This form	is available electronically.					
CCC-901 (12-22-08)	C-901 U.S. DEPARTMENT OF AGRICULTURE			1. County		
		'S INFORMATION Subsequent Years		2. State		
				3. Program Year		
NOTE:	(Pub. L 110-246). Additionally, the in determining eligibility for progratesult in a determination of ineligity result of this form may be released information under Section 1619 of information collection is exempted Energy Act of 2006 (Pub. L. 110-24) the information provided. RETUR	ng and safeguarding the information described on this form is the Food, Conservation and Energy Act of 2008 e authority for requesting this information is for 7 CFR Part 1410. The information is necessary for CCC to assist in benefits. Furnishing the requested information is voluntary. Failure to furnish the requested information will bility for program benefits and other financial assistance administered by USDA. The information collected as a d to USDA employees, USDA contractors, or authorized USDA cooperators who are bound to safeguard the f the Food, Conservation and Energy Act or 1974, the E-Government Act of 2002, and related authorities. This d from the Paperwork Reduction Act, as it is required for the administration of the Food, Conservation, and 246, Title I, Subtitle F – Administration). The provisions of criminal and civil fraud statutes may be applicable to RN THIS COMPLETED FORM TO YOUR COUNTY FSA OFFICE. a member of this entity, list the member's name, social security/employer identification number, address				
		. If a member has both types of identif			mber, address	
	3. Member's Name	4. Social Security No./Tax ID No. (If the social security number or Taxpayer ID number is on file, only the last 4 digits are required)		5. Address	6. Percent Share	
					%	
					%	
					%	
					%	
					%	
	each member of such entity. If a mentity, provide the requested inform	ber listed in Part A, who is an entity, list ember has both types of identification a ation for each entity on supplemental s	numbers, list both. If	more than one member, listed	in Part A is an	
	7. Member's Name	8. Social Security No./Tax ID No. (If the social security number or Taxpayer ID number is on file, only the last 4 digits are required)		9. Address	10. Percent Share	
					%	
					%	
					%	
					%	
					21	

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CCC-901 (12-22-08) Name of Entity (a	s identified in Part A):		Page 2 of 2
an entity, provide the requested inf		ion numbers, list both. If more than one	t the requested, information
Name of Embedded Legal Entity			
11. Member's Name	12. Social Security No./Tax ID No. (If the social security number or Taxpayer ID number is on file, only the last 4 digits are required)	13. Address	14. Percent Share
			%
			%
			%
			%
			%
PART D - Embedded Entities: For any mem member of such entity. If a member provide the requested information for Name of Embedded Legal Entity		ers, list both. If more than one member, li	
15. Member's Name	16. Social Security No./Tax ID No. (If the social security number or Taxpayer ID number is on file, only the last 4 digits are required)	17. Address	18. Percent Share
			%
			%
			%
			%
			%
		ion numbers, list both. If more than one	
19. Member's Name	20. Social Security No./Tax ID No. (If the social security number or Taxpayer ID number is on file, only the last 4 digits are required)	21. Address	22. Percent Share
			%
			%
			%
			%
			%
PART F- CERTIFICATION - I certify that all ir result in forfeiture of payments and benefits. this form of any changes in the information pro	I will timely provide written notification		
23. Representative's Signature (By)	24. Title/Relationship of Indi	vidual Signing in the Representative	25. Date (MM-DD-YYYY)