

For: State and County Offices, CMA's, DMA's, and LSA's

Revised CCC-633 EZ

Approved by: Deputy Administrator, Farm Programs



1 Overview

A Background

The Food, Conservation, and Energy Act of 2008 (2008 Act), Pub. L. 110-246 became effective May 22, 2008. Passage of the 2008 Act required CCC-633 EZ to be revised to include references governing LDP's and the authority for requesting CCC-633 EZ information according to the Privacy Act Statement.

B Purpose

This notice provides:

- highlights of CCC-633 EZ changes; CCC-633 EZ (07-31-09) is available at either of the following:
  - <http://intra3.fsa.usda.gov/dam/ffasforms/forms.html>
  - <http://forms.sc.egov.usda.gov/eForms/welcomeAction.do?Home>
- policies using the revised CCC-633 EZ for the 2009 and subsequent crop years
- instructions to complete CCC-633 EZ (07-31-09) (Exhibit 1).

|   |   |
|---|---|
| <b>Disposal Date</b><br><br>January 1, 2010 | <b>Distribution</b><br><br>State Offices; State Offices relay to County Offices, CMA's, DMA's and LSA's |
|---|---|

## Notice LP-2128

### 1 Overview (Continued)

#### C Contact

If there are questions about this notice, County Offices shall contact the State Office program specialist; the State Offices shall contact:

- Jose R. Gonzalez, PSD, by e-mail to [jose.gonzalez@wdc.usda.gov](mailto:jose.gonzalez@wdc.usda.gov) or telephone at 202-690-2534
- for cotton, Gene Rosera, PSD, by e-mail to [gene.rosera@wdc.usda.gov](mailto:gene.rosera@wdc.usda.gov) or telephone at 202-720-8481
- for wool, mohair, or unshorn pelts, Danielle Cooke, PSD, by e-mail to [dani.cooke@wdc.usda.gov](mailto:dani.cooke@wdc.usda.gov) or telephone at 202-720-1919.

### 2 Action

#### A State Office Action

State Offices shall ensure that County Offices, CMA's, DMA's, and LSA's are aware of the contents of this notice.

#### B County Office Action

County Offices shall immediately:

- follow the contents of this notice
- accept LDP agreements and requests only on CCC-633 EZ dated (07-31-09)
- destroy any blank hardcopies of CCC-633 EZ dated before this notice.

### 3 Summary of CCC-633 EZ Changes

#### A CCC-633 EZ Changes

The following changes were made to CCC-633 EZ:

- page 1 includes the revised Privacy Act statement and Pub. L. references authorizing LDP's
- incorporate the "**By**" and "**Title/Relationship**" designations in the producer signature blocks; items 6B, 25B, 43B, and 79B, as applicable
- incorporates "**Second Party Review**" in the **Additional Information** blocks; items 32, 56, and 86

**Notice LP-2128**

**3 Summary of CCC-633 EZ Changes (Continued)**

**A CCC-633 EZ Changes (Continued)**

- page 2, item 23B now reads, “**Check to Request Date of Delivery**” to designate the LDP rate in effect on the date of delivery
- item 35, “**Farm Number**” was added to page 3
- item 38 was revised for Irrevocable Post-Ginning LDP requests, the LDP rate will be the rate in effect on the “later of: 1)date of request or, 2) date bale list submitted”
- items 39 C and D now read, “**Producer enters bale quantity (to be verified by bale list or file sequence number):**” for Irrevocable Post-Ginning and Lost Beneficial Interest LDP requests
- page 5, “Continuation Sheet for LDP Payment Agreement and Request”, incorporates the “**By**” and “**Title/Relationship**” designations.

**B Approval Policy About the Effective Date of CCC-633 EZ LDP Payment Request**

This table provides guidance when a producer requests LDP benefits.

| <b>IF producer submits...</b>   | <b>AND a request for an LDP payment on CCC 633 EZ applicable page 2, 3, or 4 dated...</b> | <b>THEN County Offices shall...</b>  |
|---|---|--|
| CCC-633 EZ (09-05-07), page 1   | <b>before</b> this notice   | approve/disapprove the LDP request.<br><br><b>Note:</b> All subsequent payment requests on or after the date of this notice <b>must</b> be submitted on CCC-633 EZ (07-31-09). |
| CCC-633 EZ (09-05-07), page 1 <b>before</b> the date of this notice       | <b>on or after</b> the date of this notice  | <ul style="list-style-type: none"> <li>• do <b>not</b> approve the request for payment</li> <li>• have the producer submit the request on CCC-633 EZ (07-31-09)</li> </ul>     |
| CCC-633 EZ, page 1, 2, 3, or 4 <b>on or after</b> the date of this notice |   | <b>only</b> accept requests on CCC-633 EZ (07-31-09).  |

## Notice LP-2128

### 3 Summary of CCC-633 EZ Changes (Continued)

#### C Instructions for Completing CCC-633 EZ's

CCC-633 EZ is available in a fillable format online.

Producers shall submit the original completed and signed CCC-633 EZ in hard copy by FAX, or electronically by eForms, to the applicable USDA Service Center.

Producers **must** first submit CCC-633 EZ, page 1 to their USDA Service Center if they want to use the eLDP process on their own and have established an eAuthentication Level 2 account. On receipt of CCC-633 EZ, page 1, the receiving County Office can update the eLDP customer profile to enable the producer to apply for eLDP's.

See:

- Exhibit 1 for instructions on completing CCC-633 EZ (07-31-09); these instructions will be included in future amendments to applicable Price Support handbooks
- Exhibit 2 for an example of a completed CCC-633 EZ (07-31-09).

**Instructions for Completing CCC-633 EZ's**

**A Page 1**

Complete CCC-633 EZ, page 1 according to the following table.

| <b>Item</b>  | <b>Instructions</b>   |
|--|---|
| 1  | Enter name and address of the producer (individual, joint operation, or entity) for which benefits may be requested.  |
| 2  | Enter telephone/cell number, including area code, of the producer.  |
| 3  | Enter last 4 digits of SSN or TIN of the producer in item 1.  |
| 4  | Enter crop year for the commodities covered by CCC-633 EZ.  |
| 5  | Enter States and the counties where the producer has an interest for the designated crop year.<br><br><b>Note:</b> CCC-633 EZ covers interests in all eligible LDP commodities of the producer in item 1. The County Office that first receives page 1, shall forward to other County Offices, as applicable, by FAX or mail. |
| <b>Part A – Terms and Conditions</b>   |   |
| All producers requesting LDP shall review and understand the terms and conditions of this agreement.   |   |
| <b>Part B – Methods of Payment Request</b>   |   |
| All producers requesting LDP shall review and understand the methods by which a payment request may be initiated under this agreement.                 |   |
| <b>Note:</b> Page 2, 3, or 4 <b>must</b> be received in the County Office <b>before</b> the final loan availability date for the applicable commodity. |   |

Instructions for Completing CCC-633 EZ's (Continued)

A Page 1 (Continued)

| Item   | Instructions   |
|--|--|
| <b>Part C – Producer Signature and Certification</b> |  |
| 6 and 7  | <p>After reading the certification statement, the producer needs to sign and date in items 6 and 7. The signatures indicate the producer has reviewed and agrees to the conditions listed. There will be one CCC-633 EZ per producer. Multiple signature lines are provided for cases where multiple signatures are required to act for an operation or entity. If additional signature lines are needed, the producer shall use page 5, Part C.</p> <p>In item 6B, “Title/Relationship”, the signatory shall enter their relationship authorizing them to sign on behalf of the producer; for example, power of attorney, position in the company, spouse, etc.</p> <p><b>Example:</b> Treasurer of Smith Bros., Inc.</p> <p>If the applicant is <b>not</b> signing in the representative capacity, leave field 6B blank. If “<b>SELF</b>” is written to indicate the producer is signing on behalf of their own self, it is acceptable; however, <b>not</b> necessary.</p> <p><b>Note:</b> Generally, there will be one CCC-633 EZ per producer. Multiple signature lines are provided for cases where multiple signatures are required to act for the operation or entity. If additional signature lines are needed, the producer shall use page 5, Part C.</p> |
| <b>Part D – CCC Agreement (FSA Use Only)</b>         |  |
| 8  | Enter signature of authorized CCC representative.  |
| 9  | Enter title of authorized CCC representative.  |
| 10   | Enter date of CCC representative’s signature.  |
| 11   | Enter additional information pertinent to the approval or disapproval of agreement.  |
| 12   | Enter name and address of the County FSA Office, LSA, or DMA receiving and signing the original page 1. The County Office may enter their assigned State and county code in place of their name and address.   |

**Note:** Page 2, 3, or 4 **must** accompany **all** requests for payment. If additional information is needed to determine eligible producer, net quantity, and payment rate, the request will **not** be paid until evidence is provided.

Instructions for Completing CCC-633 EZ's (Continued)

B Page 2

Complete CCC-633 EZ, page 2 according to the following table.

| Item                            | Instructions  |
|---------------------------------|---|
| <b>Part E – Request for LDP</b> |   |
| 13A and 13B                     | Enter producer's name, address, and telephone number, including area code.<br><b>Note:</b> This should be the same as in item 1.<br>Enter last 4 digits of SSN or TIN of the producer in item 13A.  |
| 14                              | Enter telephone/cell number, including area code, of producer in item 13A (optional).   |
| 15                              | Enter crop year for which LDP is requested.   |
| 16                              | Enter State and county where the farm records are maintained.   |
| 17                              | Check either "Yes" or "No" to the question, "Are you or any co-applicant delinquent on any Federal Non-tax debt?" If "Yes" is checked, explain in item 32.  |
| 18                              | <b>For FSA use only.</b> Enter processing system assigned LDP number.   |
| 19                              | Enter commodity for which LDP is requested along with the class, variety, or type, as applicable.<br>For sunflowers, ENTER "oil" or "other", as applicable.<br>If the commodity requested is wheat and the class is mix, producers must indicate the predominate class of wheat.  |
| 20                              | Enter net quantity and unit of measure requested for this payment.<br><b>Note:</b> User may enter "All" if the producer selects the "date of delivery" option or a measured LDP.<br>For commodities harvested as other than grain, the quantity may be certified as tons, acres harvested, bushels, pounds or cwt.<br>CCC is <b>required</b> to establish a whole grain yield according to 8-LP, paragraph 536. |

Instructions for Completing CCC-633 EZ's (Continued)

B Page 2 (Continued)

| Item  | Instructions   |
|---|--|
| <b>Part E – Request for LDP (Continued)</b> |  |
| 21  | <p>Check the box from the following that corresponds with the source of the quantity in item 20:</p> <ul style="list-style-type: none"> <li>• “A”, “Certified”, if no acceptable production and/or sales evidence is provided at the time of payment request</li> </ul> <p><b>Note:</b> Certified quantities are subject to spot check and CCC may require production evidence to support the certification.</p> <ul style="list-style-type: none"> <li>• “B”, “Measurement Service”, if measurement service is requested to determine quantity</li> </ul> <p><b>Note:</b> The servicing County Office will initiate a measurement service at the location described in item 22. By requesting measurement service, the producer agrees the quantity determined by measurement service will be the maximum quantity eligible for LDP and the request for payment is irrevocable.</p> <ul style="list-style-type: none"> <li>• “C”, “Production Evidence”, if request for payment is accompanied by production and/or sales evidence.</li> </ul> <p><b>Note:</b> When acceptable production and/or sales evidence is provided at the time of payment request, no additional documentation will be required.</p> |
| 22  | <p>Enter:</p> <ul style="list-style-type: none"> <li>• State (if necessary) and county, where the quantity in item 20 is stored</li> <li>• location within the same county where the commodity is stored.</li> </ul> <p><b>Example:</b> Bin number, legal description, and/or land description; enter the warehouse name if commodity is warehouse stored.</p> <p>A separate LDP request must be completed for quantities stored in a different county.</p>  |

Instructions for Completing CCC-633 EZ's (Continued)

B Page 2 (Continued)

| Item  | Instructions  |
|---|---|
| <b>Part E – Request for LDP (Continued)</b> |   |
| 23A and 23B                                 | <p>Enter date of this request, date BI was lost, or the date of delivery. If a request has multiple dates (such as date of feeding or sale) and production evidence or schedule/ledger that is provided shows when BI is lost, this item can be left blank.</p> <p>If page 2 is filed before delivery and the producer wants to use the “date of delivery” option, Box “B” must be checked.</p>   |
| 24  | <p><b>For FSA use only.</b> Enter LDP rate in effect according to the applicable date as provided in item 23. For multiple dates of delivery, ENTER “<b>See Attached Production Evidence</b>”.</p>  |
| <b>Part F – Producer Certification</b>      |   |
| 25 A through 27                             | <p>After reading the certification statement, the producer <b>must</b> sign, enter share percentage of the LDP quantity, and date in items 25A, 26, and 27. The signatures indicate the producer has reviewed and agrees to the conditions listed. There will be one CCC-633 EZ per producer. Multiple signature lines are provided for cases where multiple signatures are required to act for an operation or entity. If additional signature lines are needed, the producer shall use page 5, Part F. The approval date will be the date all required signatures are in the County Office.</p> <p>In item 25B, “Title/Relationship”, the signatory shall enter their relationship authorizing them to sign on behalf of the producer; for example, power of attorney, position in the company, spouse, etc.</p> <p><b>Example:</b> Treasurer of Smith Bros., Inc.</p> <p>If the applicant is <b>not</b> signing in the representative capacity, leave field 25B blank. If “<b>SELF</b>” is written to indicate the producer is signing on behalf of their own self, it is acceptable; however, <b>not</b> necessary.</p> <p>If BI has <b>not</b> been lost, the effective LDP rate will be based on the time and date a properly completed request for payment is received in the FSA County Office.</p> |
| <b>Part G – CCC Approval</b>                |   |
| 28  | Enter signature of authorized CCC representative.   |
| 29  | Enter title of authorized CCC representative.   |
| 30  | Enter date of CCC representative’s approval.  |
| 31  | FSA office will check either “Approved” or “Disapproved”.   |
| 32  | Enter any additional information pertinent to the approval or disapproval of this payment request. Second party review initials are required.   |

Instructions for Completing CCC-633 EZ's (Continued)

C Page 3, Request for Cotton LDP

Complete CCC-633 EZ, page 3, according to following table.

