routine to Select ID Number Screen | 761 |
| MACS0301 | Facility Name and Address Screen | 931 |

--FSA-211, Power of Attorney and FSA-211A, Power of Attorney Signature Continuation Sheet--

A Completing FSA-211

Use the following instructions to complete FSA-211. It is the producer's responsibility to provide a copy of FSA-211 to the applicable crop insurance agent.

| Item Number/ Section | Instructions |
|----------------------|--|
| 1 | Enter the name of the person to whom power or attorney is being granted (attorney-in-fact). |
| 2 | Enter the address of the person to whom power of attorney is being granted (attorney-in-fact). |
| 3 | Enter the county of the person to whom power of attorney is being granted (attorney-in-fact). |
| 4 | Enter the State of the person to whom power of attorney is being granted (attorney-in-fact). |
| 5 | <p>If an:</p> <ul style="list-style-type: none"> • individual is granting authority to act on their behalf, enter the name of the person granting the power of attorney authority (Grantor) • entity, such as corporation, partnership, trust, joint venture, or other similar entity is granting authority to act for the entity and bind all members, enter the name of the entity granting the power of attorney authority (Grantor). |
| A | <p>Check the applicable CCC and FSA programs for which the appointed attorney-in-fact will have the authority to act on behalf of the grantor.</p> <p>To have the appointed attorney-in-fact act on specific CCC and FSA programs not listed, enter the specific CCC and FSA programs in item A 11, "Other".</p> |
| B | <p>Check the applicable CCC and FSA transactions for which the appointed attorney-in-fact will have the authority to act on behalf of the grantor.</p> <p>To have the appointed attorney-in-fact act for specific transactions not listed, only specific farms, or only in specific counties, enter the specific CCC and FSA transactions, farm numbers, and/or counties, as applicable, in item B 7, "Other".</p> <p>Important: The appointed attorney-in-fact shall not have the authority to route payments to financial institution accounts on behalf of the grantor unless both of the following are met according to paragraph 728:</p> <ul style="list-style-type: none"> • grantor selects item B 7 • grantor enters "routing payments to financial institution accounts". |
| C | <p>Enter the specific FCIC crops for which the appointed attorney-in-fact will have the authority to act on behalf of the grantor.</p> <p>To have the appointed attorney-in-fact act for all FCIC crops, enter "ALL".</p> |
| D | <p>Check the applicable FCIC transactions for which the appointed attorney-in-fact will have the authority to act on behalf of the grantor.</p> <p>To have the appointed attorney-in-fact act on specific FCIC transactions not listed, enter the specific transactions in item D 6, "Other".</p> |

FSA-211, Power of Attorney and FSA-211A, Power of Attorney Signature Continuation Sheet
(Continued)

A Completing FSA-211 (Continued)

*--

| Item Number/Section | Instructions |
|---------------------|---|
| 6 A-B | <p>If the grantor is an individual, the person granting the authority must sign, and enter effective date, in items 6 A and B, respectively.</p> <p>If the grantor is an entity, such as a general partnership, trust, joint venture, or other similar entity, and there is no individual already authorized to act for the entity, all members of the entity must sign FSA-211.</p> <p>If the grantor is a corporation and their corporate documents do not provide for redelegation of authority, all officers of the corporation or members of the entity must sign FSA-211. If there are more than 2 member/officer signatures required:</p> <ul style="list-style-type: none"> • check box in item 6C • attach completed FSA-211A to FSA-211. <p>Note: Check the box in item 6C only when FSA-211A will be attached to FSA-211.</p> <p>Important: See item 7 if the grantor is an entity and there is an individual already authorized to act for the entity.</p> <p>Signature must be witnessed by an FSA employee who verifies the identity of the grantor according to item 8. Alternatively, FSA-211 may be acknowledged by a valid Notary Public according to item 9.</p> |
| 7 A-C | <p>If the grantor is an entity, such as a corporation, partnership, trust, or joint venture, the person or persons granting the authority must sign, enter their official title, and date, in items 7 A, B, and C, respectively. See item 6 for individuals.</p> <p>Important: Signatures must be witnessed by an FSA employee who verifies the identity of the grantor according to item 8. Alternatively, FSA-211 may be acknowledged by a valid Notary Public according to item 9.</p> |
| 8 A-C | <p>At least one FSA employee must witness the signature in item 6 or 7, as applicable. The FSA employee must verify the grantor's identity by either personal knowledge or by reviewing the grantor's government-issued picture identification, such as a valid driver's license. The employee must sign, date, and enter his or her official position in items 8 A, B, and C, respectively.</p> <p>Notarized FSA-211's may be accepted instead of forms witnessed by an FSA employee. See item 9. When the grantor is a corporation, the corporate seal of the grantor may be accepted in place of FSA employee witness or notarization.</p> |

