

Reports, Forms, Abbreviations, and Redelegations of Authority

Reports

None

Forms

This table lists all forms referenced in this handbook.

Number	Title	Display Reference	Reference
AD-1026A	Highly Erodible Land Conservation (HELIC) and Wetland Conservation (WC) Certification		82, 83, Ex. 6
AD-2006	State and County Consultation Request	Ex. 17	121, 124, 132
AD-2006A	Consultation Request Log for AD-2006	Ex. 15	121
AD-2007	FSA/RMA Compliance Referral Form	Ex. 6	6, 21, 23, 70-75, 181, 183, 212 Ex. 10
AD-2007A	FCIC Program Integrity Log for AD-2007 and AD-2027	Ex. 10	72, 73
AD-2027	RCO Spot Check List/Growing Season Inspection Form	Ex. 7	6, 21, 70-75, Ex. 8, 8.5, 10
AD-2045	FSA County Office GPS Data Log	Ex. 8.6	70-73, Ex. 8, 8.5
CCC-502	Farm Operating Plan for Payment Eligibility Review		82, 83
CCC-666	Farm Stored Loan Quantity Certification		83
CCC-677	Farm Storage Note and Security Agreement		83
CCC-678	Warehouse Storage Note and Security Agreement		83
CCC-709	Direct Loan Deficiency Payment Agreement		83
CCC-Cotton A	Cotton Producer's Note and Security Agreement		83
CCC-Cotton AA	Upland Cotton Producer's Loan Deficiency Payment Application and Certification		83
FSA-426	MPCI/FCIC Information Request Worksheet		75
FSA-426-A	MPCI/FCIC Information Request	83	75, 82
FSA-578	Report of Acreage		Text, Ex. 6

Reports, Forms, Abbreviations, and Delegations of Authority (Continued)

Abbreviations Not Listed in 1-CM

The following abbreviations are not listed in 1-CM.

Approved Abbreviation	Term	Reference
AIP	approved insurance provider	Text
ALG	Appeals and Litigation Group	8
GPS	Global Positioning System	167
MPCI	Multiple Peril Crop Insurance	122, 123, 130, 131, Ex. 6
POC	point of contact	Text, Ex. 6, 7, 11, 17

Delegations of Authority

None

Definitions of Terms Used in This Handbook

Abuse

Abuse is the improper or excessive use of authority. Abuse refers to administrative violations of Departmental, agency, or program regulations that impair the effective and efficient execution of programs. These violations may result in Federal losses or they may result in denial or reduction in lawfully authorized Federal benefits to participants.

*--Approved Insurance Provider (AIP)

An approved insurance provider (AIP) is a legal entity which has entered into a Standard Reinsurance Agreement with FCIC for the applicable reinsurance year. For the purpose of this handbook this includes company employees and persons contracted to perform loss adjustment and compliance obligations that includes loss adjusters, field supervisors, quality control reviews, etc. This does **not** include insurance sales agents or employees thereof.--*

Determined Acreage

Determined acreage is acreage determined by an authorized FSA representative.

Fraud

Fraud is the intentional, wrongful obtaining or attempt of obtaining either money or some other advantage or benefit from governmental programs. Fraud includes but is not limited to, theft, embezzlement, false statements, illegal commissions, kickbacks, conspiracies, and obtaining contracts through collusive arrangements.

* * *

Policyholder Alert

A policyholder alert is defined as a problem, or potential problem, with a policyholder's insurance data that may result in payment being made to the policyholders outside the authority of the Federal Crop Insurance Act.

Program Deficiency

A program deficiency is defined as a defect in a policy or county actuarial document that result in excessive indemnities being paid to producers outside the authority of the Federal Crop Insurance Act as determined by RMA's Administrator.

Definitions of Terms Used in This Handbook (Continued)

Tolerance

Tolerance is the number of acres that the reported acreage or allotment may differ from the determined acreage without either of the following:

- the total loss of benefits
- the overall accuracy of the acreage report being questioned.

Waste

Waste is incurring unnecessary costs as a result of inefficient or ineffective practices, systems, or controls.

Menu and Screen Index

The following menus and screens are displayed in this handbook.

Menu or Screen	Title	Reference
MHCA00	2001 Data Reconciliation Menu	183
MHCA0101	Data Reconciliation Maintenance Screen	185
MHCA0201	Crop Selection Screen	186
MHCA0301	Data Reconciliation Input Screen	187
MHCA0401	Data Reconciliation Input Screen	188
MHCA0501	Data Reconciliation Input Screen	189
MHCAR0	2001 Data Reconciliation Report Menu	190
MHFA00	Data Reconciliation State Office Menu	212
MHFA0201	Data Reconciliation Input Screen	221
MHFA0202	Exit/Update Screen	222
MHFA0203	Denied Referral Screen	223

Example Letter to Notify Producer of Spot Check

*--

Name:
Address:

Date:

Dear Producer,

In June 2000, Congress passed the Agricultural Risk Protection Act. It requires the Risk Management Agency (RMA) with the assistance of the Farm Service Agency (FSA) to improve program compliance and integrity of the Federal crop insurance program. RMA has also been given the authority to request assistance from FSA in conducting reviews of insured crops during the growing season.

One of your policy crops has been chosen for a spot check. RMA has requested FSA to perform a minimum of two-documented field inspections during the growing season. These inspections will be thoroughly documented and reported to the appropriate RMA Regional Compliance Office. This information will also be made available at the FSA County Office for your insurance company's use if loss adjustment activities occur.

The _____ FSA County Office is requiring you to inform this office by (date), in writing, of where your fields of (crop) are located for the (year) growing season. Indicate whether a soil test has been completed for the crop locations above. Include in your written statement what method of chemical and fertilizer treatment is being implemented for the (year) growing season. This information is required by handbook 4-RM, subparagraph 71 B as part of the spot check process.

Sincerely,

County Executive Director
Your County USA

--*

List of RCO's and States Served

The following is a list of RCO's and the States they serve.

