		IDED 🗌		Form Ap	proved – OMB No	. 0560-0097	
FSA-153 U.S. DEPARTMENT OF AGRICULTURE				TYPE ACTIVITY (See Institute of the	structions on Pa	, , ,	
(10-13-10) Farm Service Agency				A. Land B. La	_	C. Land	
				Holding Ad	equisition	Disposit	on
AGRICULTURAL FOREIGN INVESTMENT DISCLOSURE ACT RE				D. Land Use Change] E. Lar	nd Use Change	
Note: Read Instructions on Page 2 Before Filing in Any Data Below. (If Additional Space is to Agriculture to Non-Agriculture							
Needed, Add information in Item 6, Page 2, or attach an additional sheet.)					ITEM		
2. Tract Location and Description			5. Type of	Interest Held in the Agricult	tural Land (Che	eck one)	Check
A. Legal Description or FSA Tract Number			A. Fee Interest (Ownership) Whole				
				Interest (Ownership) Partial	What Percent	l .	
			C. Life Estate D. Trust Beneficiary				
B. County or Parish C. Number of Acres		E. Purchase Contract					
			F. Other (Check Box and Explain Below:)				
D. State							
3. Owner or Lessee of Tract (In Item 2A) (See Page 2)							
A. Name:							
			6. How was this Tract Acquired or Transferred?				
B. Tax ID No. (Nine Digits)			A. Cash Transaction				
C. Legal Address (Street, City, State/Province, Country)			B. Credit or Installment Transaction				
			C. Trade				
			D. Gift or Inheritance E. Foreclosure				
			F. Othe				
D. Type of Owner (If Item D1 is checked, skip Items D2 and 1. Individual. (Indicate citizenship of husband and/or v	/	Check					
if applicable).	WIIC		7. Value of Agricultural Land:				
a. Citizenship of individual(s)				chase Price of Land or if a land		\$	
2. Government (Country)			-	osition, the original price paid I	-	*	
2. Government (Country)				-Purchase, Estimated Value a equisition	t the Time	\$	
3. Organization	T	Check	C. What is the estimated current value or if a land				
а. Туре				osition, the selling price of the		\$	
1) Corporation 2) Partnership	+			much of purchase price in Ite ains to be paid?	m 7A	\$	
3) Estate				Acquisition or Transfer	Month	Dav	Year
4) Trust 5) Institution	+			structions, Item 8, Page 2.)			
6) Association				t Land Use (Usual use of land		Acre	•
7) Other (Check box and Explain):				land, report as Other Agricultu	re).	71010	
b. Government or country under whose law the organ	nization is creat	ted	A. Crop B. Past				
c. Principal place of business (For organizations only)				est or Timber			
				er Agriculture			
d. List on separate sheet, the Name, Address and Country of all foreign persons who individually or in the aggregate hold significant interest or			E. Non-	-Agriculture			
substantial control 1/ in the person owning the land	•	est oi	F. Tota	I Acres (Should equal Item 20	C)		
E. Complete only if Item 1C, Land Disposition, is checked.				ded Use as of This Date.		l	Check or
Name of Person Receiving Tract				k one or more or enter "NA" if I e is checked.	Item 1C or 1E		"NA"
2. Address (Street, City, State/Province, Country)			above	is checked.			
			A. No change.				
			B. Other Agriculture				
			C. Non-Agriculture				
			11. Relationship of Owner to Producer. Check one or more items if applicable. Enter "NA" if Item 1C or 1E is checked.				
O OW 11 110A T Francisco T Halmana T			ιι αρρι	icable. Litter IVA II item 10 t	or TE is checked	1.	
3. Citizenship: USA Foreign Unknown 4. Representative of Foreign Person (Completing form, if applicable)			A Pro	oducer is:			
A. Name				Owner			
				Manager			
B. Address (Street, City, State/Province, Country)			Tenant or sharecropper (Item 11B must be completed.)				
			B. Rental agreement is: (Not applicable if Item 1C or 1E above is				
			che	cked.)			
			1. A crop share				
C. Telephone No. (Area Code):		Cash or fixed rent					
	ı	Chook	12. The Pr	roducer on This Tract is:			
D. Relationship of Representative to Foreign Person Check 1. Attorney			Check one or more. If not applicable for Item 11A, then enter "NA". (Not applicable if Item 1C or 1E above is checked.)				
2. Manager						•	
3. Agent A. The same person 4. Other (Explain on Item 6. Page 2) B. A new person.					act was acquired	d.	
4. Other (Explain on Item 6, Page 2) B. A new person. 13. CERTIFICATION: I certify that the information entered in this report is complete and correct. I understand that falsification of reporting is subject.						t to	
a civil penalty not to exceed 25% of the fair market value of the interest held in the tract of land.							
14A. SIGNATURE (Owner or Legally Authorized Represer	ntative) 1	4B. TITLE			14C	. DATE (MM-DD-)	YYY)

NOTE: The following statement is made in accordance with the Privacy Act of 1974 (5 USC 552a – as amended). The authority for requesting the information identified on this form is 7 CFR Part 781 and the Agricultural Foreign Investment Disclosure Act of 1978 (Pub. L. 95-460). The information will be used to ensure that a foreign person who acquires, disposes of, or holds an interest in United States agricultural land discloses such transactions and holdings to the Secretary of Agriculture and to determine the effects of such transactions and holdings on family farms and rural communities. The information collected on this form may be disclosed to other Federal, State, Local government agencies, Tribal agencies, and nongovernmental entities that have been authorized access to the information by statute or regulation and/or as described in applicable Routine Uses identified in the System of Records Notice for USDA/FSA-2, Farm Records File (Automated). Providing the requested information is mandatory. Failure to furnish the requested information or falsification of reporting will result in a determination of non-compliance with the program which is subject to a civil penalty not to exceed 25 percent of the fair market value, as determined by the Farm Service Agency on the date of the assessment of such penalty, of the foreign person's interest in the agricultural land with respect to which such violation occurred.

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 30 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. The provisions of appropriate criminal and civil fraud, privacy, and other statutes may be applicable to the information provided. 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 an "individual/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, organization or government," 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 1/1 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 and two (2) copies to the County Farm Service Agency (FSA) Office where the tract of land is located. Retain a copy for your records.

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.

ITEMS 1 AND 8 BELOW ARE TO BE USED AS INSTRUCTIONS ONLY. THESE INSTRUCTIONS ARE TO BE USED FOR INFORMATION AS YOU COMPLETE ITEMS 1 AND 8 ON PAGE 1.

ITEM 1. ONLY ONE BOX MAY BE CHECKED

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 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 page of this document was, on or after February 2, 1979:

- Acquired, check B. Land Acquisition
- Disposed of, check **C. Land Disposition**
- Changed from non-agricultural to agricultural use, check D. Land Use Change to Agriculture
- Changed from agricultural to non-agricultural, use check E. Land Use Change to Non-Agriculture

NOTE: REPORT DATE. If activity B, C, D or E is checked in Item 1 above, then return the completed FSA-153 within ninety (90) days from the date of the transaction.

ITEM 8. The date entered would be as follows for the activity checked in Item 1 above:

Box A or B – Date acquired.

Box C - Date disposed of.

Box D or E – Date land use changed.

6. 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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