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FSA-211, Power of Attorney and FSA-211A, Power of Attorney Signature Continuation Sheet
(Continued)

B Completing FSA-211A

Use the following instructions to complete FSA-211A.

| Item Number/ Section | Instructions |
|--|--|
| | <p>FSA-211A shall be used only when all of the following are met:</p> <ul style="list-style-type: none"> • grantor is an entity, such as a general partnership, joint venture, corporation, limited liability company, limited liability partnership, or other similar entity • there is no 1 individual already authorized to act for the entity • more than 2 member signatures are required. <p>Number each continuation sheet consecutively.</p> <p>Example: If there are a total of 3 continuation sheets, they would be numbered “1 of 3”, “2 of 3”, and “3 of 3”, respectively.</p> <p>Important: All continuation sheets must be attached to applicable FSA-211.</p> |
| 1 | Enter the name of the attorney-in-fact from FSA-211, item 1. |
| 2 | Enter the name of the entity from FSA-211, item 5. |
| 3, 4, 5, 6, 7 *--A and B--* | Individual members shall sign and date * * *. |
| 3, 4, 5, 6, 7 *--C through E-- * | <p>At least 1 FSA employee must witness the grantor’s signature.</p> <p>FSA employee must verify the grantor’s identity by either personal knowledge or by reviewing the grantor’s government issued picture identification, like a valid driver license.</p> <p>Grantor’s signature may be notarized instead of witnessed by an FSA employee.</p> |
| 3, 4, 5, 6, 7 *--F--* | <p>If the grantor’s signature is not witnessed by at least 1 FSA employee, the form must be acknowledged by a valid Notary Public. The Notary Public’s signature, State and county of commission, and certification are required.</p> <p>Important: One notary public signature may be accepted for multiple grantors only when the notary public clearly identifies each name of the grantor to which the notary applies.</p> <p>Example: Jane Smith, Joe Brown, and Bill Black each sign FSA-211A at the same time in the presence of the same notary public. The notary public signs FSA-211A only once and indicates the notary signature applies to all 3 grantor signatures by identifying each name of the individuals appearing before the notary public.</p> |

FSA-211, Power of Attorney and FSA-211A, Power of Attorney Signature Continuation Sheet
(Continued)

C Example of FSA-211 for Individual

The following is an example of FSA-211 for an individual.

*--

This form is available electronically. Form Approved - OMB No. 0560-0190

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) Chris Hunt, of (2) 28 Cherrywood Court
Harpers Ferry, WV (3) Jefferson County, State of (4) West Virginia, the attorney-in-fact to act for
(5) Mike Sienkiewicz 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:

| | |
|--|--|
| <p>A. FSA and CCC PROGRAMS (Check applicable program numbers)</p> <p><input type="checkbox"/> 1. All current programs.</p> <p><input checked="" type="checkbox"/> 2. All current and all future programs.</p> <p><input type="checkbox"/> 3. Direct and Counter-Cyclical Program except 2002 peanuts covered by Item A4.</p> <p><input type="checkbox"/> 4. 2002 Direct and Counter-Cyclical Peanut Program.</p> <p><input type="checkbox"/> 5. Peanut Quota Buy-Out Program.</p> <p><input type="checkbox"/> 6. Noninsured Crop Disaster Assistance Program.</p> <p><input type="checkbox"/> 7. Tobacco programs.</p> <p><input type="checkbox"/> 8. Marketing Assistance Loans and Loan Deficiency Payments.</p> <p><input type="checkbox"/> 9. Conservation programs.</p> <p><input type="checkbox"/> 10. Milk Income Loss Contract Program.</p> <p><input type="checkbox"/> 11. Other (Specify) _____</p> | <p>B. TRANSACTIONS for FSA and CCC PROGRAMS (Check applicable program numbers)</p> <p><input checked="" type="checkbox"/> 1. All actions.</p> <p><input type="checkbox"/> 2. Signing applications, agreements, and contracts.</p> <p><input type="checkbox"/> 3. Election of bases and yields except peanut designation covered by Item B4.</p> <p><input type="checkbox"/> 4. Designation of peanut historical base and yield to a farm.</p> <p><input type="checkbox"/> 5. Making reports.</p> <p><input type="checkbox"/> 6. Conducting all marketing assistance loan and LDP transactions.</p> <p><input type="checkbox"/> 7. Other (Specify) _____</p> |
|--|--|

