## UNITED STATES DEPARTMENT OF AGRICULTURE RURAL DEVELOPMENT 1520 Market Street St. Louis, Missouri 63103

### NOTICE AND ACKNOWLEDGEMENT OF FINAL PAYMENT

| DATE           |  |  |  |        |  |  |  |  |  |
|----------------|--|--|--|--------|--|--|--|--|--|
|                |  |  |  |        |  |  |  |  |  |
| DATE           |  |  |  | AMOUNT |  |  |  |  |  |
| TREASURY CHECK |  |  |  |        |  |  |  |  |  |

| NAME OF BORROWER | RD CASE NUMBER |  | AMOUNT OF<br>NOTE OR BOND |  | DATE OF<br>NOTE/BOND |  | INTEREST<br>RATE | EXP.<br>DATE |  |  |  |  |  |
|------------------|----------------|--|---------------------------|--|----------------------|--|------------------|--------------|--|--|--|--|--|
|                  |                |  |                           |  |                      |  |                  |              |  |  |  |  |  |

#### SECTION I: NOTICE OF FINAL PAYMENT TO THE INVESTOR

You will receive under separate cover the United States Treasury check described above. This check should pay the abovedescribed insured loan in full with interest due you to the date of the Treasury check. If your records agree, please complete and execute Section II of the original of this form when you receive the payment and send it, together with the Promissory Note (Bond), to our County Supervisor at the address shown in the lower portion of this form. We suggest documents be returned to the County Supervisor by certified mail. If your records do not agree, please write to the above address. The extra copy of this form is for your files.

# FORWARD PROMISSORY NOTE OR BOND TO:

| MAIL |  |
|------|--|
| CODE |  |
|      |  |
|      |  |

## SECTION II: ACKNOWLEDGMENT OF RECEIPT OF FINAL PAYMENT

The above-described loan has been paid in full. It is understood that all obligations of the United States of America as insurer of the loan are terminated. Enclosed for delivery to the borrower by Rural Development is the original Promissory Note (Bond), endorsed on the reverse side, "Pay to the order of the United States of America. Without recourse."

| Date Final Payment Received | Name of Investor |
|-----------------------------|------------------|
|                             |                  |

BY:

(Signature)

(Title)