| Item   | Instructions  |
|--|---|
| <b>Part H – Request for Cotton LDP</b>   |   |
| 33A  | Enter producer's name, address, and telephone number, including area code.<br><br><b>Note:</b> This should be the same as in item 1.<br><br>Enter last 4 digits of SSN or TIN of the producer in page 2, item 13A.  |
| 34   | Enter telephone/cell number, including area code, of producer in item 13A (optional).   |
| 35   | Enter farm number.  |
| 36   | Enter crop year for which LDP is requested.   |
| 37   | Check either "Yes" or "No" to the question, "Are you or any co-producer delinquent on any Federal Non-tax debt?" If "Yes" is checked, explain in item 56.   |
| 38   | Producer initials in only 1 of the 4 boxes to indicate both the type of LDP being requested and the quantity of bales requested for which LDP is requested by the producer in cases where the quantity may not equal the quantity on a gin-provided file. If more than 1 type of LDP is being requested for upland cotton, a separate page 3 <b>must</b> be completed for each type.  |
| 39   | If "Gin-direct" is selected, producer <b>must</b> complete this item. Producer may request LDP's for 1 or more farms. For each individual farm for which an LDP is requested for some or all production, the producer <b>must</b> enter the farm number and, in the box adjacent to the farm number, <b>must</b> enter either "All" to indicate that LDP is requested for all bales, or <b>must</b> enter the exact number of bales from the farm to which LDP request applies.<br><br>If "Irrevocable Post-Ginning" or "Lost Beneficial Interest" is selected, the producer shall enter the bale quantity (to be verified by bale list or file sequence number). |
| <b>Part I – Module Identification of Seed Cotton (Complete for Module Lock-in Request)</b> |   |
| 40   | If LDP type requested is "Irrevocable Module Lock-in", enter the code number of the gin that will provide a list of bales produced from the modules listed in Part H, item 38. Part I is <b>not</b> completed if the type of LDP requested is other than "Irrevocable Module Lock-in."  |
| 41   | Enter module location at the farm or gin.   |
| 42   | Enter gin-supplied module (storage unit) numbers to which AWP lock-in and LDP application apply. Use reverse side to list additional numbers if more space is needed. If FAXing or submitting through eForms, list on a separate sheet.   |

Instructions for Completing CCC-633 EZ's (Continued)

C Page 3, Request for Cotton LDP (Continued)

| Item   | Instructions   |
|--|--|
| <b>Part J – Producer Certification</b>                         |  |
| 43A<br>through<br>45   | <p>After reading the certification statement, the producer <b>must</b> sign, enter share percentage of LDP quantity, and date in items 43A, 43B, 44, and 45. The signatures indicate the producer has reviewed and agrees to the conditions listed. There will be one CCC-633 EZ per producer. Multiple signature lines are provided for cases where multiple signatures are required to act for an operation or entity. If additional signature lines are needed, the producer shall use page 5, Part J. The approval date will be the date all required signatures are in the County Office.</p> <p>In item 43B, “Title/Relationship”, the signatory shall enter their relationship authorizing them to sign on behalf of the producer; for example, power of attorney, position in the company, spouse, etc.</p> <p><b>Example:</b> Treasurer of Smith Bros., Inc.</p> <p>If the applicant is <b>not</b> signing in the representative capacity, leave field 43B blank. If “<b>SELF</b>” is written to indicate the producer is signing on behalf of their own self, it is acceptable; however, <b>not</b> necessary.</p> <p>If BI has <b>not</b> been lost, the effective LDP rate will be based on the time and date a properly completed request for payment is received in the FSA County Office.</p> |
| <b>Part K – Information for LDP Request (For CCC Use Only)</b> |  |
| 46   | Enter LDP number.  |
| 47   | Enter file sequence numbers of all applicable bale files provided as production evidence.  |
| 48   | Enter date the bale list or data file was received.  |
| 49   | Enter number of bales represented by each bale list or data file.  |

Instructions for Completing CCC-633 EZ's (Continued)

C Page 3, Request for Cotton LDP (Continued)

| Item                         | Instructions  |
|------------------------------|---|
| <b>Part L – CCC Approval</b> |   |
| 50A                          | Enter signature of authorized CCC representative.   |
| 50B                          | Enter title of authorized CCC representative.   |
| 51                           | FSA office will check either “Approved” or “Disapproved”.   |
| 52                           | Enter date of CCC representative’s approval.  |
| 53                           | See 7-CN, subparagraph 274 B to establish the date a completed application was submitted.<br><br><b>Note:</b> All LDP requests <b>must</b> be received before <b>May 31</b> . |
| 54                           | Enter applicable AWP for the date BI was lost, as documented by sales invoices or other acceptable evidence.  |
| 55                           | Enter name and address of the FSA County Office or LSA Office.  |
| 56                           | May be used to amend gin-direct LDP’s or to explain “Yes” answer to item 37. Second party review initials are required.   |

**Instructions for Completing CCC-633 EZ's (Continued)**

**D Page 4, Request for Wool, Mohair, or Unshorn Pelt LDP Only**

Complete CCC-633 EZ, page 4 according to the following table.

**Note:** Items 57 through 86 are **only** applicable to wool, mohair, or unshorn pelt LDP's.

| Item  | Instructions   |
|---|--|
| <b>Part M – Request for Wool, Mohair, or Unshorn Pelt LDP</b> |  |
| 57  | Enter producer's name and address. This should be the same as in item 1.   |
| 58  | Enter last 4 digits of the producer's SSN or TIN.  |
| 59  | Enter telephone/cell number, including area code, of the producer.   |
| 60  | Enter crop year for which LDP is requested.  |
| 61  | Check either "Yes" or "No" to the question, "Are you or any co-applicant delinquent on any Federal non-tax debt"? If "Yes", then explain in item 86.   |
| 62  | Enter State and county where the farm records are maintained.  |
| <b>Part N – Complete for Wool or Mohair</b>                   |  |
| 63  | <b>For FSA use only.</b> Enter processing system assigned LDP number.  |
| 64  | Check either "Mohair" or "Wool" to indicate the applicable commodity for which this LDP is requested.  |
| 65  | If "wool" is selected in item 64, check either "Graded" or "Ungraded" to indicate the applicable type of wool. If graded is selected, enter the micron and yield from the core test report in item 86, "Additional Information".<br><br><b>Note:</b> This item is <b>not</b> applicable to mohair. |
| 66  | Enter net quantity requested for this payment in pounds.   |

Instructions for Completing CCC-633 EZ's (Continued)