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:

| | |
|---|--|
| <p>C. FCIC CROPS (Enter "All" or specify each crop and year)</p> <p>1. _____</p> <p>2. _____</p> <p>3. _____</p> <p>4. _____</p> | <p>D. TRANSACTION NUMBERS USED BY FCIC (Check applicable numbers)</p> <p><input checked="" type="checkbox"/> 1. All actions.</p> <p><input type="checkbox"/> 2. Making application for insurance.</p> <p><input type="checkbox"/> 3. Reporting crop acreage and notice of damage reports.</p> <p><input type="checkbox"/> 4. Making claim for indemnity.</p> <p><input type="checkbox"/> 5. Making contract changes.</p> <p><input type="checkbox"/> 6. Other (Specify) _____</p> |
|---|--|

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: | | |
|---|--|---|
| 6A. Signature of Grantor (Individual) <u>/s/ Mike Sienkiewicz</u> | B. Signature Date <u>04/27/2007</u> | C. For Grantors Signature Continuation, check here if FSA-211A is attached. <input type="checkbox"/> |
| 7A. Signature of Grantor (Partnership, Corporation, Trust, etc.) | B. Title | C. Signature Date |
| 8A. Witness Signature (FSA Employee Only) <u>/s/ Robyn Potter</u> | B. Signature Date <u>04/27/2007</u> | C. Official Position <u>County Executive Director</u> |
| 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) <u>Jefferson</u> County FSA Office, (b) State of <u>West Virginia</u> and became effective this (c) <u>27</u> day of (d) <u>April</u> , (e) <u>2007</u> . | | |
| 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. 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-211, Power of Attorney and FSA-211A, Power of Attorney Signature Continuation Sheet
(Continued)

D Example of FSA-211 for Corporation

The following is an example of FSA-211 for a corporation.

*--

This form is available electronically. Form Approved - OMB No. 0560-0190

FSA-211 U. S. DEPARTMENT OF AGRICULTURE
(04-27-07) Farm Service Agency - Commodity Credit Corporation - Federal Crop Insurance Corporation

POWER OF ATTORNEY

THE UNDERSIGNED does hereby appoint (1) John Smith, of (2) 569 Elm Street
Oskaloosa (3) Jefferson County, State of (4) Kansas, the attorney-in-fact to act for
(5) ABC Corporation 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) | B. TRANSACTIONS for FSA and CCC PROGRAMS (Check applicable program numbers) |
|--|---|
| <input checked="" type="checkbox"/> 1. All current programs. <input type="checkbox"/> 2. All current and all future programs. <input type="checkbox"/> 3. Direct and Counter-Cyclical Program except 2002 peanuts covered by Item A4. <input type="checkbox"/> 4. 2002 Direct and Counter-Cyclical Peanut Program. <input type="checkbox"/> 5. Peanut Quota Buy-Out Program. <input type="checkbox"/> 6. Noninsured Crop Disaster Assistance Program. <input type="checkbox"/> 7. Tobacco programs. <input type="checkbox"/> 8. Marketing Assistance Loans and Loan Deficiency Payments. <input type="checkbox"/> 9. Conservation programs. <input type="checkbox"/> 10. Milk Income Loss Contract Program. <input type="checkbox"/> 11. Other (Specify) | <input checked="" type="checkbox"/> 1. All actions. <input type="checkbox"/> 2. Signing applications, agreements, and contracts. <input type="checkbox"/> 3. Election of bases and yields except peanut designation covered by Item B4. <input type="checkbox"/> 4. Designation of peanut historical base and yield to a farm. <input type="checkbox"/> 5. Making reports. <input type="checkbox"/> 6. Conducting all marketing assistance loan and LDP transactions. <input type="checkbox"/> 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) | D. TRANSACTION NUMBERS USED BY FCIC (Check applicable numbers) |
|--|---|
| 1. _____ 2. _____ 3. _____ 4. _____ | <input type="checkbox"/> 1. All actions. <input type="checkbox"/> 2. Making application for insurance. <input type="checkbox"/> 3. Reporting crop acreage and notice of damage reports. <input type="checkbox"/> 4. Making claim for indemnity. <input type="checkbox"/> 5. Making contract changes. <input type="checkbox"/> 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: | | |
|---|--|---|
| 6A. Signature of Grantor (Individual) | B. Signature Date | C. For Grantors Signature Continuation, check here if FSA-211A is attached. <input type="checkbox"/> |
| 7A. Signature of Grantor (Partnership, Corporation, Trust, etc.) /s/ Bill Green | B. Title President, ABC Corporation | C. Signature Date 04/27/2007 |
| 8A. Witness Signature (FSA Employee Only) /s/ Joe Black | B. Signature Date 04/27/2007 | C. Official Position County Executive Director |
| 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) <u>Jefferson</u> County FSA Office, (b) State of <u>Kansas</u> and became effective this (c) <u>27</u> day of (d) <u>April</u> , (e) <u>2007</u> . | | |
| 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. 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-211, Power of Attorney and FSA-211A, Power of Attorney Signature Continuation Sheet
(Continued)

