This form is available electronically.		AME	ENDED		Form A	Approved -	- OMB No. 05	60-0097
SA-153 U.S. DEPARTMENT OF AGRICULTURE				1. TYPE ACTIVITY	(See Page 2) (Ch	ieck one)		
(05-24-01) Farm Service Agency				A. Land Holding	B. Land Acquis		C. Land Dispo	
AGRICULTURAL FOREIGN INVESTMENT DISCLOSURE ACT RE			PORT	D. Land Use C			nd Use Chang	
NOTE: Read Instructions on Page 2 Before Filing in Any Data Below. If Additional	al Space is Nee	eded, Use P	age 2	To Agricultu			Non-Agricultu	
ITEM					ITEM			
2. Tract Location and Description A. LEGAL DESCRIPTION OR FSA TRACT NUMBER	08	SE ONLY		Interest Held in the		id (Check C	One)	CHECK
A. LEGAL DESCRIPTION OR FSA TRACT NUMBER			A. Fee	Interest (ownership)	Whole			
			B. Fee I	Interest (ownership)	Partial PERCE	:NT	9	6
	C. NO. OF A	CDES	C. Life E					
B. COUNTY OR PARISH	C. NO. OF A	CRES	D. Trust Beneficiary E. Purchase Contract					+
D. STATE			F. Othe	r (explain)				
3. Owner of Tract (in Item 2A) (See Page 2)								
A. NAME								
				as this Tract Acquir	ed or Transferre	d?		CHECK
B. TAX ID NO. (Ten digits)				n Transaction lit or Installment Tran	saction			
			C. Trad		3401011			
C. LEGAL ADDRESS (Street, City, State/Province, Country)				or Inheritance				
			E. Fore					
			F. Othe	r (explain)				
 D. Type of Owner (<i>if checked</i>, <i>skip Items D2 and D3</i>) 1. Individual (<i>including husband/wife</i>). Indicate citizenship of hus 	band	CHECK		f Agricultural Land:		ion		
and wife, if applicable.	Dano			hase Price of Land or priginal price paid by s			\$	
a. Citizenship of Individual			B. Non-	Purchase, Estimated	Value at the			
2. Government (name of country)				of Acquisition		I	\$	
3. Organization		CHECK		t is the estimated cur				
a. Type			dispo	osition, the selling pri	ice of the tract of	land?	\$	
1) Corporation 2) Partnership				much of purchase p	rice in Item 7A re	mains	\$	
3) Estate			to be	e paid?			*	
4) Trust			8. Date of	Acquisition or See Page 2)	MONTH	DAY	YEA	R
5) Institution 6) Association								
7) Other				Land Use (Usual us s Other Agriculture.)			s AC	RES
b. Gov't. or country under whose law the organization is created			A. Crop					
c. Principal place of business			B. Pastu	ure				
(for organizations only)			C. Fore	st or Timber				
 List on separate sheet, the Name, Address and Country o who individually or in the aggregate hold significant interest 	0 1		D. Othe	er Agriculture				
control <u>1</u> / in the person owning the land.			E. Non-	Agriculture				
E. Complete only if Item 1C, Land Disposition, is checked				I (Should equal Item	,			
1. NAME OF PERSON RECEIVING TRACT			10. Intended Use as of This Date. (Check One or More or type "N/A" if Item 1C above is marked)					CHECK
2. ADDRESS (Street, City, State/Province, Country)			A. No Change					
			B. Other Agriculture					
				Agriculture				
3. CITIZENSHIP				onship of Owner to F	Producer (If not a	applicable, f	or Items	+
	NKNOWN 🗌			ough 11B , type "N/A C above is marked.	"). Check one or	more or typ	pe "N/A" if	
4. Representative of Foreign Person (completing form, if applicable	le)		A. Prod					
A. NAME			1. Ow					
								+
B. ADDRESS (Street, State, Country)			2. Manager 3. Tenant or sharecropper (Item 11B must be completed)					
					`		,	
C. TELEPHONE NO. (Area Code)				al agreement is: (No crop share		IT TC above	is markeu)	
		2. Cash or fixed rent						
 D. Relationship of Representative to Foreign Person: 1. Attorney 	\vdash	CHECK		oducer on This Trac				
2. Manager				rough 11B , type "N/A" (s паткеа)	
3. Agent				same person as when	n the tract was ac	quired		+
 4. Other (Explain on Page 2) 13. CERTIFICATION -I certify that the information entered in this report 	is complete	nd correct		w person that falsification of repu	orting is subject to	a civil nonal	ty not to	
exceed 25% of the fair market value of the interest held in the tract of la		a correct. I	анистыйни 1	nan jaisijicanon oj repo	or ung is subject 10	a civii penull		
14. SIGNATURE (Owner or legally authorized representative)		TITLE					DATE (MM-	DD-YYYY

