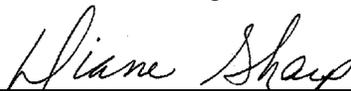


For: State and County Offices

Representations for CCC Loans and Authorization to File a Financing Statement

Approved by: Acting Deputy Administrator, Farm Programs



1 Overview

A

Background

Revised Article 9 of the Uniform Commercial Code (UCC) has been enacted in all 50 States and the District of Columbia. The revision to Article 9 of UCC requires FSA to gather certain data elements from CCC and FSA loan applicants, such as:

- an individual’s legal name; that is, first, middle, last name, and suffix
- the location of an applicant’s organization or entity that is registered with a particular State, which may not be the State where the collateral is located.

Notice LP-1812 provided that a request for emergency approval of an information collection, would be submitted to OMB for approval. On November 16, 2001, OMB issued an emergency approval of the data collection request, using CCC-10.

Notice LP-1828 provides information and instructions for using CCC-10 and Notice LP-1831 contains further questions and answers about it.

B

Purpose

This notice provides State and County Offices with:

- information about the applicability of CCC-10
- instructions (unchanged from instructions in Notice LP-1828) for completing CCC-10.

<p>Disposal Date</p> <p>July 1, 2002</p>	<p>Distribution</p> <p>State Offices; State Offices relay to County Offices, LSA’s, CMA’s, and Cotton Clerks</p>
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Notice CN-931

2 Completing CCC-10

A

Applicability

Producers applying for CCC or FSA loans at USDA Service Centers are required to provide specific information on CCC-10. CCC-10 will:

- serve as CCC or FSA's notice of intent to perfect its security interest
 - identify the debtor's exact full legal name, and if the debtor is an entity, the type and location of the entity
 - authorize CCC or FSA to file financing statements before executing a security agreement.
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B

Obtaining Authorization

County Offices shall:

- obtain a signed CCC-10 from all producers requesting any of the following:
 - CCC marketing assistance loans, including loans for which a financing statement is **not** filed
 - seed cotton loans
 - Farm Storage Facility Loans

Note: For FLP loans, CCC-10 will only be required from individuals executing financing statements that did not sign the applicable loan application form.

- be sure producers understand that:
 - applicable collateral for loans is not described on CCC-10
 - CCC-10 remains in effect until the producer notifies CCC or FSA of any changes by filling out a new CCC-10
 - for warehouse-stored marketing assistance loans, CCC will not file a financing statement but requires CCC-10 to perform lien searches
 - if applicable, provide a copy of CCC-10 to other County Offices in which the producer is active
 - if authorization and data were obtained on an unauthorized form, obtain authorization on CCC-10 the next time a producer applies for a loan.
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Continued on the next page

Notice CN-931

2 Completing CCC-10 (Continued)

C

**CCC-10
Availability**

CCC-10 is available for download from the following by by FSA employees, from the FSA intranet at <http://intranet.fsa.usda.gov>.

D

**Instructions for
Preparing
CCC-10**

County Offices shall prepare CCC-10 according to the following instructions.

Item	Instructions
Part A	Be sure the producer understands the statements in this part.
1	Check the box for: <ul style="list-style-type: none">• individual, if the producer conducts a farming operation as an individual• organization or entity if the producer conducts a farming operation as an organization or entity.
2	If the box in item 1 is checked for: <ul style="list-style-type: none">• individual, enter applicable Social Security number or tax identification number• organization or entity, enter the applicable tax identification number.
3	If the box in item 1 is checked for: <ul style="list-style-type: none">• individual, enter first, middle, last name and, if applicable, a suffix• organization or entity, enter the full legal name of the organization or entity. <p>Note: This is the name that will be used on UCC forms.</p>
4	If the box in item 1 is checked for individual, enter the first, middle, last name and, if applicable, a suffix for a spouse if the spouse is jointly responsible under State law. <p>Note: This is the name that will be used on UCC forms for additional debtors.</p>

Continued on next page

Notice CN-931

2 Completing CCC-10 (Continued)

D
Instructions for
Preparing
CCC-10
(Continued)

Item	Instructions
5	If the box in item 1 is checked for individual, enter the name of the State and county of producer's primary residence. Unless otherwise advised by OGC, this is where to file UCC's and to perform lien searches.
6	If the box in item 1 is checked for organization or entity, enter the type of organization or entity. Acceptable types are corporations, general or limited partnerships, limited liability companies, and trusts. An informal joint operation or venture is not a legal entity. Members of an informal joint operation or venture are treated as individuals.
7	If the organization or entity is registered, it must be organized under the law of a single State and must be displayed in a State public record as being organized. If the organization or entity is registered, enter the State in which the organization or entity was created and is registered. Unless otherwise advised by OGC, this is where to file UCC's and to perform lien searches.
8	If the organization or entity is not registered, enter the State where the place of business is located or where the organization or entity conducts its affairs. Unless otherwise advised by OGC, this is where to file UCC's and to perform lien searches.
9	Be sure the producer understands the statement in item 9.