D Page 4, Request for Wool, Mohair, or Unshorn Pelt LDP Only (Continued)

| Item  | Instructions   |
|---|--|
| <b>Part N – Complete for Wool or Mohair (Continued)</b> |  |
| 67  | <p>Check the box from the following that corresponds with the source of the quantity in item 66:</p> <ul style="list-style-type: none"> <li>• “A”, “Certified”, if quantity is based on producer certification and no acceptable production and/or sales evidence are provided at the time of payment request</li> </ul> <p><b>Note:</b> Certified quantities are subject to spot check and CCC may require production evidence to support the certification.</p> <ul style="list-style-type: none"> <li>• “B”, “Production Evidence”, if quantity is based on an attached invoice, weight receipt, or settlement sheet and/or sales evidence</li> <li>• “C”, “Quantity in Excess of Certified Quantity”, if quantity is based on a request for an additional LDP disbursement on a quantity in excess of previously submitted request (page 4) for a certified quantity after delivery of the wool or mohair when BI is lost.</li> </ul> <p>Acceptable documentation in the form of a net weight receipt or settlement sheet from the sale or delivery of the wool and mohair <b>must</b> be provided to support the additional quantity in excess of the certified quantity.</p> |
| 68  | <p>Enter:</p> <ul style="list-style-type: none"> <li>• State (if necessary) and county where the quantity in item 66 is stored</li> <li>• location within the same county where the commodity is stored.</li> </ul> <p><b>Example:</b> Barn/shed location, legal description, and/or land description, enter the warehouse name if commodity is warehouse-stored or stored by a commissioned agent.</p> <p>A separate LDP request <b>must</b> be completed for quantities stored in a different county.</p>  |
| 69  | <p>Enter date of this request or the date BI was lost. If a request has multiple dates, such as sale, delivery, or slaughter, and production evidence or schedule/ledger is provided that shows when BI is lost, item can be left blank.</p>   |
| 70  | <p><b>For FSA use only.</b> Enter LDP rate in effect as it determines when BI was lost or when an acceptable application is submitted.</p>   |

Instructions for Completing CCC-633 EZ's (Continued)

D Page 4, Request for Wool, Mohair, or Unshorn Pelt LDP Only (Continued)

| Item  | Instructions  |
|---|---|
| <b>Part 0 – Complete for Unshorn Lamb Pelts</b> |   |
| 71  | <b>For FSA use only.</b> Enter processing system assigned LDP number.   |
| 72  | Enter number of unshorn pelts for the LDP request.  |
| 73  | <p>Check 1 of the following boxes that corresponds with the intended use of the unshorn pelts in item 72:</p> <ul style="list-style-type: none"> <li>• “A”, “Immediate Slaughter”, if quantity is delivered for slaughter within a 10 calendar day period after delivery</li> <li>• “B”, “Slaughter for Personal Use”, if quantity will be slaughtered for personal use, such as, clothing, shelter, rugs, etc.</li> <li>• “C”, “Preserved and Stored”, if quantity is being preserved, maintained, and stored for future marketing or processing</li> <li>• “D”, “Sold as Feeders to Lamb Buyer”, if the quantity is being sold as feeder lambs to a feeder lamb buyer the quantity of unshorn pelts is ineligible.</li> </ul> |
| 74  | <p>Enter:</p> <ul style="list-style-type: none"> <li>• State (if necessary) and county, where the quantity in item 73 is stored</li> <li>• enter the location within the same county where the commodity is stored.</li> </ul> <p><b>Example:</b> Barn/shed location, legal description, and/or land description; enter the warehouse name if commodity is warehouse-stored or stored by a commissioned agent.</p> <p>A separate LDP request <b>must</b> be completed for quantities stored in a different county.</p>  |

Instructions for Completing CCC-633 EZ's (Continued)

D Page 4, Request for Wool, Mohair, or Unshorn Pelt LDP Only (Continued)

| Item   | Instructions   |
|--|--|
| <b>Part 0 – Complete for Unshorn Lamb Pelts (Continued)</b>                  |  |
| 75   | <p>Check either of the following boxes that corresponds with the source of the number of unshorn pelts in item 72:</p> <ul style="list-style-type: none"> <li>• “A”, “Certified”, if quantity is based on producer certification</li> <li>• “B”, “Production Evidence”, if quantity is based on an attached invoice or settlement sheet.</li> </ul> <p><b>Note:</b> The number of pelts can be certified if the unshorn lambs were slaughtered for personal use. All other quantities can be certified or based on production evidence.</p>  |
| 76   | Enter number of head of unshorn live lambs/sheep in the current herd or lamb flock.  |
| 77   | Enter date of this request or the date BI was lost. If a request has multiple dates (such as sale, delivery, or slaughter) and production evidence or schedule/ledger is provided that shows when BI is lost, item can be left blank.  |
| 78   | <b>For FSA use only.</b> Enter LDP rate in effect when BI was lost or an acceptable application is submitted.  |
| <b>Part P – Producer Certification</b>                                       |  |
| If this is a continuation page for page 4, check (✓) box in front of Part P. |  |
| 79 through 81  | <p>To certify the Request for Wool, Mohair, or Unshorn Pelt LDP, page 4, Part P, the additional producers on this agreement must sign, enter the shares, and date.</p> <p>In item 79B, “Title/Relationship”, the signatory shall enter their relationship authorizing them to sign on behalf of the producer; for example, power of attorney, position in the company, spouse, etc.</p> <p><b>Example:</b> Treasurer of Smith Bros., Inc.</p> <p>If the applicant is <b>not</b> signing in the representative capacity, leave field 43B blank. If “<b>SELF</b>” is written to indicate the producer is signing on behalf of their own self, it is acceptable; however, <b>not</b> necessary.</p> <p>If BI has <b>not</b> been lost, the effective LDP rate will be based upon the time and date a properly completed request for payment is received in the FSA County Office.</p> |

Instructions for Completing CCC-633 EZ's (Continued)

D Page 4, Request for Wool, Mohair, or Unshorn Pelt LDP Only (Continued)

| Item                         | Instructions   |
|------------------------------|--|
| <b>Part Q – CCC Approval</b> |  |
| 82A                          | Enter signature of authorized CCC representative.  |
| 82B                          | Enter title of authorized CCC representative.  |
| 83                           | Enter date of CCC representative's approval.   |
| 84                           | FSA office will check either "Approved" or "Disapproved" box.  |
| 85                           | If this request is certified, check "yes" or "no" box, to answer the question, "Is the quantity for this LDP reasonable?" The quantity can be found in item 66 (wool or mohair) or item 72 (unshorn pelts).  |
| 86                           | Enter any additional information pertinent to the approval or disapproval of this payment request. This item should also be used to record the micron and yield from a core test report if graded wool is selected in item 65.<br><br>Second party review initials are required. |

**Instructions for Completing CCC-633 EZ's (Continued)**

**E Page 5, Continuation Sheet for LDP Payment Agreement and Request**

CCC-633 EZ, page 5 is a continuation sheet for additional signatures. Complete page 5 according to the following.

| Item   | Instructions   |
|--|--|
| Title Block  | Under the title, enter the page (1, 2, 3, or 4) on the solid line that this page shall be attached.  |
| <b>Part C – Producer Certification</b>   |  |
|  | If this is a continuation page for page 1, check the box in front of the applicable Part C.  |
| 6 and 7  | <p>After reading the certification statement on page 1, Part C, the additional producers on this agreement shall sign and date.</p> <p>In item 6B, “Title/Relationship”, enter the relationship authorized for you to sign on behalf of the producer; for example, power of attorney, position in the company, spouse, etc.</p> <p><b>Example:</b> Treasurer of Smith Bros., Inc.</p>  |
| <b>Part F, J, and P – Producer Certification (complete as applicable)</b>                    |  |
|  | If this is a continuation page for page 2, 3, or 4, check the box in front of Part F, J, or P, as applicable.  |
| 25<br>through<br>27,<br><br>43<br>through<br>45,<br><br><b>or</b><br><br>79<br>through<br>81 | <p>After reading the certification, the producer signs, enters the share percentage of the LDP quantity, and dates.</p> <p>In “Title/Relationship”, the signatory shall enter their relationship authorizing them to sign on behalf of the producer; for example, power of attorney, position in the company, spouse, etc.</p> <p><b>Example:</b> Treasurer of Smith Bros., Inc.</p> <p>If the applicant is <b>not</b> signing in the representative capacity, leave “Title/Relationship” field blank. If “<b>SELF</b>” is written to indicate the producer is signing on behalf of their own self, it is acceptable; however, <b>not</b> necessary.</p> <p>If BI has <b>not</b> been lost, the effective LDP rate will be based upon the time and date a properly completed request for payment is received in the FSA County Office.</p> |

