

**KANSAS DEPARTMENT OF AGRICULTURE
GRAIN WAREHOUSE PROGRAM**

1320 Research Park Dr.
Manhattan, KS 66502

PLEASE POST WITH WAREHOUSE CHARGES

SIGNATURES OF AUTHORIZED SIGNERS OF WAREHOUSE RECEIPTS

Signature(s): _____	Title _____
_____	Title _____
_____	Title _____
_____	Title _____

I hereby certify that the above signatures are correct:

Date _____	Firm Name _____
	Address _____
	Signed _____
	By _____
	If corporation, Executive Officer
	Title _____

STATE OF KANSAS)
)ss.
County of _____)

On this _____ day of _____, personally appeared before me,

a notary public in and for the State and County aforesaid, _____,

who being duly sworn says that he/she is the person who signed the foregoing statement in the name of the Licensed Warehouse;

that he/she is duly authorized to do so, and that the statements contained in the said statement are true to the best of his/her

knowledge, information and belief.

_____, Notary Public

Commission Expiration Date