Continued on the next page

2 Completing CCC-10

D
Instructions for
Preparing
CCC-10
(Continued)

Item	Instructions
9A-9D	<p>If the box in item 1 is checked for:</p> <ul style="list-style-type: none"> • individual, producer enters signature as first, middle, last name and, if applicable, a suffix • organization or entity, producer enters the following: <ul style="list-style-type: none"> • the legal name of the organization or entity • the word “by” • producer’s signature • producer’s title. <p>Example: Hobbitt Farms Inc. by John H. Smith, president</p> <p>Note: For general partnerships and joint ventures, all partners and spouses signatures are required. For corporations, limited partnerships, and limited liability corporations, the person authorized to sign on behalf of the entity is required to sign. For trusts, the trustee or trustees are required to sign. For estates, the executor is required to sign.</p>

Continued on the next page

Notice CN-931

2 Completing CCC-10 (Continued)

E
Example of
CCC-10

The following is an example of a completed CCC-10.

REPRODUCE LOCALLY. Include form number and date on all reproductions. Form Approved - OMB No. 0560-0215

CCC-10 (11-20-01)	U.S. DEPARTMENT OF AGRICULTURE Commodity Credit Corporation Farm Service Agency	
REPRESENTATIONS FOR COMMODITY CREDIT CORPORATION OR FARM SERVICE AGENCY LOANS AND AUTHORIZATION TO FILE A FINANCING STATEMENT AND RELATED DOCUMENTS		
<p><small>NOTE: The following statement is made in accordance with the Privacy Act of 1974 (5 U.S.C. 552a). The authority for requesting the following information is Commodity Credit Corporation Charter Act, 15 U.S.C. (714 et seq.), the Federal Agriculture Improvement and Reform Act of 1996, and Consolidated Farm and Rural Development Act (7 U.S.C. 1921 et seq.). The information will be used to provide loan benefits. Furnishing the requested information is voluntary. Failure to furnish the requested information will result in denial of loan benefits. 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 15 U.S.C. 714m, 18 U.S.C. 286, 287, 371, 641, 651, 1001; and 31 U.S.C. 3729, may be applicable to the information provided.</small></p> <p><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 0560-0215. The time required to complete this information collection is estimated to average 5 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></p>		
PART A - INTRODUCTION		
<p>The undersigned is an applicant for a loan from the Commodity Credit Corporation (CCC) or the Farm Service Agency (FSA), or is currently indebted to CCC or FSA on account of loans previously made or will encumber, pledge or mortgage property to CCC or FSA to secure payment of a loan made or to be made by CCC or FSA. The undersigned understands that CCC or FSA will take or has taken a security interest in collateral to secure the payment of any loan made or to be made, that CCC or FSA will file or has filed a financing statement or an amended financing statement to perfect its security interest in such collateral, that the information provided in this instrument will affect the contents of the financing statement or any amended financing statement and where it will be filed and that CCC or FSA will rely upon this information provided by the undersigned. Further, the undersigned understands that CCC or FSA will continue to use this information for any future loans to be made to the undersigned until the undersigned notifies CCC or FSA of any changes. The undersigned agrees to immediately notify CCC or FSA of any changes in this information.</p>		
PART B - REPRESENTATION OF UNDERSIGNED		
1. TYPE OF UNDERSIGNED: <input checked="" type="checkbox"/> INDIVIDUAL <input type="checkbox"/> ORGANIZATION OR ENTITY	2. SOCIAL SECURITY NUMBER OR TAX IDENTIFICATION NUMBER 111-XX-79X1	
3. UNDERSIGNED'S FULL LEGAL NAME John Rosco Smith, Jr.	4. SPOUSE'S FULL LEGAL NAME Anita LuAnne Baxter Smith	
5. STATE AND COUNTY OF PRIMARY RESIDENCE IF UNDERSIGNED IS AN INDIVIDUAL New Jersey, Adams Co.	6. IF UNDERSIGNED IS AN ORGANIZATION OR ENTITY, SPECIFY THE TYPE OF ORGANIZATION OR ENTITY	
7. IF UNDERSIGNED'S ORGANIZATION OR ENTITY IS A REGISTERED ORGANIZATION OR ENTITY, SPECIFY THE STATE IN WHICH THE ORGANIZATION OR ENTITY WAS CREATED.		
8. IF UNDERSIGNED'S ORGANIZATION IS A NON-REGISTERED ORGANIZATION OR ENTITY, SPECIFY THE STATE WHERE THE PLACE OF BUSINESS IS LOCATED OR WHERE THE ORGANIZATION OR ENTITY CONDUCTS ITS AFFAIRS.		
PART C - AUTHORIZATION TO FILE		
9. <i>The undersigned authorizes CCC or FSA to file a financing statement under the name of the undersigned for collateral to be described in the financing statement and security agreement at any time following the date that this instrument is signed. By signing below, I give CCC or FSA permission to file a financing statement prior to the execution of the security agreement, as well as to file amendments and continuations of the financing statement thereafter.</i>		
9A. SIGNATURE OF UNDERSIGNED /s/ John Rosco Smith, Jr.		DATE 11-21-01
9B. SIGNATURE OF UNDERSIGNED		DATE
9C. SIGNATURE OF UNDERSIGNED		DATE
9D. SIGNATURE OF UNDERSIGNED		DATE
<p><small>The U.S. Department of Agriculture (USDA) prohibits discrimination in all its programs and activities on the basis of race, color, national origin, gender, religion, age, disability, political beliefs, sexual orientation, and marital or family status. (Not all prohibited bases apply to all programs.) Persons with disabilities who require alternative means for communication of program information (Braille, large print, audiotape, etc.) should contact USDA's TARGET Center at (202) 720-2600 (voice and TDD). To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call (202) 720-5864 (voice or TDD). USDA is an equal opportunity provider and employer.</small></p>		