E Example of FSA-211 by FSN

The following is an example of FSA-211 by FSN.

*--

This form is available electronically. Form Approved - OMB No. 0560-0190

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) Tracey Smith, of (2) 211 Tumble Weed Road
Levelland (3) Hockley County, State of (4) Texas, the attorney-in-fact to act for
(5) Sandy Bryant 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:

| | |
|--|--|
| <p>A. FSA and CCC PROGRAMS (Check applicable program numbers)</p> <p><input type="checkbox"/> 1. All current programs.</p> <p><input checked="" type="checkbox"/> 2. All current and all future programs.</p> <p><input type="checkbox"/> 3. Direct and Counter-Cyclical Program except 2002 peanuts covered by Item A4.</p> <p><input type="checkbox"/> 4. 2002 Direct and Counter-Cyclical Peanut Program.</p> <p><input type="checkbox"/> 5. Peanut Quota Buy-Out Program.</p> <p><input type="checkbox"/> 6. Noninsured Crop Disaster Assistance Program.</p> <p><input type="checkbox"/> 7. Tobacco programs.</p> <p><input type="checkbox"/> 8. Marketing Assistance Loans and Loan Deficiency Payments.</p> <p><input type="checkbox"/> 9. Conservation programs.</p> <p><input type="checkbox"/> 10. Milk Income Loss Contract Program.</p> <p><input type="checkbox"/> 11. Other (Specify)</p> | <p>B. TRANSACTIONS for FSA and CCC PROGRAMS (Check applicable program numbers)</p> <p><input checked="" type="checkbox"/> 1. All actions.</p> <p><input type="checkbox"/> 2. Signing applications, agreements, and contracts.</p> <p><input type="checkbox"/> 3. Election of bases and yields except peanut designation covered by Item B4.</p> <p><input type="checkbox"/> 4. Designation of peanut historical base and yield to a farm.</p> <p><input type="checkbox"/> 5. Making reports.</p> <p><input type="checkbox"/> 6. Conducting all marketing assistance loan and LDP transactions.</p> <p><input type="checkbox"/> 7. Other (Specify)</p> |
|--|--|

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:

| | |
|---|---|
| <p>C. FCIC CROPS (Enter "All" or specify each crop and year)</p> <p>1. _____</p> <p>2. _____</p> <p>3. _____</p> <p>4. _____</p> | <p>D. TRANSACTION NUMBERS USED BY FCIC (Check applicable numbers)</p> <p><input type="checkbox"/> 1. All actions.</p> <p><input type="checkbox"/> 2. Making application for insurance.</p> <p><input type="checkbox"/> 3. Reporting crop acreage and notice of damage reports.</p> <p><input type="checkbox"/> 4. Making claim for indemnity.</p> <p><input type="checkbox"/> 5. Making contract changes.</p> <p><input checked="" type="checkbox"/> 6. Other (Specify) <u>FSN 22 Only</u></p> |
|---|---|

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: | | |
|---|--|---|
| 6A. Signature of Grantor (Individual) <u>/s/ Sandy Bryant</u> | B. Signature Date <u>04/27/2007</u> | C. For Grantors Signature Continuation, check here if FSA-211A is attached. <input type="checkbox"/> |
| 7A. Signature of Grantor (Partnership, Corporation, Trust, etc.) | B. Title | C. Signature Date |
| 8A. Witness Signature (FSA Employee Only) <u>/s/ Mary White</u> | B. Signature Date <u>04/27/2007</u> | C. Official Position <u>County Executive Director</u> |
| 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) <u>Hockley</u> County FSA Office, (b) State of <u>Texas</u> and became effective this (c) <u>27</u> day of (d) <u>April</u> , (e) <u>2007</u> . | | |
| 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. 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-211, Power of Attorney and FSA-211A, Power of Attorney Signature Continuation Sheet
(Continued)

F Example of FSA-211 to Route Payments to Financial Institutions

The following is an example of FSA-211 to route payments to financial institutions.

