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(03-21-03)

U.S. DEPARTMENT OF AGRICULTURE
Commodity Credit Corporation

2002 LIVESTOCK COMPENSATION PROGRAM II (LCP II) SUPPLEMENTAL INFORMATION SHEET (Spot Check)

1A. COUNTY FSA OFFICE NAME AND ADDRESS (*Including Zip Code)*

1B. Telephone Number *(Include Area Code)*

2. Farm Serial No.	3. Type of Livestock	4. Location of Livestock at Time of Signup	5. Certified Number of Head at Time of Sign Up	6. Determined Number of Head at Time of Spot Check	7. Date of Spot Check *(MM-DD-YYYY)*

8. Spot check results and comments:

9. Signature of Reporter *(County FSA Officer)*

10. Date Prepared *(MM-DD-YYYY)*

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