

Bonding
Company
No.

STATE OF KANSAS
(GRAIN)
PUBLIC WAREHOUSE BOND

KNOW ALL MEN BY THESE PRESENTS,

That we, _____
of _____
as Principal, and _____
of _____
a corporate surety qualified under the laws of the State of Kansas, as surety, are held and firmly bound unto the State of Kansas,
for the benefit of all persons interested, or their legal representatives, attorneys, or assigns, in the penal sum of _____
_____ DOLLARS
(_____) lawful money of the UNITED STATES, to the payment of which, well and truly to be made, we bind
ourselves, our heirs, executors, administrators, and assigns, firmly by these presents.

The condition of the above obligation is such that, whereas, the above-bounden Principal on the _____ day of _____,
made application for a license to operate the _____
elevator as a Public Warehouse, at _____
County of _____, State of _____. This bond is effective on
and after the _____ day of _____. This obligation shall be a continuing obligation and shall remain in full
force and effect unless and until cancelled by surety on no less than sixty (60) days' notice by mail to the Secretary of the Kansas
Department of Agriculture. No such notice shall be required for cancellation of this bond by reason of nonpayment of premiums
hereon.

NOW, THEREFORE, if the said Principal shall well and faithfully perform all of his duties as such Public Warehouseman,
during the period the bond is in effect, then this obligation to be void and of no effect; otherwise to be and remain in full force and
effect.

The total liability of the surety shall be limited to the bond amount stated above, unless amended by appropriate rider(s) or
endorsement(s).

Dated _____
IF INDIVIDUAL Sign Here:

Witness: _____

Witness: _____

IF CO-PARTNERSHIP Sign Here:

(Name of Firm)

Witness: _____

Member of Firm.

Witness: _____

Member of Firm.

(Seal of Principal)

(Individually and as Co-partners)

IF CORPORATION Sign Here:

Attest: _____

(Name of Corporation)

Attest: _____
(Corporation Secretary)

By _____

Attest: _____

By _____

Surety.

Attest: _____

By _____

Attorney in Fact.

(Witness to Surety's Signature)

Power of Attorney or authority to bind surety to be attached

(SEAL OF SURETY)

KANSAS LICENSED AGENT

City and State _____

Name of Agency _____

Address _____