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This form is available electronically. Form Approved - OMB No. 0560-0190

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) Robert Brown, of (2) 10936 Clover Avenue
Bird City (3) Sheridan County, State of (4) Kansas, the attorney-in-fact to act for
(5) Mary Lee 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:

| | |
|--|--|
| <p>A. FSA and CCC PROGRAMS (Check applicable program numbers)</p> <p><input type="checkbox"/> 1. All current programs.</p> <p><input checked="" type="checkbox"/> 2. All current and all future programs.</p> <p><input type="checkbox"/> 3. Direct and Counter-Cyclical Program except 2002 peanuts covered by Item A4.</p> <p><input type="checkbox"/> 4. 2002 Direct and Counter-Cyclical Peanut Program.</p> <p><input type="checkbox"/> 5. Peanut Quota Buy-Out Program.</p> <p><input type="checkbox"/> 6. Noninsured Crop Disaster Assistance Program.</p> <p><input type="checkbox"/> 7. Tobacco programs.</p> <p><input type="checkbox"/> 8. Marketing Assistance Loans and Loan Deficiency Payments.</p> <p><input type="checkbox"/> 9. Conservation programs.</p> <p><input type="checkbox"/> 10. Milk Income Loss Contract Program.</p> <p><input type="checkbox"/> 11. Other (Specify)</p> | <p>B. TRANSACTIONS for FSA and CCC PROGRAMS (Check applicable program numbers)</p> <p><input checked="" type="checkbox"/> 1. All actions.</p> <p><input type="checkbox"/> 2. Signing applications, agreements, and contracts.</p> <p><input type="checkbox"/> 3. Election of bases and yields except peanut designation covered by Item B4.</p> <p><input type="checkbox"/> 4. Designation of peanut historical base and yield to a farm.</p> <p><input type="checkbox"/> 5. Making reports.</p> <p><input type="checkbox"/> 6. Conducting all marketing assistance loan and LDP transactions.</p> <p><input checked="" type="checkbox"/> 7. Other (Specify) <u>Routing payments to financial institution accounts.</u></p> |
|--|--|

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:

| | |
|---|---|
| <p>C. FCIC CROPS (Enter "All" or specify each crop and year)</p> <p>1. _____</p> <p>2. _____</p> <p>3. _____</p> <p>4. _____</p> | <p>D. TRANSACTION NUMBERS USED BY FCIC (Check applicable numbers)</p> <p><input type="checkbox"/> 1. All actions.</p> <p><input type="checkbox"/> 2. Making application for insurance.</p> <p><input type="checkbox"/> 3. Reporting crop acreage and notice of damage reports.</p> <p><input type="checkbox"/> 4. Making claim for indemnity.</p> <p><input type="checkbox"/> 5. Making contract changes.</p> <p><input type="checkbox"/> 6. Other (Specify) _____</p> |
|---|---|

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: | | |
|---|--|---|
| 6A. Signature of Grantor (Individual) <u>/s/ Mary Lee</u> | B. Signature Date <u>04/27/2007</u> | C. For Grantors Signature Continuation, check here if FSA-211A is attached. <input type="checkbox"/> |
| 7A. Signature of Grantor (Partnership, Corporation, Trust, etc.) | B. Title | C. Signature Date |
| 8A. Witness Signature (FSA Employee Only) <u>/s/ James Smith</u> | B. Signature Date <u>04/27/2007</u> | C. Official Position <u>County Executive Director</u> |
| 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) <u>Sheridan</u> County FSA Office, (b) State of <u>Kansas</u> and became effective this (c) <u>27</u> day of (d) <u>April</u> , (e) <u>2007</u> . | | |
| 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 authority 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. 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-211, Power of Attorney and FSA-211A, Power of Attorney Signature Continuation Sheet
(Continued)

G Example of FSA-211 to Execute CCC-605

The following is an example of FSA-211 to execute CCC-605.

