

POWER OF ATTORNEY

THE UNDERSIGNED does hereby appoint the following grantee:

(1) _____ of the following address: (2) _____ in the county of: (3) _____ in the State of:

(4) _____ the attorney-in-fact for (5) _____

(insert grantor's name) in connection with the Farm Service Agency, Natural Resources Conservation Service Agency, or Commodity Credit Corporation programs checked below. NOTE: This power of attorney form is not valid for FSA Farm Loan Program purposes.

A. FSA, NRCS and CCC PROGRAMS

(Check applicable programs)

- 1. All current programs. 2. All current and all future programs. 3. Direct and Counter-Cyclical Program. 4. Average Crop Revenue Election Program. 5. Supplemental Revenue Assistance Payments Program (SURE). 6. Tree Assistance Program (TAP). 7. Livestock Indemnity Program (LIP). 8. Livestock Forage Disaster Program (LFP). 9. Emergency Assistance for Livestock, Honey Bees, and Farm-Raised Fish (ELAP). 10. Noninsured Crop Disaster Assistance Program. 11. Marketing Assistance Loans and Loan Deficiency Payments. 12. Milk Income Loss Contract Program. 13. Farm Storage Facility Loan Program. 14. FSA Conservation Programs. 15. NRCS Conservation Programs. 16. Tobacco Programs. 17. Other (Specify):

B. TRANSACTIONS for FSA, NRCS and CCC PROGRAMS

(Check applicable actions)

- 1. All actions. 2. Signing applications, agreements, and contracts. 3. Making reports. 4. Conducting all marketing assistance loan and LDP transactions. 5. AGI Certification. 6. Routing Banking Accounts. 7. Other (Specify):

This form may also be used to grant authority to an attorney-in-fact to act on the grantor's behalf with respect to FCIC crop insurance policies. Checking any of the FCIC transactions does not have any impact as to the FSA, NRCS or CCC transactions checked above:

C. INSURED CROPS/STATE/COUNTY

(Enter "All" or specify each crop, state, county and year(s))

- 1. _____ 2. _____ 3. _____ 4. _____

D. CROP INSURANCE TRANSACTIONS

(Check applicable actions)

- 1. All actions. 2. Making application for insurance. 3. Reporting crop acreage and production reports. 4. Reporting a notice of damage or loss and making claim for indemnity. 5. Making transfers and cancellations. 6. Making contract changes. 7. Other (Specify):

This Power of Attorney is valid in all counties in the United States unless otherwise noted. This power of attorney shall remain in full force and effect until (1) written notice of its revocation has been duly served upon FSA, NRCS or CCC as appropriate; (2) death of the undersigned grantor; or (3) incompetence or incapacitation of the undersigned grantor. The undersigned grantor shall provide separate written notice of revocation to the applicable crop insurance agent. This power of attorney shall not be effective until properly executed and served to a USDA Service Center.

AUTHORIZED SIGNATURES

Table with 3 columns: 6A. Signature of Grantor (Individual), 6B. Signature Date (MM-DD-YYYY), 6C. For Grantor's Signature Continuation, check here if FSA-211A is attached. 7A. Signature of Grantor (Partnership, Corporation, Trust, etc.) (By), 7B. Title/Relationship of Individual Signing in the Representative Capacity, 7C. Signature Date (MM-DD-YYYY)

8. Notary Public (this form shall be acknowledged by a Notary Public unless witnessed by a FSA employee or a corporate seal of grantor is affixed). Signature (a) _____ the State of (b) _____ the County of (c) _____.

FOR FSA USE ONLY

Table with 3 columns: 9A. Witness Signature (FSA Employee Only), 9B. Signature Date, 9C. Official Position

10. This power of attorney was served to (a) _____ USDA Service Center, (b) State of _____ and became effective this (c) _____ day of (d) _____, (e) _____.

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 and any amendments to such act as may follow). The information requested is necessary for the authorized attorney-in-fact to act in a representative capacity for the undersigned grantor. Furnishing the requested information is voluntary. Failure to furnish the requested information will result in a determination of ineligibility for certain 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, the Privacy Act of 1974, the E-Government Act of 2002, and related authorities. The information collection is exempted 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 and Title II, Subtitle J - Administration). The provisions of criminal, civil, and privacy statutes may be applicable to the information provided. RETURN THIS COMPLETED FORM TO THE APPLICABLE USDA SERVICE CENTER.

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.

FSA-211A
(12-17-08)

U.S. DEPARTMENT OF AGRICULTURE
Farm Service Agency - Natural Resources Conservation Service -
Federal Crop Insurance Corporation - Commodity Credit Corporation - Risk Management Agency

Attachment Pages

POWER OF ATTORNEY SIGNATURE CONTINUATION SHEET

____ of ____

Attach to Form FSA-211

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 and any amendments to such act as may follow). The information requested is necessary for the authorized attorney-in-fact to act in a representative capacity for the undersigned grantor. Furnishing the requested information is voluntary. Failure to furnish the requested information will result in a determination of ineligibility for certain 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, the Privacy Act of 1974, the E-Government Act of 2002, and related authorities. The information collection is exempted 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 and Title II, Subtitle J - Administration). The provisions of criminal, civil, and privacy statutes may be applicable to the information provided. **RETURN THIS COMPLETED FORM TO THE APPLICABLE USDA SERVICE CENTER.***

1. Name of Attorney-In-Fact <i>(Item (1) from FSA-211)</i>	2. Name of Grantor <i>(Item (5) from FSA-211)</i>
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AUTHORIZED SIGNATURES

3A. Signature of Grantor (By)	3B. Title/Relationship of Individual Signing in the Representative Capacity	3C. Signature Date
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3D. Witness Signature <i>(FSA Employee Only)</i>	3E. Signature Date	3F. Official Position
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3G. Notary Public (this form **shall** be acknowledged by a Notary Public unless witnessed by a FSA employee or a corporate seal of grantor is affixed).
Signature: _____ the State of _____ the County of _____

4A. Signature of Grantor (By)	4B. Title/Relationship of Individual Signing in the Representative Capacity	4C. Signature Date
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4D. Witness Signature <i>(FSA Employee Only)</i>	4E. Signature Date	4F. Official Position
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4G. Notary Public (this form **shall** be acknowledged by a Notary Public unless witnessed by a FSA employee or a corporate seal of grantor is affixed).
Signature: _____ the State of _____ the County of _____

5A. Signature of Grantor (By)	5B. Title/Relationship of Individual Signing in the Representative Capacity	5C. Signature Date
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5D. Witness Signature <i>(FSA Employee Only)</i>	5E. Signature Date	5F. Official Position
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5G. Notary Public (this form **shall** be acknowledged by a Notary Public unless witnessed by a FSA employee or a corporate seal of grantor is affixed).
Signature: _____ the State of _____ the County of _____

6A. Signature of Grantor (By)	6B. Title/Relationship of Individual Signing in the Representative Capacity	6C. Signature Date
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6D. Witness Signature <i>(FSA Employee Only)</i>	6E. Signature Date	6F. Official Position
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6G. Notary Public (this form **shall** be acknowledged by a Notary Public unless witnessed by a FSA employee or a corporate seal of grantor is affixed).
Signature: _____ the State of _____ the County of _____

7A. Signature of Grantor (By)	7B. Title/Relationship of Individual Signing in the Representative Capacity	7C. Signature Date
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7D. Witness Signature <i>(FSA Employee Only)</i>	7E. Signature Date	7F. Official Position
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7G. Notary Public (this form **shall** be acknowledged by a Notary Public unless witnessed by a FSA employee or a corporate seal of grantor is affixed).
Signature: _____ the State of _____ the County of _____

Signature: _____ the State of _____ the County of _____

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