Example of Completed CCC-633 EZ

This form is available electronically.

|  |  |  |                              |   |   |
|--|--|--|------------------------------|---|---|
| <b>CCC 633 EZ</b><br>(07-31-09)  |  | <b>U.S. DEPARTMENT OF AGRICULTURE</b><br>Commodity Credit Corporation    |                              | 1. Name and Address of Producer (Include ZIP Code) (Please Print) |   |
| <b>LOAN DEFICIENCY PAYMENT (LDP) AGREEMENT AND REQUEST</b>   |  |  |                              | 2. Telephone or Cell Number (Include Area Code)                   |   |
| All eligible producers entering into this agreement MUST meet marketing assistance loan eligibility and have beneficial interest in the quantities covered by this agreement for the applicable crop year when signing this form. A producer is considered to have beneficial interest in the specified quantities if the producer has ALL of the following:   |  |  | 3. ID Number (Last 4 Digits) |   | 4. Crop Year  |
| <ul style="list-style-type: none"> <li>• title to the commodity</li> <li>• control of the commodity</li> </ul>   |  |  | 5. State(s) and County(s)    |   |   |
| File this form BEFORE loss of beneficial interest (title and control) to indicate your intentions to receive Loan Deficiency Payment (LDP) benefits for this crop year for all counties and all eligible harvested, sheared, or slaughtered commodities for the individual, joint operation, or entity identified in Item 1. The CCC-633 EZ - LDP Request (Page 2), Cotton LDP Request (Page 3), or Request for Wool, Mohair, or Unshorn Pelt LDP (Page 4) must be completed BEFORE the final loan/LDP availability date to receive LDP benefits.  |  |  |                              |   |   |
| <b>PART A - TERMS AND CONDITIONS</b>   |  |  |                              |   |   |
| <ul style="list-style-type: none"> <li>• The LDP rate will be based on the earlier of: a) the date beneficial interest is lost as applicable to specific commodity provisions; or b) the LDP request date as submitted on the CCC-633 EZ (Page 2) Part E, or CCC-633 EZ (Page 4) for wool, mohair, and unshorn pelts. For cotton LDPs requested on CCC-633 EZ Cotton (Page 3), the LDP rate will be based on the information provided on Page 3.</li> <li>• Quantities covered by this agreement were produced by the producer and not purchased or acquired directly or indirectly from any other source or committed under a marketing agreement to a Cooperative Marketing Association (CMA.)</li> <li>• As a condition of receiving an LDP, a producer (or members of a CMA) must first resolve delinquent federal non-tax debt(s). The debt(s) must be resolved before the final loan/LDP availability date.</li> <li>• CCC may request copies of contracts and supplemental documentation to determine eligible quantity and when beneficial interest was lost.</li> <li>• If a Marketing Assistance Loan (MAL) is disbursed for a quantity covered by this agreement and the MAL is repaid at a price less than principal and interest, this agreement becomes null and void for that specific quantity.</li> <li>• All producers with an interest in the quantity covered by this agreement must sign a CCC-633 EZ Part C, to obtain LDP benefits.</li> </ul>  |  |  |                              |   |   |
| <b>PART B - METHODS OF PAYMENT REQUEST (Request must be submitted by final loan/LDP availability date.)</b>  |  |  |                              |   |   |
| <ul style="list-style-type: none"> <li>• For quantities represented by verifiable production evidence under this agreement, submission of evidence in combination with Part E, Part N, or Part O of this form as applicable shall be considered a request for payment. Evidence must include sufficient data to determine producer and commodity eligibility and LDP rate.</li> <li>• For quantities for which verifiable evidence is unavailable (i.e., certified quantities, fed quantities, quantities used for seed, silage, etc.), the request for payment shall be initiated by recording a certification of quantity on Part E, Part N, or Part O of this form as applicable. Additional information may be requested by CCC to determine producer and commodity eligibility and LDP rate.</li> <li>• Submission of an eLDP shall be a request for payment. The CCC-633 EZ Part E is not required for that specific quantity.</li> <li>• For Cotton Producers Only: Producer agrees: a) any request for a module lock-in or post-ginning LDP is irrevocable and cannot be cancelled or revised unless the LDP is denied due to AGI; b) any request for a gin-direct LDP is irrevocable on or after the date of ginning; c) entry of information on Page 3 of this application constitutes an irrevocable application for the Adjusted World Price (AWP) to be locked in on the date an accurately completed application is submitted for an LDP based on gin-provided documentation identifying the bales produced from the module/storage unit for which the AWP lock-in applies.</li> </ul> |  |  |                              |   |   |
| <b>PART C - PRODUCER SIGNATURE AND CERTIFICATION (For additional signatures, complete CCC-633 EZ Continuation, Part C)</b>   |  |  |                              |   |   |
| I/we certify all information entered on this form is true and correct. By certifying to the terms and conditions in Part A, the producer(s) hereby enters into this agreement with CCC for all eligible commodities. The producer(s) agrees: 1) any false claim or false statement may lead to civil liability or criminal prosecution; 2) LDPs may be selected for spot-check and the producer will be required to provide supplemental documents to determine program eligibility; 3) to forgo a commodity loan on the quantity requested for LDP unless a quantity is denied LDP due to payment limitations; 4) not to refund any LDP amount in order to obtain a commodity loan; 5) this agreement and subsequent payment request is subject to CCC determination of producer and commodity eligibility subject to 7 CFR Parts 1421, 1425, 1427 and 1434; 6) that CCC shall require refund of LDP, plus interest, from the date of payment if producer(s) and/or commodity is later determined ineligible by CCC; 7) CCC shall assess administrative penalties and/or liquidated damages in accordance with 7 CFR Parts 1421, 1425, 1427 or 1434, as applicable, if producer(s) misrepresented the eligible quantity and/or commodity covered by this agreement; 8) the maximum eligible quantity and yield determinations must equal the quantity and yield determinations for disaster or crop insurance e indemnity payments, when and if applicable; and 9) to submit the applicable CCC-633 EZ, Page 2, Page 3, Page 4 or an eLDP online request before obtaining LDP amounts.              |  |  |                              |   |   |
| 6A. Producer's Signature (BY)  |  | 6B. Title/Relationship (Individual Signing in a representative capacity) |                              | 7. Date (MM-DD-YYYY)  |   |
| 6A. Producer's Signature (BY)  |  | 6B. Title/Relationship (Individual Signing in a representative capacity) |                              | 7. Date (MM-DD-YYYY)  |   |
| <b>PART D - CCC AGREEMENT (FOR CCC USE ONLY)</b>   |  |  |                              |   |   |
| 8. Signature of CCC Representative   |  |  | 10. Date (MM-DD-YYYY)        |   | 11. Additional Information                              |
| 9. Title of CCC Representative   |  |  |                              |   | 12. Name and Address of County FSA Office or LSA or DMA |
| NOTE: The following statement is made in accordance with the Privacy Act of 1974 (5 USC 552a - as amended). The authority for requesting the information identified on this form is 7 CFR Part 1421, 7 CFR Part 1425, 7 CFR Part 1427, 7 CFR Part 1434, and the Food, Conservation, and Energy Act of 2008 (Pub. L. 110-246). The information will be used to determine eligibility for program benefits. The information collected on this form may be disclosed to other Federal, State, Local government agencies, Tribal agencies, and nongovernmental entities that have been authorized access to the information by statute or regulation and/or as described in applicable Routine Uses identified in the System of Records Notice for USDA/FSA-2, Farm Records File (Automated). Providing the requested information is voluntary. However, failure to furnish the requested information will result in a determination of ineligibility for program benefits. This information collection is exempt from the Paperwork Reduction Act as it is required for the administration of the Food, Conservation, and Energy Act of 2008 (see Pub. L. 110-246, Title I, Subtitle F-Administration). The provisions of criminal and civil fraud, privacy and other statutes may be applicable to the information provided. 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.   |  |  |                              |   |   |