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This form is available electronically. Form Approved - OMB No. 0560-0190

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) Jane Green, of (2) 999 Oak Court
New Orleans (3) Orleans County, State of (4) Louisiana, the attorney-in-fact to act for
(5) Joe White 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:

| | |
|--|---|
| <p>A. FSA and CCC PROGRAMS (Check applicable program numbers)</p> <p><input type="checkbox"/> 1. All current programs.</p> <p><input checked="" type="checkbox"/> 2. All current and all future programs.</p> <p><input type="checkbox"/> 3. Direct and Counter-Cyclical Program except 2002 peanuts covered by Item A4.</p> <p><input type="checkbox"/> 4. 2002 Direct and Counter-Cyclical Peanut Program.</p> <p><input type="checkbox"/> 5. Peanut Quota Buy-Out Program.</p> <p><input type="checkbox"/> 6. Noninsured Crop Disaster Assistance Program.</p> <p><input type="checkbox"/> 7. Tobacco programs.</p> <p><input type="checkbox"/> 8. Marketing Assistance Loans and Loan Deficiency Payments.</p> <p><input type="checkbox"/> 9. Conservation programs.</p> <p><input type="checkbox"/> 10. Milk Income Loss Contract Program.</p> <p><input type="checkbox"/> 11. Other (Specify)</p> | <p>B. TRANSACTIONS for FSA and CCC PROGRAMS (Check applicable program numbers)</p> <p><input checked="" type="checkbox"/> 1. All actions.</p> <p><input type="checkbox"/> 2. Signing applications, agreements, and contracts.</p> <p><input type="checkbox"/> 3. Election of bases and yields except peanut designation covered by Item B4.</p> <p><input type="checkbox"/> 4. Designation of peanut historical base and yield to a farm.</p> <p><input type="checkbox"/> 5. Making reports.</p> <p><input type="checkbox"/> 6. Conducting all marketing assistance loan and LDP transactions.</p> <p><input checked="" type="checkbox"/> 7. Other (Specify)</p> <p style="text-align: right;">Executing CCC-605</p> |
|--|---|

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:

| | |
|---|---|
| <p>C. FCIC CROPS (Enter "All" or specify each crop and year)</p> <p>1. _____</p> <p>2. _____</p> <p>3. _____</p> <p>4. _____</p> | <p>D. TRANSACTION NUMBERS USED BY FCIC (Check applicable numbers)</p> <p><input type="checkbox"/> 1. All actions.</p> <p><input type="checkbox"/> 2. Making application for insurance.</p> <p><input type="checkbox"/> 3. Reporting crop acreage and notice of damage reports.</p> <p><input type="checkbox"/> 4. Making claim for indemnity.</p> <p><input type="checkbox"/> 5. Making contract changes.</p> <p><input type="checkbox"/> 6. Other (Specify)</p> |
|---|---|

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: | | |
|---|--|---|
| 6A. Signature of Grantor (Individual) <u>/s/ Joe White</u> | B. Signature Date <u>04/27/2007</u> | C. For Grantors Signature Continuation, check here if FSA-211A is attached. <input type="checkbox"/> |
| 7A. Signature of Grantor (Partnership, Corporation, Trust, etc.) | B. Title | C. Signature Date |
| 8A. Witness Signature (FSA Employee Only) <u>/s/ Jane Jones</u> | B. Signature Date <u>04/27/2007</u> | C. Official Position <u>County Executive Director</u> |
| 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) <u>Orleans</u> County FSA Office, (b) State of <u>Louisiana</u> and became effective this (c) <u>27</u> day of (d) <u>April</u> , (e) <u>2007</u> . | | |
| 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 authority 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. 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-211, Power of Attorney and FSA-211A, Power of Attorney Signature Continuation Sheet
(Continued)

H Example of FSA-211 for General Partnership When All Members Signatures Are Required

The following is an example of FSA-211 for a general partnership when the partnership papers prohibit an individual from acting on behalf of the partnership. The partnership is comprised of 3 individuals who executed FSA-211 to appoint 1 of the members as attorney-in-fact for the partnership.

