

U.S. Department of Agriculture Grain Inspection, Packers and Stockyards Administration Packers and Stockyards Program	Proof of Claim Under: 1. Surety Bond, (Clause 2, 3, or 4) 2. Trust Fund Agreement, (Clause 2, 3, or 4) 3. Trust Agreement, (Clause 2, 3, or 4) Issued Under Provisions of The Packers and Stockyards Act, 1921, as Amended and Supplemented
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State of (1) _____

County (2) _____

As the undersigned, I, (3) _____
(full name of claimant)

Of (4) _____ (5) _____
(complete mailing address) (phone: home, cell)

(other contact information: fax number, email address)

being duly sworn, depose and state:

I make this claim to (6) _____
(name of trustee or surety)

Select One:

<input type="checkbox"/> under the bond issued by the (7a) _____ <i>(name of surety company)</i>
<input type="checkbox"/> under the Trust Fund Agreement with security held by (7b) _____ <i>(depository, if one named)</i>
<input type="checkbox"/> under the Trust Agreement with letter of credit held by (7c) _____ <i>(name of trustee)</i>

on behalf of (8) _____
(full name and address of principle named in bond or trust agreement)

in the amount of (9) _____, due and owing for livestock purchased by

(10) _____
(full name and address of buyer) Clause 2, 3, or 4

for his own account or as a market agency buying livestock on a commission basis. This

claim is based on the following described livestock which was purchased by

(11) _____
(name of buyer) Clause 2, 3, or 4

(12)

Date of Sale	Number of Head	Description of Livestock	Amount
			\$

Attached and made a part of this claim are copies of the account of purchase and other documents covering the livestock transaction, such as copies of checks issued and unpaid for the livestock purchased by:

(13) _____
(name of buyer) Clause 2, 3, or 4

and other documents indicating the sale of the livestock in question to such purchaser

for which payment has not been made. *(If full and complete documents of the transaction are not available or if these papers have become lost or destroyed, the claimant should insert a statement below of the facts:)*

(14) _____

None of the claimed amounts has been paid, and there are no setoffs or counterclaims to the same.

I hereby authorize the Grain Inspection, Packers and Stockyards Administration, Packers and Stockyards Program to release this proof of claim form and all of the attached supporting documents to the trustee or other interested parties to facilitate the processing of my claim.

(15) _____
(signature and title of claimant)

(16) Subscribed and sworn to before me this _____ day of _____, 20_____.

(17) _____

(18) Notary Public for the State of _____

(19) Residing at _____

My commission expires

(20) _____ (seal)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information is XXXX-XXXX. The time required to complete is estimated to average 30 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection.