JOHN N. HUGHES ATTORNEY AT LAW PROFESSIONAL SERVICE CORPORATION 124 WEST TODD STREET FRANKFORT, KENTUCKY 40601

RECEIVED

MAY 1 9 2017

TELEPHONE: (502) 227-7270

JNHUGHES@JOHNNHUGHESPSC.COM PUBLIC SERVICE COMMISSION

May 19, 2017

Talina Mathews Executive Director Public Service Commission 211 Sower Blvd. Frankfort, KY 40601

Re: Jackson County Water Association Case No. 2017-00182

Dear Ms. Mathews:

Jackson County Water Association submits RD Form 1940-1 as requested by the staff on May 18th by telephone. If you have any questions about this matter, please contact me.

Very truly yours,

John N. Hughes

Attorney for Jackson County Water Association

John M. Hugler

USDA Form RD 1940-1 (Rev. 06-10)

REQUEST FOR OBLIGATION OF FUNDS

FORM APPROVED OMB No. 0570-0062

INSTRUC	CTIONS-TYPE IN CAPITAL I	ZED ELITE TYPE IN SPACES	MARKED /						
Complete	te Items 1 through 29 and a	pplicable Items 30 through 34	4 See FMI						
1. CASE NUMBER		LOAN NUMBER							
ST CO BORROWER ID		LOAN NOMBER	FISCAL YEAR						
20-055-****9740									
2. BORROWER NAME		3. NUMBER NAME FIELDS							
Jackson County Water	Association	(1, 2, or 3 from Item 2)							
		4. STATE NAME							
		Kentucky							
		5. COUNTY NAME							
Jackson GENERAL BORROWER/LOAN INFORMATION									
6. RACE/ETHNIC 7. TYP	E OF APPLICANT	8. COLLATERAL CODE 9. EMPLOYEE							
CLASSIFICATION 1 - WHITE 4 - HISPANIC 2 - PI 2 - BLACK 5 - AIPI 3 - AI/AN 3 5 - A	NDIVIDUAL ARTNERSHIP ORPORATION VIBILO BODY VIBILO BODY VIBILO BODY VIBILO BODY VIBILO BODY VIBILO COLLEGEUNIVE VIRMERS 11-OTHER	1- REAL ESTATE 4 - MACHINERY SECURED 5 - LIVESTOCK C 2-REAL ESTATE 6 - CROPS ONLY	ONLY RELATIONSHIP CODE						
10. SEX CODE 3- FAMILY UNIT 4- ORGAN, MALE OWNED 5- ORGAN FEMALE OWNED 6- PUBLIC BODY	11. MARITAL STATUS 1 - MARRIED 3 - UNMARRIED 2 - SEPARATED WIDOWED	12. VETERAN CODE	13. CREDIT REPORT 2 1.YES 2.HO						
14. DIRECT PAYMENT	15. TYPE OF PAYMENT	16. FEE INSPECTION							
3 (See FMI)	2 1-MONTHLY 3-SEMI-ANNUALLY 4-QUARTERLY	2 1.YES 2-NO							
17. COMMUNITY SIZE 1 - 10 000 OR LESS (FOR SFH AND 2 - OVER 10,000 HPG ONLY)		18. USE OF FUNDS CODE (See FMI)							
10 7/27 07		R OBLIGATION OF FUNDS							
19. TYPE OF ASSISTANCE	20. PURPOSE CODE	21. SOURCE OF FUNDS	22. TYPE OF ACTION						
067 (See FMI)		1	1 -OBLIGATION ONLY 2 - OBLIGATION/CHECK REQUEST 3 - CORRECTION OF OBLIGATION						
23. TYPE OF SUBMISSION	24. AMOUNT OF LOAN	25. AMOUNT OF GRANT							
2 -SUBSEQUENT	\$3,907,000.00	\$905,000.00							
26. AMOUNT OF IMMEDIATE ADVANCE	27. DATE OF APPROVAL	28. INTEREST RATE 29. REPAYMENT TERMS							
	08 12 18	2.1250 % 40							
30. PROFIT TYPE	FOR COMMUNITY PROGRAM	AND CERTAIN MULTIPLE-FAMI							
1 - FULL PROFIT 3 - NONPROFIT			The state of the state of						
31. DISASTER DESIGNATION NU	R EM LOANS ONLY		CREDIT SALE-ASSUMPTION						
(See FMI)	MIDER	32. TYPE OF SALE 2 - ASSUMPTION ONLY 4 - ASSUMPTION WITH							
FINANCE OFF	ICE USE ONLY	1 -CREDIT SALE ONLY 3 -CREDIT SALE WITH SUBSEQUENT LOAN SUBSEQUENT LOAN COMPLETE FOR FP LOANS ONLY							
33. OBLIGATION DATE		34. BEGINNING FARMER/RANCHER							
MO DA YR		1							
		(See FMI)							
		r							

If the decision contained above in this form results in denial, reduction or cancellation of USDA assistance, you may appeal this decision and have a hearing or you may request a review in lieu of a hearing. Please use the form we have included for this purpose.

Position 2

ORIGINAL - Borrower's Case Folder COPY 1 - Finance Office

COPY 2 - Applicant/Lender COPY 3 - State Office

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 estimated to average 15 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.

CERTIFICATION APPROVAL

For All Farmers Programs

EM, OL, FO, and SW Loans

This loan is approved subject to the availability of funds. If this loan does not close for any reason within 90 days from the date of approval on this document, the approval official will request updated eligibility information. The undersigned loan applicant agrees that the approval official will have 14 working days to review any updated information prior to submitting this document for obligation of funds. If there have been significant changes that may affect eligibility, a decision as to eligibility and feasibility will be made within 30 days from the time the applicant provides the necessary information.

If this is a loan approval for which a lien and/or title search is necessary, the undersigned applicant agrees that the

		loan closing requirement work and completing loan		eded for the pu	rposes of the	applicant's leg	gal representative	
35. al	Approval o	AND REQUIREMENTS Of financial assist dated August 7, 2	ance is	subject to any amend	the prov	reto.		of
8/1	MIS Ubli	gation extered	Lover	termina	L C 8:3	59 am. f	νu	
36.	and terms, takin for similar purp- regulations appl USDA any mate specified herein	RTIFY that I am unable to g into consideration preva- oses and periods of time. I icable to the type of assista- erial adverse changes, final has been received. I have see to comply with these pro-	iling private agree to use ance indicate ncial or othe reviewed the	and cooperative the sum specified above, and re- rwise, that occur	e rates and te led herein, su equest payme ar prior to loa	rms in or near ibject to and ir int of such sun n closing. I ce	my community for accordance with n. I agree to report rtify that no part or	r loans to f the sum
	(For FP loans at a interest rate in eff	eligible terms only) If this loa	n is approved al or loan clos	, I elect the interesing. If I check "N	est rate to be ch	arged on my lo	an to be the lower of	the
	loan will be the ra	ite specified in Item 28 of this	form.	YES	NO			
	WARNING:	Whoever, in any matte knowingly and willfull fact, or makes any fals any false writing or do statement or entry, sh	y falsifies, d se, fictitious ocument kno	conceals or co s or fraudulent owing the sam	vers up by a statements of to contain	ny trick, sche or representa any false, fic	eme, or device a m ations, or makes o titious or fraudule	naterial er uses ent
Date	8.12	, 20 <u>15</u>	\bigcirc	Jovans	m. w	Allean	~	
			• 1	Howard Will	iams, Pre	sident	(Signature of A	(pplicant)
Date		, 20	_				·	
							(Signature of Co-A	(pplicant)
37.	prerequisite to p that all requiren amount set forth	RTIFY that all of the commoroviding assistance of the nents of pertinent regulation above, and by this documpplicant for the purpose of	type indicate ns have been ent, subject	ed above have to n complied with to the availabil	been made and it. I hereby applity of funds, t	d that evidence prove the above the Government	e thereof is in the ove-described assist and agrees to advance	docket, and ance in the such
		Ту	rped or Print	ed Name: Tho	mas G. Fe		nature of Approving	Official)
~		מוצות.	-			···· <u>-</u> ·		
Date	Approved:	8/12/15		Title: State	e Directo	<u>r</u>	· · · · · · · · · · · · · · · · · · ·	
38.	from the USDA	ICANT: As of this date has been approved, as ind but have any questions cont	icated above act the appro	, subject to the	availability o	of funds and of	ation for financial a ther conditions requ	ssistance uired by