Mailing Address of RCO's	States Served	
Southern Regional Compliance Office 1111 W. Mockingbird Lane, Suite 280 Dallas, TX 75247 214-767-7700 (7:30 - 4:30 C) FAX: 214-767-7721	Arkansas Kentucky Louisiana Mississippi	New Mexico Oklahoma Tennessee Texas
Eastern Regional Compliance Office 4405 Bland Road, Suite 165 Raleigh, NC 27609 919-875-4930 (7:00 - 4:30 E) FAX: 919-875-4928	Alabama Connecticut Delaware Florida Georgia Maine Maryland Massachusetts New Hampshire New Jersey	New York North Carolina Pennsylvania Puerto Rico Rhode Island South Carolina Vermont Virginia West Virginia
Western Regional Compliance Office 430 G Street, Suite 4167 Davis, CA 95616-4167 530-792-5850 (7:00 - 4:00 P) FAX: 530-792-5865	Alaska Arizona California Hawaii Idaho	Nevada Oregon Utah Washington
Northern Regional Compliance Office 3440 Federal Drive, Suite 200 Eagan, MN 55122-1301 *--651-452-1688 (7:00 - 4:30 C) FAX: 651-452-1689	Iowa Minnesota Montana North Dakota	South Dakota Wisconsin Wyoming
Central Regional Compliance Office Beacon Facility, Mail Stop 0833 PO Box 419205 Kansas City, MO 64141-6205--* 816-926-7963 (7:30 - 4:00 C) FAX: 816-926-5186	Colorado Kansas Missouri Nebraska	
Mid-Western Regional Compliance Office 6045 Lakeside Blvd. Indianapolis, IN 46278 317-290-3050 (7:30 - 4:00 E) FAX: 317-290-3065	Illinois Indiana Michigan Ohio	

AD-2007, FSA/RMA Compliance Referral Form

A Completing AD-2007

Complete one AD-2007 for each complaint or referral on file with the County Office. County Offices shall complete AD-2007 according to the instructions in the following table.

Item	Instructions
1	*--Enter tracking number. Assign according to subparagraph 72 C.--* * * *
Part A - Complainant/Source Information (Optional)	
2A	Enter name and address of the complainant. (Optional)
2B	Enter telephone number of the complainant. (Optional)
Part B - Details of the Complaint	
3	Indicate how the complaint was received. Note: If located on RMA compliance spot check list, go to Part C.
4	Enter name and address of the person or entity the complaint was filed against.
5	Record all crops stated in the complaint.
6	Record the crop year(s) in which the complaint occurred.
7	Record the State and county in which the complaint occurred. Record the exact location of the field(s) in the complaint by road, intersection, or landmark and farm serial number, if available.
8	This is the narrative of the complaint. It is necessary to include all details provided by the complainant including the current crop and field conditions. Be as specific as possible. Try to address who, what, where, when, and how.
9	Indicate how the complainant is aware of the situation.

AD-2007, FSA/RMA Compliance Referral Form (Continued)

A Completing AD-2007 (Continued)

Item	Instructions
10	Include any information the complainant has other than what is detailed in item 8. This could include photos, receipts, or other hard copy documentation. Include any other person or source of information.
11A	The FSA employee recording the information shall print and sign their name.
11B	Record the date the complaint is received.
Part C - Insurance Verification	
12	Before calling RCO for insurance verification, determine all entities and associated *--social security or tax identification numbers involved in the complaint. Enter last 4 digits of SSN or tax ID.--*
13A	Print the name of the RCO POC that gave the insurance verification.
13B	Enter the date on which verification was given.
14	Indicate MPCCI status as reported by RCO. If "No", no further action is required.
Part D - FSA Fact Finding	
15	Print the name of the FSA employee(s) involved in the fact finding.
16	Record the date the complaint was assigned for fact finding.
17A	Enter the farm number(s) associated with the farm(s).
17B	Enter the tract number(s) associated with the farm(s).
18	Indicate if FSA personnel visited the farm or area of complaint. If "No", briefly describe the results of the fact finding in item 22.
19	Indicate if FSA personnel took pictures of the farm or area of complaint.
20	Determine whether the condition described in the complaint are comparable to other like conditions in the area. If "No", explain in item 22.

AD-2007, FSA/RMA Compliance Referral Form (Continued)

A Completing AD-2007 (Continued)

Item	Instructions
21	List all FSA documentation that is attached to the form. This will include but is not limited to FSA-578, AD-1026A, photocopies, and crop specific FSA forms when required. Also, any CCC forms that were used as part of the FSA fact finding.
22	Comment on FSA findings (include explanation for items 18 and 20 if answered "No").
23	Enter the name, address, and telephone number of FSA County Office.
24	The FSA County Office reviewing official shall print and sign their name.
25	Enter the date the completed report was transmitted to the FSA State Office POC.
Part E - State Office POC Action	
26	Enter the name, address, and telephone number of FSA State Office.
27	Enter the date the referral was returned to the County Office by the State Office POC, if applicable.
28	Enter the date the referral was transmitted to RCO.
Part F - RCO Action	
29A	Enter RO's name and address.
29B	Enter RO's telephone number.
30	Indicate the action taken by RCO and the date RCO took action.

AD-2007, FSA/RMA Compliance Referral Form (Continued)

B Example of AD-2007

Following is an example of AD-2007.

*--

This form is available electronically. AD-2007 U.S. DEPARTMENT OF AGRICULTURE (02-11-08) Farm Service Agency FSA/RMA COMPLIANCE REFERRAL FORM		1. FSA TRACKING NUMBER (13 Digit Number)*
PART A - COMPLAINANT/SOURCE INFORMATION		
2A. NAME AND ADDRESS OF PERSON MAKING THE COMPLAINT		2B. TELEPHONE NUMBER OF THE PERSON MAKING THE COMPLAINT (Include Area Code)
PART B - DETAILS OF THE COMPLAINT		
3. FORM OF COMPLAINT: Phone <input type="checkbox"/> E-Mail <input type="checkbox"/> In-Person <input type="checkbox"/> OTHER: (Explain in Item 10) <input type="checkbox"/>		
4. NAME AND ADDRESS OF THE SUBJECT OF THE COMPLAINT		5. CROP(S) STATED IN COMPLAINT
		6. CROP YEAR(S) IN WHICH THE COMPLAINT OCCURRED:
7. STATE & COUNTY WHERE COMPLAINT OCCURRED (State exact location of the field(s) in the complaint by road, intersection, or landmark and farm serial number if available):		
8. NARRATIVE OF THE COMPLAINT (Include all details including current crop and field conditions. Address who, what, where, when, and how):		
9. HOW DOES COMPLAINANT KNOW THE SITUATION? Hearsay <input type="checkbox"/> Visual <input type="checkbox"/> Knowledge of Records <input type="checkbox"/>		
10. OTHER INFORMATION NOT EXPLAINED IN ITEM 8 (include photos, receipts, or other hard copy documentation, or other sources of information):		
11A. NAME OF FSA OFFICIAL RECORDING INFORMATION		11B. DATE COMPLAINT RECEIVED (MM-DD-YYYY)
*TRACKING NUMBER (13 Digits alpha numeric): Digits 1 & 2 identify State Location Code (i.e., Texas = 48). Digits 3 through 5 identify County Location Code (i.e., Wilbarger = 487). Digits 6 through 9 identify calendar year the request is made (i.e., 2001 = 2001). Digits 10 through 13 identify the request number in chronological order (i.e., request number 1 = 0001).		
The U.S. Department of Agriculture (USDA) prohibits discrimination in all its program 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, SW., Washington, DC 20250-9410, or call (800) 795-3272 (voice) or (202) 720-6382 (TDD). USDA is an equal opportunity provider and employer.		

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AD-2007, FSA/RMA Compliance Referral Form (Continued)

B Example of AD-2007 (Continued)

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AD-2007 (02-11-08)		Page 2	
PART C - INSURANCE VERIFICATION			
12. ALL ENTITIES INCLUDED IN THE COMPLAINT KNOWN BY FSA AND THEIR ASSOCIATED SSNs AND/OR TAX IDENTIFICATION NUMBERS:			
ENTITY NAME	SSN NO. OR TAX ID NO. <i>(Last 4 Digits)</i>	ENTITY NAME	SSN NO. OR TAX ID NO. <i>(Last 4 Digits)</i>
A.		B.	
C.		D.	
13A. NAME OF REGIONAL COMPLIANCE OFFICE CONTACT		13B. DATE CONTACTED (MM-DD-YYYY)	
14. MPC? (Check one of the boxes) YES <input type="checkbox"/> NO <input type="checkbox"/> <i>If "NO" is checked, no further action is required.</i>			
PART D - FSA FACT FINDING			
15. NAME OF FSA OFFICIAL INVOLVED IN FACT FINDING		16. DATE THE COMPLAINT WAS ASSIGNED TO FSA OFFICIAL <i>(MM-DD-YYYY)</i>	
17A. FARM FSN NUMBER	17B. FARM TRACT NUMBER	18. DID FSA PERSONNEL VISIT THE FARM OR AREA OF COMPLAINT? <i>(If "NO," explain in Item 22.)</i> YES <input type="checkbox"/> NO <input type="checkbox"/>	
19. DID FSA PERSONNEL TAKE PHOTOS OF THE FARM OR AREA OF COMPLAINT? YES <input type="checkbox"/> NO <input type="checkbox"/>		20. WAS THE CONDITION OF THE COMPLAINT COMPARABLE TO OTHER LIKE CONDITIONS IN THE AREA? <i>(If "NO," explain in Item 22.)</i> YES <input type="checkbox"/> NO <input type="checkbox"/>	
21. FSA SUPPORTING DOCUMENTATION ATTACHED:			
22. FSA COMMENTS <i>(If additional space is needed, attach and sign a separate sheet.)</i>			
23. FSA COUNTY OFFICE NAME AND ADDRESS <i>(Include Zip Code)</i>		24. NAME OF FSA COF REVIEWING OFFICIAL	
TELEPHONE NUMBER: <i>(Include Area Code)</i>		25. DATE TO STO (MM-DD-YYYY)	
PART E - STATE POC'S ACTIONS			
26. FSA STATE OFFICE NAME AND ADDRESS <i>(Include ZIP Code)</i>		27. DATE TO COF (MM-DD-YYYY)	
TELEPHONE NUMBER: <i>(Include Area Code)</i>		28. DATE TO RCO (MM-DD-YYYY)	
PART F - RCO'S ACTIONS			
29A. REGIONAL OFFICE NAME & ADDRESS <i>(Include ZIP Code)</i>		29B. REGIONAL OFFICE TELEPHONE NUMBER <i>(Include Area Code)</i>	
30. ACTION TAKEN BY RCO: <i>(Check one of the following and insert date when RCO took action below.)</i>			
REFERRED TO: POC <input type="checkbox"/>	COMPANY <input type="checkbox"/>	OIG <input type="checkbox"/>	INTERNAL TO RCO <input type="checkbox"/> DATE RCO TOOK ACTION: _____ <i>(MM-DD-YYYY)</i>

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AD-2027, RCO Spot Check List/Growing Season Inspection Form

A Completing AD-2027

Complete one AD-2027 for each selected producer’s crop listed on the RCO spot check list. County Offices shall complete AD-2027 according to the instructions in the following.

Item	Instructions
1	Enter tracking number. Assign according to subparagraph 72 C.
2A	Enter name of producer.
2B	*--Enter producer address.
2C	Enter last 4 digits of producer tax ID.
2D	Enter telephone number of producer.
3A	Enter the State name.
3B	Enter the County Office name where farm records are maintained.
3C	Enter county name where the farm land is located.
3D	Enter the applicable crop. Note: Only one crop per AD-2027.
3E	Enter applicable crop year.
3F	Enter the farm serial number(s) selected for spot check.
3G	Enter the farm tract numbers selected for spot check.--*
4A	Check if no spot check necessary. * * * Notes: County Office shall: <ul style="list-style-type: none"> •*--notate in item 4E why this spot check is not applicable, that is, --* deceased, sold land, etc. • verify insurance from RCO before checking “Not Applicable”.
4B	Check if spot check performed and no concerns were identified. * * *
4C	Check if spot check performed and concerns were identified; however, crop conditions were similar to other farms in the area. * * *
4D	Check if spot check performed, concerns were identified, and crop conditions were not similar to other farms in the area. Provide a brief summary of the concerns identified. * * *
--4E	Enter all relevant comments about the inspection.--
5	Enter the date the County Office forwarded AD-2027 to the State Office POC.
6	Enter the date the State Office POC forwarded AD-2027 to RCO.

***--AD-2027, RCO Spot Check List/Growing Season Inspection Form (Continued)**

A Completing AD-2027 (Continued)

Item	Instructions
7A	Enter the name and address of FSA County Office.
7B	Enter the telephone number of FSA County Office.
8A	Enter the tillage methods used before first inspection and after first inspection. Enter NA if not applicable.
8B	Enter the weed/pest control practices used by the producer before the first inspection and after the first inspection. Enter NA if not applicable.
8C	Enter the date of the last soil test.
8D	Determine whether the crop conditions are comparable to other farms in the area during first and second inspections. If no, explain.
8E	Enter the fertilization program before the first inspection and after the first inspection. Enter NA if not applicable.
8F	Describe the weather conditions at the time of planting.
8G	Describe the weather conditions after planting, before the first inspection, and after first inspection.
8H	Indicate if FSA personnel took pictures of the crop on the farm during first inspection and during second inspection.
9A	Print the name of the FSA reviewing official conducting first inspection.
9B	Enter the date of the first inspection.
10A	Print the name of the FSA reviewing official conducting second inspection.
10B	Enter the date of the second inspection.
11	Check the applicable items for which supporting documentation is attached to AD-2027.

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AD-2027, RCO Spot Check List/Growing Season Inspection Form (Continued)

B Example of AD-2027

Following is an example of AD-2027.

*--

This form is available electronically. AD-2027 (02-11-08)		U.S. DEPARTMENT OF AGRICULTURE Farm Service Agency		1. FSA Tracking Number (13 Digit Number)	
RCO SPOT CHECKLIST GROWING SEASON INSPECTION FORM					
PRODUCER INFORMATION					
2A. Producer Name (Last, First, Middle Initial)			2B. Producer Address (Street, City, State, Zip Code)		
2C. Producer Tax ID Number (Last 4 Digits)			2D. Producer Telephone Number (Include Area Code)		
GENERAL INFORMATION					
3A. State	3B. County FSA Office where Farm Records are Maintained	3C. County FSA Office where Farm Land is Located	3D. Crop	3E. Crop Year	
3F. Farm Serial Number(s)			3G. Farm Tract Number(s)		
4. Inspection Results (County FSA Office shall complete and submit immediately after each inspection):					
<input type="checkbox"/> 4A. Not Applicable - No Inspection Performed (Producer deceased, quit farming, not farming in county, did not plant the crop, crop not insured, etc.). Note: If item 4A is applicable, indicate in comments section below why no inspection was performed.					
<input type="checkbox"/> 4B. Inspection Performed, No Concerns Identified.					
<input type="checkbox"/> 4C. Inspection Performed, Reduced Yields Expected, (Crop conditions <i>similar</i> to other farms in the area.)					
<input type="checkbox"/> 4D. Inspection Performed, Concerns Identified, (Crop conditions <i>NOT similar</i> to other farms in the area). Summarize concerns in comments section below.					
4E. Comments:					
5. Date County FSA Office Forward to State POC (MM-DD-YYYY)			6. Date State FSA Office Forward to RCO (MM-DD-YYYY)		
7A. County FSA Office Name and Address (Include Zip Code)			7B. County FSA Office Telephone Number (Include Area Code)		

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AD-2027, RCO Spot Check List/Growing Season Inspection Form (Continued)

B Example of AD-2027 (Continued)

*--

AD-2027 (02-11-08)		Page 2
8. Explain each of the following:		
A. Tillage Method Used:		
(1) First Inspection	(2) Second Inspection (Enter N/A if not applicable)	
B. Weed/Pest Control Practices:		
(1) First Inspection	(2) Second Inspection (Enter N/A if not applicable)	
C. Date of Last Soil Test (MM-DD-YYYY):		
First Inspection		
D. Describe Crop Conditions (Comparable to other farms in the area):		
(1) First Inspection	(2) Second Inspection	
E. Type of Fertilization Program:		
(1) First Inspection	(2) Second Inspection (Enter N/A if not applicable)	
F. Weather Conditions at Time of Planting:		
First Inspection		
G. Current Weather Conditions:		
(1) First Inspection	(2) Second Inspection	
H. Photographs Taken:		
(1) Number of Photos Taken	(2) Date of Photos	(3) Second Inspection <input type="checkbox"/> YES <input type="checkbox"/> NO
SIGNATURES		
9A. Name of First FSA Reviewing Official (print):		10A. Name of Second FSA Reviewing Official (print):
9B. Date of First Inspection (MM-DD-YYYY)		10B. Date of Second Inspection (MM-DD-YYYY)
11. County FSA Office shall enter a check mark indicating what documentations are attached:		
<input type="checkbox"/> FSA-578	<input type="checkbox"/> AD-1026A	<input type="checkbox"/> Photographs (AD-2045, FSA County Office GPS Data Log)
<input type="checkbox"/> Map Photocopies	<input type="checkbox"/> Field Notes	<input type="checkbox"/> Other _____

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RCO Spot Check Growing Season Inspection Guidelines

Important: This process **requires** that the time on the digital camera and the time on the GPS unit match within 1 minute. If the clock on the digital camera is not set, then the data collected will not be valid. Check the time on the digital camera each time it is taken out in the field.

- One GPS point and 2 digital pictures are required for each spot check. The first picture shall be an overview of the field and the second digital picture shall be a “zoomed in” picture of the standing crop condition.

Note: The picture shall document the general crop condition of the standing crop. A measuring device is encouraged to document crop height where applicable.

- If AD-2027, items 4A through 4C are identified, then no additional data will need to be collected. The GPS point and 2 digital pictures are required. The County Office must fill out the electronic versions of AD-2027 and AD-2045 with the digital pictures and a description of the digital pictures inserted. Include in the description the direction that was faced while the picture was taken.
- If AD-2027, item 4D is the result of the inspection, then additional data shall be collected.
- In addition to the 1 GPS point and 2 digital pictures, the inspector shall take as many GPS points and digital pictures as needed to document the situation/condition. Take additional digital pictures of surrounding fields with similar crops to further document your findings.
- The County Office shall complete AD-2027 and AD-2045 with the digital pictures inserted with a description of each picture. Include in the description the direction that was faced while the picture was taken. Both AD-2027 and AD-2045 shall be completed after the first and second inspections and made available immediately, saved to server, after both inspections. County Offices shall send an e-mail to the State Office that the documents have been moved to the server.--*

* * *

***--GPS/Digital Camera Getting Set Up Quick Field Sheet**

A Acquiring Differential GPS

Acquire differential GPS according to the following.

Step	Action
1	Turn the GPS Map 76 and the Back Pack unit on.
2	PRESS "Menu" 3 times to get the main menu.
3	Use the rocker to highlight "Setup".
4	PRESS "Enter" to select "Setup".
5	Rocker left 1 time to highlight "Interface".
6	Rocker to the 1 st line (Serial Data Format) to highlight and PRESS "Enter".
7	Rocker down to highlight "RTCM In/NMEA Out" and PRESS "Enter".
8	Rocker down to select the beacon, highlight, and PRESS "Enter".
9	Select "User".
10	Rocker right to highlight Freq(ueency) and PRESS "Enter".
11	Position the rocker: <ul style="list-style-type: none"> • up to select the first numbers • to the right to highlight the middle number • up to select the number • to the right to highlight the third number • up to select the number again • PRESS "Enter".

--*

***--GPS/Digital Camera Getting Set Up Quick Field Sheet (Continued)**

B Establishing Camera Settings

Establish camera settings for the **Olympus C 2040** according to the following.

Remove the lens cap before turning on the power. Turn on the camera by turning the mode dial to playback mode or “P”.



Setting Time and Date for the Olympus C 2040

Step	Action
1	Press the menu button on the back of the camera.
2	Press the up arrow on the arrow pad to scroll up until “mode setup” is selected.
3	Press the right arrow and the “setup” box will appear to the right of “mode setup”.
4	PRESS “OK” to enter the “mode setup” screen.
5	Press the up button on the arrow pad to highlight the icon that looks like a clock face.
6	Press the right arrow button to display the setup box and PRESS “OK”.
7	The time and date setting field will be displayed. There will be fields to set the month, day, year, hour, and minute. The 1 st icon which is the arrows forming a circle, can be used to set the date format. Select any of the following formats: <ul style="list-style-type: none"> • day/month/year • month/day/year • year/month/day.
8	Use the left and right keys to select between fields and use the up and down keys to set the fields, ie month or hour.
9	When the time has been set, PRESS “OK” until the menus are exited.

--*

***--GPS/Digital Camera Getting Set Up Quick Field Sheet (Continued)**

B Establishing Camera Settings (Continued)

Establish camera settings for the **Olympus C-4000 Zoom** according to the following.

Remove the lens cap before turning on the power. Turn on the camera by turning the mode dial to playback mode or "P".



Setting Time and Date for the Olympus C-4000 Zoom

Step	Action
1	Press the menu button ("OK" button) on the back of the camera.
2	Press the up arrow on the arrow pad.
3	Press the left arrow twice and scroll to "Setup".
4	Press the right arrow and scroll to the clock icon.
5	Press the right arrow once.
6	Press the right arrow button to display the setup box and PRESS "OK".
7	<p>The time and date setting field will be displayed. There will be fields to set the month, day, year, hour, and minute. The 1st icon which is the arrows forming a circle, can be used to set the date format. Select any of the following formats:</p> <ul style="list-style-type: none"> • day/month/year • month/day/year • year/month/day.
8	Use the left and right keys to select between fields and use the up and down keys to set the fields, ie month or hour.
9	When the time has been set, PRESS "OK" until the menus are exited.

GPS/Digital Camera Getting Set Up Quick Field Sheet (Continued)

C Collecting Data

Collect 1 waypoint at the inspection site according to the following.

Step	Action
1	PRESS and HOLD "Enter" for 2-seconds until the Mark Waypoint Screen is displayed.
2	PRESS "Menu" 1 time to select the "Average Location" function and PRESS "Enter".
3	Wait 10 seconds to allow the GPS to average the estimated accuracy and PRESS "Save".
4	Highlight the waypoint name with the rocker and PRESS "Enter".
5	Rename the waypoint so that the office staff will be able to understand by using the rocker up/down and side-to-side. When finished PRESS "Enter".
6	Use the rocker to highlight "OK" and PRESS "Enter" to complete the waypoint.

Collect digital pictures by taking the following 2 digital pictures at each inspection site:

- 1 overview picture
- *--1 "zoomed in" picture.--*

Note: If AD-2027, item 4D is checked, then additional documentation is required.

D Completing AD-2045

Complete AD-2045. Fill out the "General Information" section properly which will be a 2 step process. AD-2045 will have to be filled out digitally once back in the office. Digital pictures will be inserted and a picture description will be added in the office. * * *

AD-2045, FSA County Office GPS Data Log

A Completing AD-2045

Complete AD-2045 according to the following.

Item	Action
1A	Enter the producer's name.
1B	Enter the producer's address.
1C	*--Enter the producer's tax ID (last 4 digits only).--*
1D	Enter the producer's telephone number.
2	Enter State.
3	*--Enter county where farm is located.--*
4	Enter crop.
5	Enter crop year.
6	Enter zone.
7	Enter farm number.
8	Enter field number.
9	Enter projection. *--Note: In most cases projection is UTM.--*
10	Enter tract number.
11	Enter date of farm visit.
12	Enter time of farm visit.
13A - 13G	*--Enter file name of GPS waypoint number latitude and longitude. Note: See subparagraph 70 E for proper file naming convention.
14A, 14B	Enter total number of digital pictures taken and list the file names of each picture taken. Note: See subparagraph 70 E for proper file naming convention.
15	Enter any additional comments.
16	Enter prepared by.
17	Enter title of preparer.
18	Enter the date prepared.

AD-2045, FSA County Office GPS Data Log (Continued)

A Completing AD-2045 (Continued)

Item	Action
19 A	<p>Enter overview picture.</p> <p>Note: AD-2045 must be unlocked before inserting digital pictures. Pictures must be properly inserted. Do not copy and paste pictures. Unlock AD-2045 according to the following.</p> <ul style="list-style-type: none"> • Click the empty picture box. • On the Word toolbar, CLICK “View”, “Toolbars”, and “Forms”. • On the Forms toolbar, CLICK “🔒”, “Protect Form” to unlock the form. <p>Insert digital pictures according to the following.</p> <ul style="list-style-type: none"> • Click the empty picture box. • On the Word toolbar, CLICK “Insert”, “Picture”, and “From File”. • Browse to the saved digital picture file location and CLICK “Insert” • Repeat until all digital picture files are inserted. <p>To lock AD-2045, using the Forms toolbar, CLICK “🔒”, “Protect Form”. AD-2045 should be locked after inserting pictures to ensure that the pictures are maintained.</p>
19B	Enter direction facing and any additional information.
20A	Enter zoomed in picture.
20B	Enter direction facing and any additional information.
21A	Enter any additional pictures.
21B	Enter direction facing and any additional information.

AD-2045, FSA County Office GPS Data Log (Continued)

B Example of AD-2045

The following is an example of AD-2045.

*--

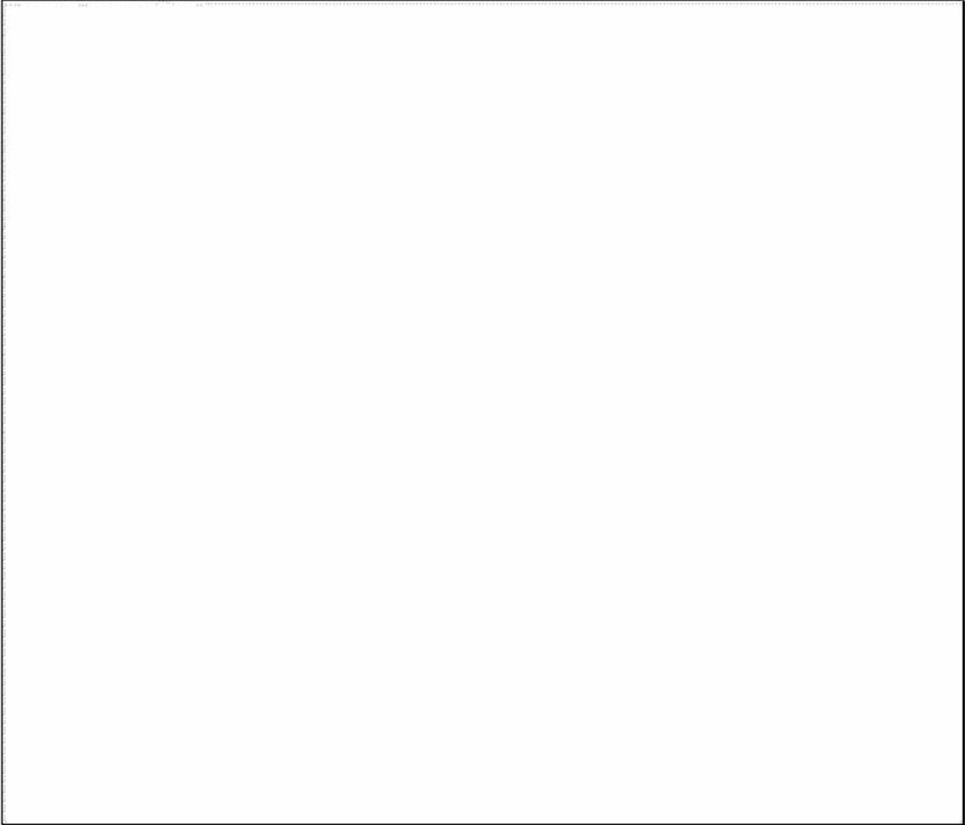
This form is available electronically.		U.S. DEPARTMENT OF AGRICULTURE Farm Service Agency	
AD-2045 (02-11-08)		FSA COUNTY OFFICE GPS DATA LOG	
NOTE: This form should be used with the AD-2027 or AD-2007. Use this to record GPS points and attach digital photos.			
PRODUCER INFORMATION			
1A. PRODUCER'S NAME (Last, First, Middle Initial)		1B. PRODUCER'S ADDRESS (Street, City, State, Zip Code)	
1C. PRODUCER'S TAX ID NO. (Last 4 digits)		1D. PRODUCER'S TELEPHONE NUMBER (Include Area Code)	
GENERAL INFORMATION			
2. STATE	3. COUNTY FSA OFFICE WHERE FARM IS LOCATED	4. CROP	5. CROP YEAR
6. ZONE	7. FARM NUMBER	8. FIELD NUMBER	
9. PROJECTION	10. TRACT NUMBER	11. DATE (MM-DD-YYYY)	12. TIME <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.
13. GPS INFO:			
A. FILE NAME OF FIRST WAYPOINT	B. LATITUDE	C. LONGITUDE	
D. FILE NAME OF SECOND WAYPOINT	E. LATITUDE	G. LONGITUDE	
14. DIGITAL PICTURE INFORMATION:			
A. TOTAL NUMBER OF PICTURES	B. LIST PICTURE FILE NAMES		
15. ADDITIONAL COMMENTS:			
SIGNATURE			
16. PREPARED BY (Print Name):		17. TITLE OF PREPARER	18. DATE PREPARED
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--*

AD-2045, FSA County Office GPS Data Log (Continued)

B Example of AD-2045 (Continued)

*--

AD-2045 (02-11-08)	Page 2 of 4
19A. Overview Picture	
	
19B. Description:	

--*

AD-2045, FSA County Office GPS Data Log (Continued)

B Example of AD-2045 (Continued)

*--

AD-2045 (02-11-08) Page 3 of 4

20A. Zoomed In Picture

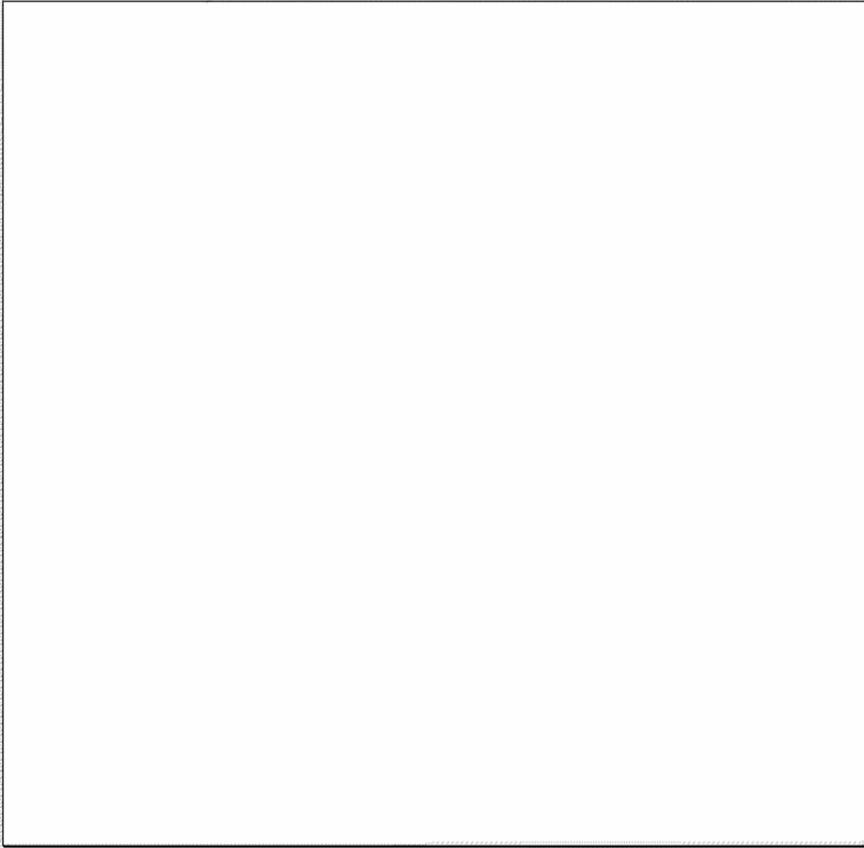
20B. Text/Description:

--*

AD-2045, FSA County Office GPS Data Log (Continued)

B Example of AD-2045 (Continued)

*--

AD-2045 (02-11-08)	Page 4 of 4
21A. Additional Picture Number 1	
	
21B. Description:	

--*

--AD-2007A, FCIC Program Integrity Log for AD-2007 and AD-2027--

A Completing AD-2007A

Complete one AD-2007A for each crop year. County Offices shall complete AD-2007A according to the instructions in the following table.

Item	Instructions
1	Enter crop year.
2	Enter sequential page number for the calendar year.
3	Enter State code.
4	Enter county code.
5	Enter the tracking number. Example: SS-CCC-YYYY-XXXX Note: For the first complaint filed in crop year 2001 in Wilbarger County, Texas, the tracking number assigned by the County Office would be 48-487-2001-0001.
6	Enter the producer name for which there is a concern.
7-10	Check the applicable column for the type of review. 7 = complaint received by the County Office (this could be in person, telephone, etc.) 8 = concern discovered by FSA through normal FSA activity 9 = request by RCO 10 = review of producer on the RMA spot check list
11	If entry in item 7, 8, or 9, enter the date County Office became aware of the concern. If entry in item 10, enter the date the review is conducted.
12	Enter the date a referral was submitted if applicable.
13	Enter total of each column to reflect the number entered on the log in each category, total number received of all categories, and total of actual referrals submitted.

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*--

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State Office POC's (Continued)

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State Office POC's (Continued)

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--*

Example Letter for RMA Field Visit Request

*--



United States Department of Agriculture
Farm and Foreign Agricultural Services
Risk Management Agency

SUBMISSION DATE _____

TO: _____, COUNTY EXECUTIVE DIRECTOR
COUNTY

THRU: _____, STATE OFFICE POINT OF CONTACT

FROM: _____, DIRECTOR
REGIONAL COMPLIANCE OFFICE

SUBJECT: **REQUEST FOR FIELD VISIT TO VERIFY CROP INSURANCE DATA**

This regional RMA compliance office is currently conducting its Appendix IV program review. Discrepancies have been identified with the insurance company's claim audit listed below. The following assistance regarding the claim is being requested for:

INSURED NAME: _____ POLICY NUMBER: _____

INSURED ID: _____

REQUESTED ACTION:

1. _____

2. _____

3. _____

COUNTY OFFICE CONTACT PERSON

NAME: _____ TELEPHONE: (____) _____

FAX: (____) _____ E-MAIL: _____

Please forward all documentation along with a copy of this form, by _____, to the individual listed below.

RMA POINT OF CONTACT

NAME: _____ TELEPHONE: (____) _____

FAX: (____) _____ E-MAIL: _____



The Risk Management Agency Administers and Oversees
All Programs Authorized Under the Federal Crop Insurance Corporation

USDA Is An Equal Opportunity Provider and Employer.

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Example Letter to Producers Requesting Verification of Data

The following is an example of the letter that County Offices shall use to notify producers of discrepancies between RMA and FSA data.

Note: State and County Offices are **not** authorized to amend the language in this letter.

*--

Dear Producer:

The Agricultural Risk Protection Act of 2000 requires that the Farm Service Agency (FSA) and the Risk Management Agency (RMA) compare crop information submitted by producers to ensure that both agencies' records are correct. On XXXXXX XX, 2003, the [crop year] crop records from the 2 agencies were compared, and your records were determined to have 1 or more differences.

The following is the information provided to each agency.

RMA Information	Crop Year _____	Crop _____	Crop Share _____	Acreage _____	Verified Correct _____ Producer Initials
FSA Information	Crop Year _____	Crop _____	Crop Share _____	Acreage _____	Verified Correct _____ Producer Initials

Other – Your ID number is not the same between the 2 agencies – Please provide the correct ID number - _____

If both the RMA and FSA information is inaccurate, please provide the correct information below and a brief description of why the information is incorrect:

Crop Year _____	Crop _____	Crop Share _____	Acreage _____	Verified Correct _____ Producer Initials
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The information provided to RMA and FSA was inaccurate because: _____

Please initial by the correct information and return this letter to the FSA County Office within 15 calendar days of receipt. Failure to return this letter within 15 calendar days may result in FSA assigning the most restrictive information as correct or RMA referring your policy to your insurance provider for further review. This may also result in an overpayment of FSA benefits, which you will be required to refund.

We appreciate your time and concern in this matter.

Sincerely,

John Smith
CED, Minnehaha County

--*

AD-2006A, Consultation Request Log for AD-2006

A

**Completing
AD-2006A**

Complete AD-2006A according to this table.

Item	Instructions
1	Enter the crop year the issue is referred to RO for action.
2	Enter page number of the log.
3	Enter the State Office or RO name.
4	Enter the next consecutive tracking number.
5	Identify the issue. Ensure to include enough information to accurately identify the issue.
6	Enter date referred for RO action.
7	Enter date of RO action.

Continued on the next page

List of RO's and States Served

The following is a list of all RO's and the States they serve.

Mailing Address of RO	States Served	
*--Billings Regional Office 3490 Gabel Road Billings, MT 59102-7302 406-657-6447 (8:00 - 4:30 MST) FAX: 406-657-6573	Montana North Dakota South Dakota Wyoming	
Davis Regional Office 430 G Street, # 4168 Davis, CA 95616-4168 530-792-5870 (7:30 - 4:00 P) FAX: 530-792-5893	Arizona California Hawaii Nevada Utah	
Raleigh Regional Office 4405 Bland Road, Suite 160 Raleigh, NC 27609 919-875-4880 (8:00 - 4:30 E) FAX: 919-875-4915	Connecticut Delaware Maine Maryland Massachusetts New Hampshire New Jersey New York North Carolina Pennsylvania Rhode Island Vermont Virginia West Virginia	
Jackson Regional Office 803 Liberty Road Flowood, MS 39232 601-965-4771 (7:30 - 4:00 C) FAX: 601-965-4517	Arkansas Kentucky Louisiana Mississippi Tennessee	
Oklahoma City Regional Office 205 NW 63rd. Street, Suite 170 Oklahoma City, OK 73116-8254--* 405-879-2700 (7:30 - 4:00 C) FAX: 405-879-2741	New Mexico Oklahoma Texas	

List of RO's and States Served (Continued)

Mailing Address of RO	States Served
*--St. Paul Regional Office Minnesota World Trade Center 30 E. 7th Street, Suite 1450 St.Paul, MN 55101 651-290-3304 (7:30 - 4:00 C) FAX: 651-290-4139	Iowa Minnesota Wisconsin
Springfield Regional Office 3500 West Wabash Avenue Springfield, IL 62711 217-241-6600 (7:30 - 4:00 C) FAX: 217-241-6618	Illinois Indiana Michigan Ohio
Spokane Regional Office 11707 E. Sprague Avenue Suite 201 Spokane Valley, WA 99206 509-353-2147 (7:00 - 4:00 P) FAX: 509-353-3149	Alaska Idaho Oregon Washington
Topeka Regional Office 3401 SW Van Buren Street, Suite 2 Topeka, KS 66611-2227 785-266-0248 (7:30 - 4:00 C) FAX: 785-266-2487	Colorado Kansas Missouri Nebraska
Valdosta Regional Office 106 South Patterson Street Suite 250 Valdosta, GA 31601 229-219-2200 (8:00 - 4:30 E) FAX: 229-242-3566--*	Alabama Florida Georgia Puerto Rico South Carolina

AD-2006, State and County Consultation Request

A

**Completing
AD-2006**

STC, RO POC, State Office POC, COC, and County Offices shall complete AD-2006 according to the instruction in the following table. Attach additional sheets and supporting documentation, as necessary, to thoroughly explain the issue, provide background, justify recommendations, or explain the action.

Item	Instruction
1	Tracking Number: Depending on the origin of the request the State Office POC or RO POC will assign a 9-digit alpha numeric tracking number (for example, 200106F0001). The first 4 digits will be the calendar year the request is made (for example, 2001 = 2001), the third and fourth digit identifies the State location (for example, California = 06), the fifth digit identifies the origin of the request (for example, F for FSA or R for RMA), the next 4 digits are used for the request number in chronological order (for example, request number 1 = 0001).
2	Date originated.
3	Issue: The originator (RO POC, State Office POC, STC, COC) of the request states the subject and the task to be completed.
4	Background: The originator describes the subject and/or process and any other pertinent information in assisting the recipient in making their determination. Other information may include but not limited to why the task needs to be completed or what specific information needs to be reviewed.
5	STC Recommendation: The appropriate action recommended.
6	Justification: Supporting documentation provided for the action recommended (Part 5, Section 3).
7A	STC Signature: An STC member or their appointed designee will sign the request.
7B	Date Sent: The date the State Office POC sent the request to RO POC.
8	RO Explanation/Action: Describe the appropriate action taken by RO and the reason for the action. If the request is accepted, explain when the action will occur.
9A	RO POC signature.
9B	Check whether action is concurred or non-concurred.
9C	Enter date signed.
10	RO name.
11	State Office name and address.

Continued on the next page

AD-2006, State and County Consultation Request (Continued)

B
Example of
AD-2006

Following is an example of AD-2006.

<p>REPRODUCE LOCALLY. Include form number and date on all reproductions.</p>		
<p>AD-2006 (04-05-01)</p>	<p>U.S. DEPARTMENT OF AGRICULTURE Farm Service Agency</p>	<p>1. TRACKING NUMBER (11 Digit Number)* 200148F0001</p>
<p>STATE AND COUNTY CONSULTATION REQUEST</p>		<p>2. DATE ORIGINATED 04-03-2001</p>
<p>3. ISSUE (State the issue as briefly as possible): Valid final planting dates of April 15 for corn in the following counties: Dallas, Ellis, Navarro, Freestone, Leor, Limestone, Hill, Johnson, Tarrant, Denton, Wise, Parker, Hood, McLennan.</p>		
<p>4. BACKGROUND (State who does the issue impact; how does the issue impact you or your constituency?) Final planting dates must adhere to the following criteria: 1) the latest date the crop can be planted with the expectation of producing a normal yield, and 2) the date at which time at least 90% of the crop is normally planted in the county.</p>		
<p>5. STATE COMMITTEE RECOMMENDATION (State the committee's recommendation as briefly as possible): Final planting dates for Dallas, Ellis, Johnson, and Tarrant should be changed from April 15 to May 31.</p>		
<p>6. JUSTIFICATION (Fully explain your recommendation): The current final planting date of April 15 subjects any acreage planted that late to excessive heat in July that will adversely affect the ability of the plant to pollinate properly and ultimately reduce the yield. See attached recommendation from Extension.</p>		
<p>7A. STATE COMMITTEE MEMBER'S OR DESIGNEE'S SIGNATURE /s/ James Jones</p>		<p>7B. DATE SENT TO RMA REGIONAL OFFICE'S POC 04-03-01</p>
<p>8. REGIONAL OFFICE EXPLANATION: We accept your recommendation in part. We plan to change the final planting date to April 7 by the next filing date. Our concern for moving the date to March 31 is that in years when the crop can and should be replanted no attempt will be made to do so which would adversely affect the program.</p>		
<p>9A. REGIONAL OFFICE POC'S SIGNATURE /s/ Franklin Harrison</p>	<p>9B. REGIONAL OFFICE: <input checked="" type="checkbox"/> Concurred <input type="checkbox"/> Non-concurred</p>	<p>9C. DATE SIGNED 05-22-01</p>
<p>10. RMA REGIONAL OFFICE NAME & ADDRESS (Include ZIP Code) USDA Risk Management Agency Regional Office 205 NW 63rd Street, Suite 170 Oklahoma City, OK 73116 TELEPHONE NUMBER:</p>		<p>11. FSA STATE OFFICE NAME & ADDRESS (Include ZIP Code) Texas State FSA 2405 Texas Avenue College Station, TX 77840 TELEPHONE NUMBER:</p>
<p>*TRACKING NUMBER (11 Digits alpha numeric): Digits 1 through 4 identify the calendar year the request is made (i.e., 2001 = 2001). Digits 5 & 6 identify the State Location Code (i.e., California = 06). Digit 7 identifies the origin of the request (F for FSA or R for RMA). Digits 8 through 11 identify the request number in chronological order (i.e., request number 1 = 0001).</p>		
<p><small>The U.S. Department of Agriculture (USDA) prohibits discrimination in all its programs and activities on the basis of race, color, national origin, gender, religion, age, disability, political beliefs, sexual orientation, and marital or family status. (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 USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call (202) 720-6964 (voice or TDD). USDA is an equal opportunity provider and employer.</small></p>		

***--Program Deficiency Notification Memorandum**

This is an example of a memorandum to be used by RO to notify STC of probable and determined program deficiencies and policyholder alerts.

XX XXXXXX XXXXXX
State Executive Director
Farm Service Agency
City, State Zip

RE: 4-RM Report of Probable and Determined Program Deficiencies and Policyholder Alerts

Dear XX XXXXXX:

In accordance with the procedures outlined in 4-RM, the Risk Management Agency, XXX Regional Compliance Office is providing you with the attached listing of probable or known crop insurance program deficiencies and policyholder alerts for your information. The attached report is divided into three sections:

Section 1 (Code 1), Final Determinations – This listing includes policyholders with final findings impacting their crop insurance policies that may not be reflected on the download received from RMA. Final determinations may still be appealed by the insurance provider and are subject to dispute by the policyholder with their respective insurance companies. These findings have been identified by this office, reviewed by the insurance provider, and determined to be correct taking the company and or policyholder’s response into consideration.

Section 2 (Code 2), Probable and Determined Program Deficiencies – This is a listing of program issues identified by RMA that may have resulted in crop insurance overpayments for some policyholders. Because the deficiencies may have been imbedded in the insurance program itself, RMA may not recover all overpaid indemnities or correct other information relative to the policy data. FSA may want to review the downloaded information for producers who participated in these programs to ensure that the program deficiency does not improperly inflate the producer’s CDP payment.

Section 3 (Code 3), Other Policyholder Alerts – This section contains the names and identification numbers of policyholders that RMA has identified for potential problems with their insurance data, but has not completed a review or received responses from the policyholder’s insurance provider to verify any findings. This list is provided only as a “heads up” to your State regarding those policyholder’s who have gained our attention, but have not had the benefit of full review process at this time.

If you have any questions or need additional information, please feel free to call me at XXX-XXX-XXXX.

Sincerely,

XXXX XXXXXX
Director

Attachment

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