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CCC-901 (12-22-08)	U.S. DEPARTMENT OF AGRICULTURE Commodity Credit Corporation	1. County
	MEMBER'S INFORMATION 2009 and Subsequent Years	2. State
		3. Program Year

NOTE: *The primary authority for requesting and safeguarding the information described on this form is the Food, Conservation and Energy Act of 2008 (Pub. L. 110-246). Additionally, the authority for requesting this information is for 7 CFR Part 1410. The information is necessary for CCC to assist in determining eligibility for program benefits. Furnishing the requested information is voluntary. Failure to furnish the requested information will result in a determination of ineligibility for program benefits and other financial assistance administered by USDA. The information collected as a result of this form may be released to USDA employees, USDA contractors, or authorized USDA cooperators who are bound to safeguard the information under Section 1619 of the Food, Conservation and Energy Act of 1974, the E-Government Act of 2002, and related authorities. This information collection is exempted from the Paperwork Reduction Act, as it is required for the administration of the Food, Conservation, and Energy Act of 2006 (Pub. L. 110-246, Title I, Subtitle F – Administration). The provisions of criminal and civil fraud statutes may be applicable to the information provided. **RETURN THIS COMPLETED FORM TO YOUR COUNTY FSA OFFICE.***

PART A - For each individual or entity who is a member of this entity, list the member's name, social security/employer identification number, address and percentage share of ownership. If a member has both types of identification numbers, list both.

Name of Legal Entity _____

3. Member's Name	4. Social Security No./Tax ID No. <i>(If the social security number or Taxpayer ID number is on file, only the last 4 digits are required)</i>	5. Address	6. Percent Share
			%
			%
			%
			%
			%

PART B - Embedded Entities: For any member listed in Part A, who is an entity, list such embedded entity's name and list the requested, information for each member of such entity. If a member has both types of identification numbers, list both. If more than one member, listed in Part A is an entity, provide the requested information for each entity on supplemental sheets.

Name of Embedded Legal Entity _____

7. Member's Name	8. Social Security No./Tax ID No. <i>(If the social security number or Taxpayer ID number is on file, only the last 4 digits are required)</i>	9. Address	10. Percent Share
			%
			%
			%
			%
			%

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PART C - Embedded Entities: For any member listed in Part B, who is an entity, list such embedded entity's name and list the requested, information for each member of such entity. If a member has both types of identification numbers, list both. If more than one member, listed in Part B is an entity, provide the requested information for each entity on supplemental sheets.

Name of Embedded Legal Entity _____

11. Member's Name	12. Social Security No./Tax ID No. <i>(If the social security number or Taxpayer ID number is on file, only the last 4 digits are required)</i>	13. Address	14. Percent Share
			%
			%
			%
			%
			%

PART D - Embedded Entities: For any member listed in Part C, who is an entity, list such embedded entity's name and list the information for each member of such entity. If a member has both types of identification numbers, list both. If more than one member, listed in Part C is an entity, provide the requested information for each entity on supplemental sheets.

Name of Embedded Legal Entity _____

15. Member's Name	16. Social Security No./Tax ID No. <i>(If the social security number or Taxpayer ID number is on file, only the last 4 digits are required)</i>	17. Address	18. Percent Share
			%
			%
			%
			%
			%

PART E - Embedded Entities: For any member listed in Part D, who is an entity, list such embedded entity's name and list the requested, information for each member of such entity. If a member has both types of identification numbers, list both. If more than one member, listed in Part D is an entity, provide the requested information for each entity on supplemental sheets.

Name of Embedded Legal Entity _____

19. Member's Name	20. Social Security No./Tax ID No. <i>(If the social security number or Taxpayer ID number is on file, only the last 4 digits are required)</i>	21. Address	22. Percent Share
			%
			%
			%
			%
			%

PART F- CERTIFICATION - I certify that all information entered on this document is true and correct. I understand that furnishing incorrect information will result in forfeiture of payments and benefits. I will timely provide written notification to the Farm Service Agency committees for the county and State listed on this form of any changes in the information provided.

23. Representative's Signature (By)	24. Title/Relationship of Individual Signing in the Representative	25. Date (MM-DD-YYYY)
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