

NEBRASKA ACCOUNTABILITY AND DISCLOSURE COMMISSION 1225 L Street, Suite 400 P.O. Box 95086 Lincoln, NE 68509 (402) 471-2522 www.nadc.nebraska.gov		REGISTRATION OF A SUPPLEMENTAL FILER NADC FORM SF-1		POSTMARK DATE		9/9/2022		
				MICROFILM NUMBER				
				OFFICE USE ONLY				
BEFORE COMPLETING THIS FORM READ THE GENERAL INFORMATION FILING REQUIREMENTS ON PAGE 4								
- Nebraska Business: Select Business "Nebraska Business" if you are a corporation, labor organization, limited liability company, limited liability partnership, industry, trade or professional association doing business in Nebraska, or if you are organized under Nebraska law. - Out of State Business: Select Business "Out of State Business" if you are a corporation, labor organization, or an industry, trade or professional association which is not doing business in Nebraska. - Individual: Select "Individual" if you are required to file on behalf of an individual person (yourself, or someone else who is not a committee, business or entity). - Other Entity: All others select "Other Entity".								
ITEM 1		NATURE OF FILING (Check Appropriate Box)						
		☒ This is an initial filing			☐ This is an amendment(complete Item 2 and other items to be amended)			
ITEM 2		SUPPLEMENTAL FILER INFORMATION						
THIS ADDRESS WILL BE USED BY THE COMMISSION FOR CORRESPONDING WITH THE FILER								
Supplemental Filer Type:		Nebraska Business Supplemental Filer			Registration Date: 9/9/2022			
Business Name:		FARM CREDIT SERVICES OF AMERICA						
Address:		5015 SOUTH 118TH STREET		OMAHA	NE	68137		
		STREET ADDRESS		CITY	STATE	ZIP CODE		
Mailing Address:		5015 SOUTH 118TH STREET		OMAHA	NE	68137		
		STREET ADDRESS		CITY	STATE	ZIP CODE		
TelePhone No:		(402) 429-6146		Email Address:		JAMES.NYGREN@FCSAMERICA.COM		
ITEM 3		NATURE OF COMMITTEE (Check Appropriate Box)						
		☐ Individual Supplemental Filer			☒ Nebraska Business Supplemental Filer			
		☐ Other Entity Supplemental Filer			☐ Out of State Business Supplemental Filer			
ITEM 4		NAME, ADDRESS AND TELEPHONE NUMBER OF THE OFFICERS AND MEMBERS OF THE FILER						
Position		Name		Address	City	State	Zip code	Telephone No.
Primary Agent		JAMES R NYGREN		5015 SOUTH 118TH STREET	OMAHA	NE	68137	(402) 429-6146
ITEM 5		SIGNATURE OF FILER AND DATE						
JAMES R NYGREN		PRIMARY AGENT			9/9/2022			
(Signature of Filer)		(e - Signature Title)			Date			