

**KANSAS DEPARTMENT OF AGRICULTURE  
GRAIN WAREHOUSE PROGRAM**

109 SW 9th Street  
Topeka, Kansas 66612

**\*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