

PA STATE TREASURY

AGRI-LINKED DEPOSIT PROGRAM INSTITUTION INVENTORY REPORT



Name of Financial Institution	Date of LENDER Agreement	
Primary Contact for Program		
Name	Email	Phone
Contact Information for the institution'	s representative for current application	n
Name	 Email	Phone
Please provide a listing of <u>all</u> Agri-I	Linked Program Deposits approved	l for the referenced institution.
This report will be required for each	new Agri-Linked Deposit and at e	each six-month maturity cycle.

REPORT DATE:

Deposit Status: Current, Matured, or Requested	Borrower Name	Loan Date	Total Loan Amount/Term	Loan Rate (fixed/variable)	Issue Date of Linked Deposit	Original Linked Deposit Amount	Outstanding Linked Deposit Amount (as of last maturity date)