| Rond No |  |  |
|---------|--|--|
|         |  |  |

## NEW YORK STATE DEPARTMENT OF AGRICULTURE AND MARKETS

Phone: 518-457-8861 Fax: 518-457-2716 Division of Agricultural Development 10B Airline Drive, Albany, NY 12235-0001

## FARM PRODUCTS DEALER BOND FORM

KNOW ALL MEN BY THESE PRESENTS

| That w                                | e,   |                           |                          |                               |                         |                            |                                |                |                           |                   |                                |               |                     |                    |                      |              |                   |              |                           |                  |                  |
|---------------------------------------|--|---------------------------|--------------------------|-------------------------------|-------------------------|----------------------------|--------------------------------|----------------|---------------------------|-------------------|--------------------------------|---------------|---------------------|--------------------|----------------------|--------------|-------------------|--------------|---------------------------|------------------|------------------|
| of                                    |  |                           |                          |                               |                         |                            |                                |                |                           |                   |                                |               |                     |                    |                      |              |                   |              |                           |                  | _                |
| as princ                              | cipal and  |                           |                          |                               |                         |                            |                                |                |                           |                   |                                |               |                     |                    |                      |              |                   |              |                           |                  |                  |
| a corpo                               | oration organize   | d und                     | er the                   | laws                          | of th                   | ne Sta                     | ite of _                       |                |                           |                   |                                |               |                     |                    |                      |              |                   |              |                           |                  |                  |
| and a                                 | authorized to  | do                        | busin                    | ness                          | in                      | the                        | State                          | of             | Nev                       | V                 | York,                          | and           | having              | g an               | office               | e at         | (com              | nplete       | mailing                   | ad               | dress)           |
| as sur                                | ety are held an  |                           | -                        |                               |                         |                            |                                |                |                           |                   | _                              |               |                     |                    |                      |              |                   |              | _                         |                  |                  |
| separate to be p                      | term of the curre<br>e and distinct pe<br>aid to the said Curselves, our heir          | nal su<br>Comm            | ms in                    | that s                        | same<br>Agri            | amoi<br>icultu             | unt for re and                 | Marl           | kets of                   | `hi               | s succe                        | ssors, o      | or assign           | ns for             | which p              | oayme        | ent, wel          |              |                           |                  |                  |
|                                       | WHEREAS, to receive or stork, as amended 20.   | ell or                    | offer                    | to sel                        | l farı                  | n pro                      | ducts p                        | ursu           | ant to                    | the               | provisi                        | ons of        | Article             | 20 of 1            | he Agr               | icultui      | e and I           | Market       | s Law of                  | the S            | tate of          |
| becomi                                | NOW, THER ons of said Artions of said Artions due for all su the current licer         | cle 20<br>uch pr          | and and                  | hones<br>s as re              | stly a                  | ed by                      | nt for a                       | all fa<br>then | rm pr<br>this o           | odu<br>blig       | icts rec<br>gation is          | eived to be   | for hand<br>void; o | lling c            | r sale,              | and p        | romptl            | y pay        | all amour                 | nts du           | ie and           |
| prior to<br>specifie                  | Except that eigmails a notice of the cancellation ed in the notice as to act occurring | f such<br>n date<br>as to | inter<br>speci<br>any fu | it to c<br>ified i<br>iture a | ance<br>in the<br>acts, | el, by<br>e noti<br>activi | registe<br>ce. In<br>ities, or | red consuch    | event<br>event<br>ares of | fied<br>the<br>re | d mail,<br>e oblig<br>fusals t | with reations | eturn rec           | ceipt r<br>urety s | equeste<br>shall cea | d to tase at | he Con<br>the clo | nmissiose on | oner at leather the cance | ast 90<br>Ilatio | 0 days<br>n date |
| Commi                                 | Any claim ur issioner as provi   |                           |                          |                               |                         |                            |                                |                |                           |                   |                                |               | and no              | t paic             | l for by             | y the        | princip           | al mu        | st be file                | ed wi            | th the           |
|                                       | Sealed and da  | ted th                    | is                       |                               |                         |                            |                                | _ da           | y of _                    |                   |                                |               |                     | _,                 | ·                    |              |                   |              |                           |                  |                  |
|                                       |  |                           |                          |                               |                         |                            |                                |                |                           |                   |                                |               |                     | (Princ             | ipal)                |              |                   |              |                           |                  |                  |
| CORPORATE<br>SEAL                     |  |                           |                          |                               |                         | Ву                         |                                |                | (\$                       | Signatur          | e and                          | Γitle of      | Office              | er)                |                      |              |                   |              |                           |                  |                  |
|                                       |  |                           |                          |                               |                         |                            |                                |                |                           |                   |                                |               |                     | (Sur               | rety)                |              |                   |              |                           |                  |                  |
|                                       |  |                           |                          |                               |                         |                            |                                |                | By                        |                   |                                |               |                     |                    |                      | Atto         | rney in           | Fact         |                           |                  |                  |
| NOTE:                                 | If co-partnership<br>must sign individ<br>name must be sig<br>title on line belov      | lually a                  | as well.<br>full, w      | If cor                        | rpora                   | tion, co<br>er's na        | orporate<br>ame and            | )              |                           |                   |                                | (S            | Signatur            | e and              | Γitle of             | Office       | er)               |              |                           |                  |                  |
| Appro                                 | oved   |                           |                          |                               |                         |                            | ,                              |                |                           |                   |                                |               |                     |                    | SUR                  | ETY          | 'S                |              |                           |                  |                  |
| DEPARTMENT OF AGRICULTURE AND MARKETS |  |                           |                          |                               |                         |                            |                                |                |                           |                   | CORPO<br>SI                    | ORAT          | ГЕ                  |                    |                      |              |                   |              |                           |                  |                  |
|                                       |  |                           |                          |                               |                         |                            |                                |                |                           |                   |                                |               |                     |                    | 51                   |              |                   |              |                           |                  |                  |
| -y                                    |  |                           |                          |                               |                         |                            |                                |                |                           |                   |                                |               |                     |                    |                      |              |                   |              |                           |                  |                  |

