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WA-51 (10-17-03)	U.S. DEPARTMENT OF AGRICULTURE Farm Service Agency	RETURN TO: Financial Review Branch P.O. Box 419205 Stop 8758 Kansas City, MO 64141-6205 FAX No. 816-823-1805	FOR OVERNIGHT DELIVERY: Financial Review Branch 6501 Beacon Drive Stop 8758 Kansas City, MO 64133-4676
FINANCIAL STATEMENT			

NOTE: The authority for collecting the following information is Pub. L. 107-171. This authority allows for the collection of information without prior OMB approval mandated by the Paperwork Reduction Act of 1995. The time required to complete this information collection is estimated to average 1 hour 45 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.

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 15 U.S.C. 714 and regulations promulgated thereunder (7 CFR Parts 1421, 1423, 1427, and 1403). The information will be used to complete the terms of an agreement between the warehouse operator and CCC. Furnishing the requested information is voluntary, however, without it, eligibility to enter into an agreement with CCC cannot be determined. 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 U.S.C. 286, 371, 641, 651, 1001; 15 U.S.C. 714m; and 31 U.S.C. 3729, may be applicable to the information provided. **RETURN THIS COMPLETED FORM TO KANSAS CITY COMMODITY OFFICE, at the appropriate address at the top of this form.**

1A. NAME (Corporation, Limited Liability Company, Partnership, or Individual's Name)	2A. ADDRESS (Include Street, City, State, Zip Code)	
1B. Telephone Number (Area Code)	1C. FAX Number (Area Code)	2B. E-mail (If available)
3. STATEMENT PREPARED BY: <input type="checkbox"/> Independent CPA <input type="checkbox"/> Independent Public Accountant <input type="checkbox"/> Other (Explain in Item 26)		4. FORM OF BUSINESS: <input type="checkbox"/> Corporation (Co-op) <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Corporation (Reg) <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation (Subchapter S) <input type="checkbox"/> Individual Proprietorship
5. TAXPAYER IDENTIFICATION NUMBER	6. FISCAL CLOSING DATE (MM-DD)	7. DATE OF ENTITY FORMATION (MM-DD-YYYY)

8. ORGANIZATIONAL INFORMATION

(To be completed by Corporation, Limited Liability Company, Partnership, and Individual Proprietorship.)

		SHARES OF STOCK HELD
A. NAME OF PRESIDENT, MEMBER, PARTNER, OR INDIVIDUAL	HOME ADDRESS AND PHONE NUMBER (Include Area Code)	
B. NAME OF VICE PRESIDENT, MEMBER, OR PARTNER	HOME ADDRESS AND PHONE NUMBER (Include Area Code)	
C. NAME OF SECRETARY, MEMBER, OR PARTNER	HOME ADDRESS AND PHONE NUMBER (Include Area Code)	
D. NAME OF TREASURER, MEMBER, OR PARTNER	HOME ADDRESS AND PHONE NUMBER (Include Area Code)	
E. NAME OF GENERAL MANAGER, MEMBER, OR LIKE OFFICER	HOME ADDRESS AND PHONE NUMBER (Include Area Code)	

9. DIRECTORS OF CORPORATION (Attach additional sheet if more space is needed)

A. NAME	B. OCCUPATION	C. HOME ADDRESS	D. SHARES OF STOCK HELD

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SCHEDULE C

21. RECONCILIATION OF NET WORTH

NET WORTH (From prior financial statements or Form WA-51)

A. Capital outstanding (For corporations)		\$
B. Retained Earnings (For corporations)		\$
C. Capital Account (For partnerships and others)		\$
D. Additions during this accounting period:		
(1) Stock issued	\$	
(2) Net profit	\$	
(3) Other (Explain):	\$	(4) \$
E. Deductions during this accounting period:		
(1) Stock retired	\$	
(2) Net loss	\$	
(3) Other (Explain):	\$	(4) \$
21F. TOTAL NET WORTH (This Form WA-51) (add Items 21A through 21D(4), less Item 21E(4))		\$

22 - 27. GENERAL INFORMATION

22A. WHICH, IF ANY, OF THE ASSETS LISTED ON PAGE 2 ARE EXEMPT FROM EXECUTION AND LEVY?	22B. ON WHAT GROUNDS IS EXEMPTION CLAIMED?
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23. BANK(S) WITH WHICH BANKING BUSINESS IS DONE:

A. NAME OF BANK	B. LOCATION OF BANK	C. AMOUNT OF LINE OF CREDIT
		\$
		\$
		\$

24. WHAT FIRE LOSS, IF ANY, HAVE YOU SUFFERED SINCE THE DATE OF YOUR PREVIOUS STATEMENT (Give particulars)

25. AMOUNT OF FIRE INSURANCE COVERAGE (Give dollar values)	AMOUNTS SHOWN HERE MUST APPLY ONLY TO CORRESPONDING ASSETS SHOWN ON THE BALANCE SHEET			25D. STORAGE OBLIGATIONS (If any)
	25A. BUILDINGS	25B. FIXTURES AND EQUIPMENT	25C. MERCHANDISE INVENTORY (If any)	
\$	\$	\$	\$	

26. DESCRIBE CONTINGENT LIABILITIES, IF ANY **NOT** SHOWN ON PAGE 3.

27. **REMARKS** (Use this area or a separate sheet to furnish additional information needed to clarify any of the above statements.)

28. CERTIFICATION

Under penalty of perjury, I declare that I have examined the above financial statement, including any attachments, and that to the best of my knowledge and belief it is a true, correct, and complete statement of the financial condition of the above-named warehouse operator as of the date shown on page 2 or attached balance sheet.

28A. NAME (Corporation, Limited Liability Company, Partnership, or Individual)	28B. SIGNATURE
28C. TITLE	28D. DATE SIGNED (MM-DD-YYYY)