

FSA-211
7-25-02)

U. S. DEPARTMENT OF AGRICULTURE
Farm Service Agency - Commodity Credit Corporation - Federal Crop Insurance Corporation

POWER OF ATTORNEY

THE UNDERSIGNED does hereby appoint (1) Elizabeth Moore, of (2) 3206 Rook Rd Jonesboro (3) Craighead County, State of (4) Arkansas, the attorney-in-fact to act for (5) Carolyn Meyer in connection with Farm Service Agency and Commodity Credit Corporation program number(s) checked below. Checking any of the FSA or CCC programs does not have any impact as to the FCIC transactions checked below:

A. FSA and CCC PROGRAMS
(Check applicable program numbers)

- 1. All current programs.
- 2. All current and all future programs.
- 3. Direct and Counter-Cyclical Program except 2002 peanuts covered by Item A4.
- 4. 2002 Direct and Counter-Cyclical Peanut Program.
- 5. Peanut Quota Buy-Out Program.
- 6. Noninsured Crop Disaster Assistance Program.
- 7. Tobacco programs
- 8. Marketing Assistance Loans and Loan Deficiency Payments.
- 9. Conservation programs.
- 10. Milk Income Loss Contract Program.
- 11. Other (Specify) CCC-605

B. Transactions for FSA and CCC Programs
(Check applicable program numbers)

- 1. All actions.
- 2. Signing applications, agreements, and contracts.
- 3. Election of bases and yields except peanut designation covered by Item B4.
- 4. Designation of peanut historical base and yield to a farm.
- 5. Making reports.
- 6. Conducting all marketing assistance loan and LDP transactions.
- 7. Other (Specify) CCC-605

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

C. FCIC CROPS

(Enter "All" or specify each crop and year)

- 1. All
- 2. _____
- 3. _____

D. TRANSACTION NUMBERS USED BY FCIC

(Check applicable numbers)

- 1. All actions.
- 2. Making application for insurance.
- 3. Reporting crop acreage and notice of damage reports.
- 4. Making claim for indemnity.
- 5. Making contract changes.
- 6. 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; (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 FSA Service Center.

AUTHORIZED SIGNATURES:			
6A. Signature(s) of Grantor(s) (Individual)	B. Date (MM-DD-YYYY)	C. Social Security Number	
<u>Carolyn Meyer</u>	<u>9-10-02</u>		
7A. Signature of Grantor (Partnership, Corporation, Trust, etc.)	B. Title	C. Date (MM-DD-YYYY)	D. Identification No. of Entity
8A. Witness Signature (FSA Employee Only)	B. Date (MM-DD-YYYY)	C. Official Position	
9. Notary Public (this form shall be acknowledged by a Notary Public unless witnessed by a FSA employee or a corporate seal of the grantor is affixed).			
Signature (a) <u>See attached</u> State of (b) _____ County of (c) _____			
10. This power of attorney was served to (a) <u>Craighead</u> County FSA Office, (b) State of <u>Arkansas</u> and became effective this (c) <u>24</u> day of (d) <u>September</u> , (e) <u>2002</u>			
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 The Food Security and Rural Investment Act of 2002 (Pub. L. 107-171) and 7 CFR Part 718. The information will be used to legally document your opinion to appointing an attorney-in-fact, identify the person and authorities granted to the appointee. Furnishing the requested information is voluntary; however, failure to furnish the requested information will result in the individual or entity not being able to act as your attorney-in-fact. This information may be provided to other agencies, IRS, Department of Justice or other State and Federal Law enforcement agencies, and in response to a court magistrate or administrative tribunal. The provisions of criminal and civil fraud statutes, including 18 USC 288, 287, 371, 651, 1001; 15 USC 714m; and 31 USC 3729, may be applicable to the information provided.			
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 0560-0190. The time required to complete this information collection is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing 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.			

RECEIVED
SEP 24 2002
CRAIGHEAD COUNTY FSA OFFICE
JONESBORO, ARKANSAS

CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

State of California }
County of Ventura } ss.

On 9-10-02, before me, Tara Garigan,
Date Name and Title of Officer (e.g., "Jane Doe, Notary Public")
personally appeared Carolyn Meyer,
Name(s) of Signer(s)

- personally known to me
- proved to me on the basis of satisfactory evidence

to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies) and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.



WITNESS my hand and official seal.

Tara Garigan
Signature of Notary Public

Place Notary Seal Above

OPTIONAL

Though the information below is not required by law, it may prove valuable to persons relying on the document and could prevent fraudulent removal and reattachment of this form to another document.

Description of Attached Document
Title or Type of Document: Power of Atty

Document Date: _____ Number of Pages: _____

Signer(s) Other Than Named Above: _____

Capacity(ies) Claimed by Signer

- Signer's Name: _____
- Individual
 - Corporate Officer — Title(s): _____
 - Partner — Limited General
 - Attorney in Fact
 - Trustee
 - Guardian or Conservator
 - Other: _____

Signer Is Representing: _____

RIGHT THUMBPRINT OF SIGNER

Top of thumb here