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|--|--|---|--|
| This form is available electronically. | | Form Approved - OMB No. 0560-0190 | |
| FSA-211 | | U. S. DEPARTMENT OF AGRICULTURE | |
| (04-27-07) | | Farm Service Agency - Commodity Credit Corporation - Federal Crop Insurance Corporation | |
| POWER OF ATTORNEY | | | |
| <p>THE UNDERSIGNED does hereby appoint (1) <u>John White</u>, of (2) <u>999 Pinewood Court</u> <u>Leesburg</u> (3) <u>Loudoun</u> County, State of (4) <u>Virginia</u>, the attorney-in-fact to act for (5) <u>XYZ General Partnership</u> 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:</p> | | | |
| A. FSA and CCC PROGRAMS | | B. TRANSACTIONS for FSA and CCC PROGRAMS | |
| (Check applicable program numbers) | | (Check applicable program numbers) | |
| <input type="checkbox"/> 1. All current programs. <input checked="" type="checkbox"/> 2. All current and all future programs. <input type="checkbox"/> 3. Direct and Counter-Cyclical Program except 2002 peanuts covered by Item A4. <input type="checkbox"/> 4. 2002 Direct and Counter-Cyclical Peanut Program. <input type="checkbox"/> 5. Peanut Quota Buy-Out Program. | <input type="checkbox"/> 6. Noninsured Crop Disaster Assistance Program. <input type="checkbox"/> 7. Tobacco programs. <input type="checkbox"/> 8. Marketing Assistance Loans and Loan Deficiency Payments. <input type="checkbox"/> 9. Conservation programs. <input type="checkbox"/> 10. Milk Income Loss Contract Program. <input type="checkbox"/> 11. Other (Specify) | <input checked="" type="checkbox"/> 1. All actions. <input type="checkbox"/> 2. Signing applications, agreements, and contracts. <input type="checkbox"/> 3. Election of bases and yields except peanut designation covered by Item B4. <input type="checkbox"/> 4. Designation of peanut historical base and yield to a farm. | <input type="checkbox"/> 5. Making reports. <input type="checkbox"/> 6. Conducting all marketing assistance loan and LDP transactions. <input type="checkbox"/> 7. Other (Specify) |
| <p>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:</p> | | | |
| C. FCIC CROPS | | D. TRANSACTION NUMBERS USED BY FCIC | |
| (Enter "All" or specify each crop and year) | | (Check applicable numbers) | |
| 1. _____ 2. _____ 3. _____ 4. _____ | <input type="checkbox"/> 1. All actions. <input type="checkbox"/> 2. Making application for insurance. <input type="checkbox"/> 3. Reporting crop acreage and notice of damage reports. <input type="checkbox"/> 4. Making claim for indemnity. <input type="checkbox"/> 5. Making contract changes. <input type="checkbox"/> 6. Other (Specify) | | |
| <p>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.</p> | | | |
| AUTHORIZED SIGNATURES: | | | |
| 6A. Signature of Grantor (Individual) | | B. Signature Date | C. For Grantors Signature Continuation, check here if FSA-211A is attached. |
| | | | <input checked="" type="checkbox"/> |
| 7A. Signature of Grantor (Partnership, Corporation, Trust, etc.) | | B. Title | C. Signature Date |
| | | | |
| 8A. Witness Signature (FSA Employee Only) | | B. Signature Date | C. Official Position |
| | | | |
| 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) <u>Jefferson</u> County FSA Office, (b) State of <u>West Virginia</u> and became effective this (c) <u>27</u> day of (d) <u>April</u> , (e) <u>2007</u> . | | | |
| 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. | | | |
| 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. | | | |

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FSA-211, Power of Attorney and FSA-211A, Power of Attorney Signature Continuation Sheet
(Continued)

I Example of FSA-211A

The following is an example of FSA-211A.

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| This form is available electronically. | | Form Approved - OMB No. 0560-0190 | |
| FSA-211A (04-27-07) Farm Service Agency - Commodity Credit Corporation - Federal Crop Insurance Corporation | | Attachment Pages | |
| POWER OF ATTORNEY SIGNATURE CONTINUATION SHEET | | 1 of 1 | |
| Attach to Form FSA-211 | | | |
| <small>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.</small> | | | |
| <small>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.</small> | | | |
| 1. Name of Attorney-In-Fact (Item (1) from FSA-211) John White | | 2. Name of Grantor (Item (5) from FSA-211) XYZ General Partnership | |
| AUTHORIZED SIGNATURES | | | |
| 3A. Signature of Grantor /s/ John White | | 3B. Signature Date 04/27/2007 | |
| 3C. Witness Signature (FSA Employee Only) /s/ Joe Green | | 3D. Signature Date 04/27/2007 | 3E. Official Position Program Technician |
| 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 /s/ Jack Blue | | 4B. Signature Date 04/27/2007 | |
| 4C. Witness Signature (FSA Employee Only) /s/ Joe Green | | 4D. Signature Date 04/27/2007 | 4E. Official Position Program Technician |
| 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 /s/ Mark White | | 5B. Signature Date 04/27/2007 | |
| 5C. Witness Signature (FSA Employee Only) /s/ Joe Green | | 5D. Signature Date 04/27/2007 | 5E. Official Position Program Technician |
| 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 _____ | | | |
| <small>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, 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.</small> | | | |

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**FSA-211, Power of Attorney and FSA-211A, Power of Attorney Signature Continuation Sheet
(Continued)**

J Example of FSA-211 for General Partnership When Only 1 Signature Is Required

The following is an example of FSA-211 for a general partnership when Albert Jones, a member, further delegates authority. Albert Jones executed FSA-211 on behalf of the partnership to appoint Allen Smith as attorney-in-fact for the partnership.

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|--|--|---|--|
| This form is available electronically. | | Form Approved - OMB No. 0560-0190 | |
| FSA-211 (04-27-07) | | U. S. DEPARTMENT OF AGRICULTURE Farm Service Agency - Commodity Credit Corporation - Federal Crop Insurance Corporation | |
| POWER OF ATTORNEY | | | |
| <p>THE UNDERSIGNED does hereby appoint (1) <u>Allen Smith</u>, of (2) <u>123 Way Street</u> <u>Manassas</u> (3) <u>Prince William</u> County, State of (4) <u>Virginia</u>, the attorney-in-fact to act for (5) <u>AAA General Partnership</u> 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:</p> | | | |
| A. FSA and CCC PROGRAMS (Check applicable program numbers) | | B. TRANSACTIONS for FSA and CCC PROGRAMS (Check applicable program numbers) | |
| <input type="checkbox"/> 1. All current programs. <input checked="" type="checkbox"/> 2. All current and all future programs. <input type="checkbox"/> 3. Direct and Counter-Cyclical Program except 2002 peanuts covered by Item A4. <input type="checkbox"/> 4. 2002 Direct and Counter-Cyclical Peanut Program. <input type="checkbox"/> 5. Peanut Quota Buy-Out Program. | <input type="checkbox"/> 6. Noninsured Crop Disaster Assistance Program. <input type="checkbox"/> 7. Tobacco programs. <input type="checkbox"/> 8. Marketing Assistance Loans and Loan Deficiency Payments. <input type="checkbox"/> 9. Conservation programs. <input type="checkbox"/> 10. Milk Income Loss Contract Program. <input type="checkbox"/> 11. Other (Specify) | <input checked="" type="checkbox"/> 1. All actions. <input type="checkbox"/> 2. Signing applications, agreements, and contracts. <input type="checkbox"/> 3. Election of bases and yields except peanut designation covered by Item B4. <input type="checkbox"/> 4. Designation of peanut historical base and yield to a farm. | <input type="checkbox"/> 5. Making reports. <input type="checkbox"/> 6. Conducting all marketing assistance loan and LDP transactions. <input type="checkbox"/> 7. Other (Specify) |
| <p>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:</p> | | | |
| C. FCIC CROPS (Enter "All" or specify each crop and year) | | D. TRANSACTION NUMBERS USED BY FCIC (Check applicable numbers) | |
| 1. _____ 2. _____ 3. _____ 4. _____ | <input type="checkbox"/> 1. All actions. <input type="checkbox"/> 2. Making application for insurance. <input type="checkbox"/> 3. Reporting crop acreage and notice of damage reports. | <input type="checkbox"/> 4. Making claim for indemnity. <input type="checkbox"/> 5. Making contract changes. <input type="checkbox"/> 6. Other (Specify) | |
| <p>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.</p> | | | |
| AUTHORIZED SIGNATURES: | | | |
| 6A. Signature of Grantor (Individual) | | B. Signature Date | C. For Grantors Signature Continuation, check here if FSA-211A is attached. <input type="checkbox"/> |
| 7A. Signature of Grantor (Partnership, Corporation, Trust, etc.) <u>/s/ Albert Jones</u> | | B. Title General Partner | C. Signature Date <u>04/27/2007</u> |
| 8A. Witness Signature (FSA Employee Only) <u>/s/ Joe Green</u> | | B. Signature Date <u>04/27/2007</u> | C. Official Position County Executive Director |
| 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) <u>Prince William</u> County FSA Office, (b) State of <u>Virginia</u> and became effective this (c) <u>27</u> day of (d) <u>April</u> , (e) <u>2007</u> . | | | |
| <p>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.</p> <p>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.</p> <p>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.</p> | | | |

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