

THE COWTOWN FOUNDATION INC.

P.O. BOX 422

ARRINGTON, TN. 37014

615 308 7787

**PIGFORD CLASS MEMBERSHIP AFFIDAVIT OF FACTS
OF CLASS COUNSEL AND NEUTRALS**

1. Were you a Pigford Class Member? Yes or No (Please Circle The Correct Answer)
2. Did you apply for Track A or Track B?
3. Did you prevail in your claim or were you denied? Prevailed or Denied
4. If you were denied, did you appeal the action to the monitor? Yes or No
5. Before you selected Track A or Track B, did anyone from Class Counsel promise you to get your farm ownership loan written off? If the answer is yes, what attorney's office did you have contact with? Yes or No If yes, name of class counsel

_____.
6. If you were denied, who did you receive your denial letter from class counsel, the Arbitrator, Adjudicator, Facilitator, Monitor or from The Secretary of Agriculture? (Circle the Best Answer). Do you still have a copy of your letter and would you be willing to testify in Court and/or provide us with a copy of your denial letter?
7. Did you own a farm and your farm loan was with The USDA or any affiliate of The USDA?

Yes or No. If the answer was yes, how many acres? _____ acres

8. Do you still have the farm? Yes or No? If so, did the USDA foreclose on your farm? Y or N

9. Did you attempt to call class counsel, arbitrator, adjudicator, facilitator or monitor

by phone or letter and received no response or the contact information was no longer

valid? If the answer is yes, who did you call and what happened _____

_____.

10. If you were Track B, did you receive a hearing or were you denied without receiving a

Hearing? Received or Denied with or without hearing.

11. Would you like to pursue the recovery of funds that you are entitled to for yourself or for

The Estate of Parents or Sibling?

12. Did you receive a Tracking Number? Yes or No

13. Were you ever contacted by Class Counsel, The USDA or The DC District Court informing

that the Court was going to give the remaining Pigford Settlement Money away?

_____ (Signature and Date)

Your Name

Your Address

_____ Notary Public

Your Telephone Number

**PLEASE MAIL VIA REGULAR POSTAGE TO:
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