Example of Completed CCC-633 EZ (Continued)

CCC-633 EZ (07-31-09)

**PART E - REQUEST FOR LDP**

|  |  |                                |  |               |  |  |
|--|--|--------------------------------|--|---------------|--|--|
| 13A. Contact Name and Address of Producer (Include Zip Code)<br>(Please Print) |  | 13B. ID Number (Last 4 digits) | 14. Telephone or Cell Number<br>(Include Area Code) (Optional) | 15. Crop Year | 17. Are you or any co-applicant delinquent on any federal non-tax debt?<br>If "YES", explain in Item 32.<br><br><input type="checkbox"/> YES <input type="checkbox"/> NO |  |
| 16. State and County where Farm Records are Maintained                         |  |                                |  |               |  |  |

A completed CCC-633 EZ, Page 1 must be on file before beneficial interest (title and control) is lost in the requested quantity for this to be considered a valid request for payment. This request for payment, with acceptable production evidence (if applicable), must be submitted to the County FSA office that administers the farm records for the requested commodity and quantity.

Complete Items 19 through 23 and sign/date below. Indicate in Item 21 if this is a certified LDP, request for measurement service, or indicate production evidence is attached, as applicable. When beneficial interest has been lost, indicate date of sale, fed, used for seed, etc, as applicable, in Item 23. If additional entries are needed, provide data on an additional CCC-633 EZ, Page 2.

| 18. LDP No.<br>(CCC Use Only) | 19. Commodity Class, Variety, Type | 20. Net Quantity Requested and Unit of Measure (bu., tons, cwt., lbs., etc.) | 21. Source of Quantity (Check one of the following) |                          |                          | 22. Stored or Delivery Location, if applicable (State, County, Warehouse, or Bin Site)<br><br>Examples:<br>Warehouse-Stored: Ohio, Athens Co., ABC Warehouse<br>Farm-Stored: Texas, Webb Co., 30' Butler Bin, North of House | 23. Effective Date of LDP Rate (MM-DD-YYYY)                 |                                      | 24. LDP Rate (CCC Use Only) |
|-------------------------------|------------------------------------|--|---|--------------------------|--------------------------|--|---|--------------------------------------|-----------------------------|
|                               |                                    |  | A. Certified  | *B. Measurement Service  | C. Production Evidence   |  | A. Date of LDP Request or Date Beneficial Interest Was Lost | B. Check to Request Date of Delivery |                             |
|                               |                                    |  | <input type="checkbox"/>                            | <input type="checkbox"/> | <input type="checkbox"/> |  |   | <input type="checkbox"/>             |                             |
|                               |                                    |  | <input type="checkbox"/>                            | <input type="checkbox"/> | <input type="checkbox"/> |  |   | <input type="checkbox"/>             |                             |
|                               |                                    |  | <input type="checkbox"/>                            | <input type="checkbox"/> | <input type="checkbox"/> |  |   | <input type="checkbox"/>             |                             |
|                               |                                    |  | <input type="checkbox"/>                            | <input type="checkbox"/> | <input type="checkbox"/> |  |   | <input type="checkbox"/>             |                             |

\* If measurement service is requested, I agree to pay the required fee(s) and agree this request is irrevocable. The quantity determined by measurement service will be the maximum quantity eligible at the time of this request. Producer must enter in Item 20, a specific quantity or "ALL" for this LDP application to be valid.

**PART F - PRODUCER CERTIFICATION (For additional signatures, complete CCC-633 EZ Continuation, Part F)**

I certify all information entered on this form is true and correct. By completing Part E and signing and dating this form, I hereby make a request for payment from the Commodity Credit Corporation (CCC) for the commodity described above under the terms and conditions as provided on the CCC-633 EZ, Loan Deficiency Payment (LDP) Agreement and Request. I also understand that a CCC-633 EZ, Page 1 MUST be on file at the FSA County Office for this LDP request to be considered complete.

|                                |   |             |                       |                                |   |             |                       |
|--------------------------------|---|-------------|-----------------------|--------------------------------|---|-------------|-----------------------|
| 25A. Producer's Signature (By) | 25B. Title/Relationship (Individual Signing in a Representative Capacity) | 26. Share % | 27. Date (MM-DD-YYYY) | 25A. Producer's Signature (By) | 25B. Title/Relationship (Individual Signing in a Representative Capacity) | 26. Share % | 27. Date (MM-DD-YYYY) |
|--------------------------------|---|-------------|-----------------------|--------------------------------|---|-------------|-----------------------|

**PART G - CCC APPROVAL (FOR CCC USE ONLY)**

|                                     |                                 |                       |  |  |
|-------------------------------------|---------------------------------|-----------------------|--|--|
| 28. Signature of CCC Representative | 29. Title of CCC Representative | 30. Date (MM-DD-YYYY) | 31. Action:<br><input type="checkbox"/> APPROVED<br><input type="checkbox"/> DISAPPROVED | 32. Additional Information/Second Party Review |
|-------------------------------------|---------------------------------|-----------------------|--|--|

Page 2

Example of Completed CCC-633 EZ (Continued)