FSA-153, Page 2 (05-24-01)

NOTE: The following statement is made in accordance with the Privacy Act of 1974 (5 USC 552a) and the Paperwork Reduction Act of 1995, as amended. The authority for requesting the following information is Pub. L. 95-460. The information will be used to determine the effects of foreign persons acquiring, transferring and holding agricultural land and the effects of such activity on family farms and rural communities. Furnishing the requested information is mandatory. Failure to comply or falsification of reporting is subject to civil penalty, not to exceed 25 percent of the fair market value of the interest held in the tract on the date of the assessment of such penalty.

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0560-0097. The time required to complete this information collection is estimated to average 15 minutes per response, including the time for reviewing instructions, searching data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. **RETURN THIS COMPLETED FORM TO YOUR COUNTY FSA OFFICE.**

DETERMINATION OF "FOREIGN PERSON" STATUS

DEFINITION: "Person" means any individual, corporation, company, association, firm, partnership, society, joint stock company, trust, estate, or any other legal entity.

You are a "foreign person" under the provisions of Pub. L. 95-460 and must complete the front side of this form (FSA-153) if your answer is "NO" to all the statements in Items 1, 2, and 3 below:

1. I AM a citizen of the United States.

2. I AM a citizen of the Northern Mariana Islands or the Trust Territories of the Pacific Islands.

3. I AM lawfully admitted to the United States for permanent residence, or paroled into the United States, under the Immigration and Nationality Act.

You are a "foreign person" under the provisions of Pub. L. 95-460 and must complete the front side of this form (FSA-153) if your answer is "YES" to any of the statements in Items 4a, 4b, and 5 below:

4. I AM a "person" other than an individual or government, which is created or organized under the laws of:

a. A foreign government of which has its principal place of business located outside the United States.

b. Any State of the United States, and in which significant interest or substantial control <u>1</u>/ is held directly or indirectly by any foreign individual, government, or person.

5. I AM a foreign government.

GENERAL INSTRUCTIONS

Complete this form for each tract of land. Report as a tract all acreages under the same ownership in each county or parish acquired or transferred on the same date. Land in different counties or parishes and land acquired or transferred on different dates must be reported as separate tracts.

Return the original to the County Farm Service Agency (FSA) Office where the tract of land is located. Retain a copy for your records. **DO NOT SEND THIS FORM DIRECTLY TO WASHINGTON, D.C. UNLESS GRANTED PERMISSION BY THE FSA IN WASHINGTON, D.C.**

After the original disclosure on FSA-153 on the tract(s) of land owned by the same person within a county or parish, each subsequent change of ownership or use must be reported by filing another FSA-153.

ITEM INSTRUCTIONS AND REPORTING DATES

ITEM 1. ONLY ONE BOX MAY BE CHECKED

- Dispo

If the tract of land to be listed under Item 2 on the front side of this document was:

- Owned on February 1, 1979, check	A. Land Holding
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Reporting Date: This document is required to be completed and returned by August 1, 1979.

If the tract of land to be listed under Item 2 on the front side of this document was, on or after February 2, 1979:

X

- Acquired, check	B. Land
	Acquisition

sed of, check	C. Land	X
	Disposition	

- Changed from non-agricultural to agricultural use, check

X

- Changed from agricultural to non-agricultural, use check
- D. Land Use Change to Agriculture E. Land Use Change to Non-Agriculture

REPORTING DATE:

If any of these activities are checked in Item 1, return the completed FSA-153 within ninety (90) days from the date of the transaction. NO

ITEM 8. The date entered would be as follows for the activity checked in Item 1:
 Box A or B - Date acquired.
 Box C - Date disposed of.
 Box D or E - Date land use changed.

ADDITIONAL INFORMATION (Use additional sheets if more space is needed)

1/ Significant interest or substantial control as defined in 7 CFR Part 781.2 (k).

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