This form is available electr	onically.						
CCC-1045ELS-1 U.S. DEPARTMENT OF AGRICULTURE					1. AGREEME	1. AGREEMENT NO.	
(04-19-19) Commodity Credit Corporation							
WEEKLY C	ONSUMPTION/APPLIC	CATION FOR PAYME		г			
FOR EXTRA LONG STAPLE COTTON							
NOTE: The authority for collecting the following information is Pub. L. 107-171. This authority allows for the collection of information without prior OMB						2. DATE PREPARED (MM-DD-YYYY)	
approval mandated by the Paperwork Reduction Act of 1995. The time required to complete this information collection is estimated to average 10 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.					9		
The following statements are mad Improvement Reform Act of 1996 Program. The information will be participation in the program will b in response to a court magistrate USC 3729, may be applicable to	Conditional in 7 CED Dout 1.	107 outhorize the collection of ini	armatian require	d for norticinati	an in the Unland C.	attan Ilaar Markating Cartificate	
The provement Reform Act of 1996 and regulators in a CFR Part 1427 authorize the Concernine payment required to participation in the Optial Columber Service (and the program will be used to determine eligibility to receive payment and to determine payment amounts. Providing this information is voluntary; however, without it, participation in the program will be denied. This information may be provided to other agencies, IRS, Department of Justice, or other State and Federal Law enforcement agencies, in response to a court magistrate or administrative tribunal. The provisions of criminal and civil fraud statutes, including 18 USC 286, 287, 371, 641, 651, 1001; 15 USC 714m; and USC 732, may be applicable to the information provided. RETURN THIS COMPLETED FORM TO eaap.els@usda.gov or THE WAREHOUSE AND COMMODITY MANAGEM DIVISION, Beacon Facility, Mail Stop 9148, POST OFFICE BOX 419205, KANSAS CITY MO 64141-6205. 3. COMPANY NAME AND ADDRESS (Include Zip Code): 6. TAXPAYER ID. NO. (9 digits SSN/TIN):							
5. COMPANT NAME AND ADDRESS (Include Zip Code).				J. TAAFATERID. NO. (9 digits 3310 Hity).			
7. FRIDAY TH					THROUGH THU	HROUGH THURSDAY CONSUMPTION	
DATES (M				MM-DD-YYYY)	M-DD-YYYY)		
					through		
4. CONTACT PERSON:				-			
5. TELEPHONE NO. (Include Area Code):							
						TO BE COMPLETED WHEN THERE IS A POSITIVE PAY	
8. TYPE OF COTTON	9. NUMBER OF BALES	10. NET POUNDS	11. PAYMENT	RATE	12. PERCENT	13. PAYMENT AMOUNT (Item 10 X Item 11)	
Baled Lint		х			100%	\$	
Loose		х			100%	\$	
					TOTAL \rightarrow	\$	
I hereby certify that this for Long Staple/Exporter Age a payment under the Extra 14. SIGNATURE OF AUTHO	reement and that the cotto a Long Staple Cotton Con	m covered by this applica npetitiveness Program (7	tion/report v	vas domestic 427), and is	cally produced, eligible for a p	, has not previously earned	
14. SIGNATURE OF AUTHU		10. IIILE		IZEU KEPRE	JENTATIVE		

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(MM-DD-YYYY)

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