| CCC-633 EZ (07-31-09)   |   |  |   |  |   |   |  |  |
|---|---|--|---|--|---|---|--|--|
| PART H - REQUEST FOR COTTON LDP   |   |  |   |  |   |   |  |  |
| 33A. Contact Name and Address of Producer (Include Zip Code)<br>(Please Print)                        |   |  | 33B. ID No.<br>(Last 4 digits)                            | 34. Telephone or Cell Number<br>(Include Area Code) (Optional) | 35. Farm Number   | 36. Crop Year   | 37. Are you or any co-applicant delinquent on any federal non-tax debt?<br>If "YES", explain in Item 56.<br><input type="checkbox"/> YES <input type="checkbox"/> NO |  |
| 38. Producer initials to verify LDP type and bale quantity  | Type of LDP Requested   | Must be Requested  | Must have Beneficial Interest at Time of LDP Application? | The LDP Rate will be the rate in effect on the:                |   | 39. Quantity:<br>(Use Part K for file sequence number(s))   |  |  |
|   | Irrevocable Module Lock-In  | After Harvest, Before Ginning                            | YES   | Date an Accurately Completed Request is Submitted. ▶           |   | Identified by gin as being produced from the module(s) listed in Part I and identified by bale list or file sequence number(s).       |  |  |
|   | Gin-Direct  | Before Date of Ginning                                   | YES   | Date of Ginning ▶  |   | GIN DIRECT ONLY: For each farm number producer enters number of bales or "ALL" to be identified by bale list or file sequence number. |  |  |
|   |   |  |   |  |   | A. FARM NO.   | B. NO. BALES   | A. FARM NO.                                    |
|   |   |  |   |  |   |   |  |  |
|   | Irrevocable Post-Ginning  | After Ginning  | YES   | Later of: 1) date of request or 2) date bale list submitted ▶  |   | C. Producer enters bale quantity (to be verified by bale list or file sequence number):   |  |  |
|   | Lost Beneficial Interest  | After Ginning  | NO  | Date Beneficial Interest Lost ▶                                |   | D. Producer enters bale quantity (to be verified by bale list or file sequence number):   |  |  |
| PART I - MODULE IDENTIFICATION OF SEED COTTON (Completed for Module Lock-In LDP Request)              |   |  |   |  |   |   |  |  |
| 40. Gin Code:   |   |  |   | 41. Module Location at Farm or Gin:                            |   |   |  |  |
| 42. Gin's Module/Trailer Number:  |   |  |   |  |   |   |  |  |
|   |   |  |   |  |   |   |  |  |
| PART J - PRODUCER CERTIFICATION (For additional signatures, complete CCC-633 EZ Continuation, Part J) |   |  |   |  |   |   |  |  |
| <i>I certify all information entered on this form is true and correct.</i>                            |   |  |   |  |   |   |  |  |
| 43A. Producer's Signature (By)  | 43B. Title/Relationship (Individual Signing in a Representative Capacity) | 44. Share %  | 45. Date (MM-DD-YYYY)                                     | 43A. Producer's Signature (By)                                 | 43B. Title/Relationship (Individual Signing in a Representative Capacity) | 44. Share%  | 45. Date (MM-DD-YYYY)  |  |
|   |   |  |   |  |   |   |  |  |
| PART K - INFORMATION FOR LDP REQUEST (Complete Upon Receipt of Bale Data Files) (FOR CCC USE ONLY)    |   |  |   |  |   |   |  |  |
| 46. LDP Number  |   | 47. File Sequence Number(s)                              |   | 48. Date File(s) Received (MM-DD-YYYY)                         |   | 49. Bale Count  |  |  |
|   |   |  |   |  |   |   |  |  |
| PART L - CCC APPROVAL (FOR CCC USE ONLY)  |   |  |   |  |   |   |  |  |
| 50A. Signature of CCC Representative  |   | 50B. Title of CCC Representative                         |   | 53. Date Request Submitted (MM-DD-YYYY)                        |   | 55. Name and Address of FSA County Office or LSA  |  | 56. Additional Information/Second Party Review |
| 51. Action:<br><input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED                 |   | 52. Date of Signature by CCC Representative (MM-DD-YYYY) |   | 54. AWP on Applicable Date (MM-DD-YYYY)                        |   |   |  |  |
|   |   |  |   |  |   |   |  |  |

Example of Completed CCC-633 EZ (Continued)

**CCC-633 EZ (07-31-09)**

**PART M - REQUEST FOR WOOL, MOHAIR, OR UNSHORN PELT LDP**

57. Contact Name and Address of Producer (Include Zip Code) (Please Print) \_\_\_\_\_  
 58. ID Number (Last 4 Digits) \_\_\_\_\_  
 59. Telephone or Cell Number (Include Area Code) \_\_\_\_\_  
 60. Crop Year \_\_\_\_\_  
 61. Are you or any co-applicant delinquent on any federal non-tax debt? If "YES", explain in Item 86.  YES  NO  
 62. State and County where Farm Records are Maintained \_\_\_\_\_

A completed CCC-633 EZ (Page 1) must be on file for the crop year identified in Item 60 before beneficial interest (title and control) is lost in the requested quantity for this to be considered a valid request for payment. This request for payment, with acceptable production evidence (if applicable), must be submitted to the County FSA office that administers the farm records for the requested commodity and quantity.  
 Complete items 64 through 69 for wool and mohair or items 72 through 77 for unshorn lamb pelts and sign/date below. Indicate the source of quantity in item 67 or 75 if this is a certified LDP, indicate for wool or mohair only if the quantity is in excess of the certified quantity, or indicate if production evidence is attached, as applicable. When beneficial interest has been lost, indicate date of sale, delivery, slaughter, etc., as applicable, as the effective date of LDP rate in item 69 or 77. If additional entries are needed, provide data on an additional CCC-633 EZ, Page 4.

**PART N - COMPLETED FOR WOOL OR MOHAIR**

| 63. LDP No. (CCC Use Only) | 64. Commodity                   | 65. Type                        |                                   |  | 66. Net Quantity (lbs.) | 67. Source of Quantity (Check one of the following) |                          |                                    | 68. Stored Location (State, County, Warehouse, Farm Storage Location) | 69. Effective Date of LDP Rate (Date of Request or Date Beneficial Interest was Lost) (MM-DD-YYYY) | 70. LDP Rate (CCC Use Only) |
|----------------------------|---------------------------------|---------------------------------|-----------------------------------|--|-------------------------|---|--------------------------|------------------------------------|---|--|-----------------------------|
|                            |                                 |                                 |                                   |  |                         | A. Certified  | B. Production Evidence   | C. Qty in Excess of Certified Qty. |   |  |                             |
|                            | Mohair <input type="checkbox"/> |                                 |                                   |  |                         | <input type="checkbox"/>                            | <input type="checkbox"/> | <input type="checkbox"/>           |   |  |                             |
|                            | Wool <input type="checkbox"/>   | Graded <input type="checkbox"/> | Ungraded <input type="checkbox"/> |  |                         | <input type="checkbox"/>                            | <input type="checkbox"/> | <input type="checkbox"/>           |   |  |                             |
|                            | Mohair <input type="checkbox"/> |                                 |                                   |  |                         | <input type="checkbox"/>                            | <input type="checkbox"/> | <input type="checkbox"/>           |   |  |                             |
|                            | Wool <input type="checkbox"/>   | Graded <input type="checkbox"/> | Ungraded <input type="checkbox"/> |  |                         | <input type="checkbox"/>                            | <input type="checkbox"/> | <input type="checkbox"/>           |   |  |                             |
|                            | Mohair <input type="checkbox"/> |                                 |                                   |  |                         | <input type="checkbox"/>                            | <input type="checkbox"/> | <input type="checkbox"/>           |   |  |                             |
|                            | Wool <input type="checkbox"/>   | Graded <input type="checkbox"/> | Ungraded <input type="checkbox"/> |  |                         | <input type="checkbox"/>                            | <input type="checkbox"/> | <input type="checkbox"/>           |   |  |                             |
|                            | Mohair <input type="checkbox"/> |                                 |                                   |  |                         | <input type="checkbox"/>                            | <input type="checkbox"/> | <input type="checkbox"/>           |   |  |                             |
|                            | Wool <input type="checkbox"/>   | Graded <input type="checkbox"/> | Ungraded <input type="checkbox"/> |  |                         | <input type="checkbox"/>                            | <input type="checkbox"/> | <input type="checkbox"/>           |   |  |                             |

**PART O - COMPLETED FOR UNSHORN LAMB PELTS**

| 71. LDP No. (CCC Use Only) | 72. Number of Unshorn Lamb Pelts Requested | 73. Use                  |                               |                          |                                  | 74. Stored Location (If applicable) (State, County, Warehouse, Farm Storage Location) | 75. Source of Quantity (Check one of the following) |                          | 76. Current Herd/ Flock Size | 77. Effective Date of LDP Rate (Date of Request or Date Beneficial Interest was Lost) (MM-DD-YYYY) | 78. LDP Rate (CCC Use Only) |
|----------------------------|--|--------------------------|-------------------------------|--------------------------|----------------------------------|---|---|--------------------------|------------------------------|--|-----------------------------|
|                            |  | A. Immediate Slaughter   | B. Slaughter for Personal Use | C. Preserved and Stored  | D. Sold as Feeders to Lamb Buyer |   | A. Certified  | B. Production Evidence   |                              |  |                             |
|                            |  | <input type="checkbox"/> | <input type="checkbox"/>      | <input type="checkbox"/> | <input type="checkbox"/>         |   | <input type="checkbox"/>                            | <input type="checkbox"/> |                              |  |                             |
|                            |  | <input type="checkbox"/> | <input type="checkbox"/>      | <input type="checkbox"/> | <input type="checkbox"/>         |   | <input type="checkbox"/>                            | <input type="checkbox"/> |                              |  |                             |
|                            |  | <input type="checkbox"/> | <input type="checkbox"/>      | <input type="checkbox"/> | <input type="checkbox"/>         |   | <input type="checkbox"/>                            | <input type="checkbox"/> |                              |  |                             |

**PART P - PRODUCER CERTIFICATION (For additional signatures, complete CCC-633 EZ Continuation, Part P)**

I certify all information entered on this form is true and correct and that the commodity was owned/retained for at least 30 days before the date of shearing or slaughter for unshorn lambs. By completing Part N for wool and mohair or Part O for unshorn lamb pelts and signing and dating this form, I hereby make a request for a payment from Commodity Credit Corporation (CCC) for the commodity described above under the terms and conditions as provided on the CCC-633 EZ, Loan Deficiency Payment (LDP) Agreement and Request. I also understand that a CCC-633 EZ, Page 1 MUST be on file at the FSA County Office for this LDP request to be considered complete.

|                                      |   |                   |                             |                                      |   |                   |                             |
|--------------------------------------|---|-------------------|-----------------------------|--------------------------------------|---|-------------------|-----------------------------|
| 79A. Producer's Signature (By) _____ | 79B. Title/Relationship (Individual Signing in a Representative Capacity) _____ | 80. Share % _____ | 81. Date (MM-DD-YYYY) _____ | 79A. Producer's Signature (By) _____ | 79B. Title/Relationship (Individual Signing in a Representative Capacity) _____ | 80. Share % _____ | 81. Date (MM-DD-YYYY) _____ |
|--------------------------------------|---|-------------------|-----------------------------|--------------------------------------|---|-------------------|-----------------------------|

**PART Q - CCC APPROVAL (FOR CCC USE ONLY)**

|  |  |                             |  |   |  |
|--|--|-----------------------------|--|---|--|
| 82A. Signature of CCC Representative _____ | 82B. Title of CCC Representative _____ | 83. Date (MM-DD-YYYY) _____ | 84. Action:<br><input type="checkbox"/> APPROVED<br><input type="checkbox"/> DISAPPROVED | 85. Is the quantity for this LDP reasonable? <input type="checkbox"/> YES <input type="checkbox"/> NO | 86. Additional Information/Second Party Review _____ |
|--|--|-----------------------------|--|---|--|

Page 4

Example of Completed CCC-633 EZ (Continued)

|  |   |  |                               |  |   |             |                       |
|--|---|--|-------------------------------|--|---|-------------|-----------------------|
| CCC-633 EZ Continuation<br>(07-31-09)  |   | U.S. DEPARTMENT OF AGRICULTURE<br>Commodity Credit Corporation |                               |  |   |             |                       |
| <b>CONTINUATION SHEET FOR LOAN DEFICIENCY (LDP) PAYMENT AGREEMENT AND REQUEST</b><br>(Use with CCC-633 EZ Pages 1, 2, 3, or 4)                   |   |  |                               |  |   |             |                       |
| Attach to Form CCC-633 EZ, Page _____  |   |  |                               |  |   |             |                       |
| <i>Enter a Check by the Appropriate Part to Indicate which Section this Form Applies.</i>  |   |  |                               |  |   |             |                       |
| <input type="checkbox"/> <b>PART C - PRODUCER CERTIFICATION (CCC-633 EZ Page 1) (Continuation)</b>   |   |  |                               |  |   |             |                       |
| 6A. Producer's Signature (By)  | 6B. Title/Relationship (Individual Signing in a representative capacity)  | 7. Date (MM-DD-YYYY)   | 6A. Producer's Signature (By) | 6B. Title/Relationship (Individual Signing in a representative capacity) | 7. Date (MM-DD-YYYY)  |             |                       |
|  |   |  |                               |  |   |             |                       |
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|  |   |  |                               |  |   |             |                       |
|  |   |  |                               |  |   |             |                       |
| <input type="checkbox"/> <b>PART F - PRODUCER CERTIFICATION (CCC-633 EZ Page 2) (Continuation for LDP Request)</b>                               |   |  |                               |  |   |             |                       |
| 25A. Producer's Signature (By)   | 25B. Title/Relationship (Individual Signing in a representative capacity) | 26. Share %  | 27. Date (MM-DD-YYYY)         | 25A. Producer's Signature (By)   | 25B. Title/Relationship (Individual Signing in a representative capacity) | 26. Share % | 27. Date (MM-DD-YYYY) |
|  |   |  |                               |  |   |             |                       |
|  |   |  |                               |  |   |             |                       |
|  |   |  |                               |  |   |             |                       |
|  |   |  |                               |  |   |             |                       |
| <input type="checkbox"/> <b>PART J - PRODUCER CERTIFICATION (CCC-633 EZ Page 3) (Continuation for Cotton LDP Request)</b>                        |   |  |                               |  |   |             |                       |
| 43A. Producer's Signature (By)   | 43B. Title/Relationship (Individual Signing in a representative capacity) | 44. Share %  | 45. Date (MM-DD-YYYY)         | 43A. Producer's Signature (By)   | 43B. Title/Relationship (Individual Signing in a representative capacity) | 44. Share % | 45. Date (MM-DD-YYYY) |
|  |   |  |                               |  |   |             |                       |
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| <input type="checkbox"/> <b>PART P - PRODUCER CERTIFICATION (CCC-633 EZ Page 4) (Continuation for Wool, Mohair, or Unshorn Pelt LDP Request)</b> |   |  |                               |  |   |             |                       |
| 79A. Producer's Signature (By)   | 79B. Title/Relationship (Individual Signing in a representative capacity) | 80. Share %  | 81. Date (MM-DD-YYYY)         | 79A. Producer's Signature (By)   | 79B. Title/Relationship (Individual Signing in a representative capacity) | 80. Share % | 81. Date (MM-DD-YYYY) |
|  |   |  |                               |  |   |             |                       |
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