(Execution of this document must always be acknowledged before a Notary Public or other officer authorized to take acknowledgements. If acknowledgement is taken outside New York State, attach a County Clerk's certificate.)

## ACKNOWLEDGEMENT OF PRINCIPAL

 $(Individual\ or\ Partnership)$ 

| STATE OF                     |                         |                                 |  |                                    |
|------------------------------|-------------------------|---------------------------------|--|------------------------------------|
| COUNTY OF                    | ( ss.:                  |                                 |  |                                    |
|                              |                         |                                 |  |                                    |
| On this                      |                         | day of                          | ,  | , before me personally             |
| appeared                     |                         | 1 described in and take account | ad the Canacina armst hand and   | , to me                            |
| he executed said instrument  |                         |                                 | ed the foregoing surety bond and   | ne duly acknowledged to me that    |
|                              | -                       |                                 |  |                                    |
|                              |                         | -                               | Notary Pul   | plic                               |
|                              |                         |                                 |  | County                             |
|                              |                         |                                 |  | County                             |
|                              |                         | (Corporation                    | ))   |                                    |
|                              |                         | (Corporation                    | ·)   |                                    |
| STATE OF                     | )                       |                                 |  |                                    |
|                              | ( ss.:                  |                                 |  |                                    |
| COUNTY OF                    | )                       |                                 |  |                                    |
| On this                      |                         | day of                          | ,  | , before me personally             |
|                              |                         |                                 |  |                                    |
|                              |                         |                                 |  |                                    |
|                              |                         |                                 |  |                                    |
|                              |                         |                                 | the knows the seal of said corpor<br>of Directors of said corporation ar |                                    |
|                              |                         | _                               | Notary Pul   | plic                               |
|                              |                         |                                 |  | County                             |
|                              |                         |                                 |  |                                    |
|                              |                         | ACKNOWLEDGEMENT                 | OF SURETY  |                                    |
| CTLATED OF                   |                         |                                 |  |                                    |
| STATE OF                     |                         |                                 |  |                                    |
| COUNTY OF                    | )                       |                                 |  |                                    |
| On this                      |                         | dov. of                         |  | hafara ma narganally               |
|                              |                         |                                 |  |                                    |
|                              |                         |                                 | ······································                                   |                                    |
|                              |                         |                                 |  |                                    |
|                              |                         |                                 | the knows the seal of said corpor  |                                    |
|                              |                         |                                 | of Directors of said corporation ar                                      |                                    |
| by like order; and           |                         | orther says that he             | •  | id that he signed his hame thereto |
| by like order, and           | 1                       | 3                               | rney in Fact   |                                    |
|                              |                         |                                 | mey iii r act  |                                    |
|                              |                         |                                 |  |                                    |
| and was subscribed thereto b | by like order of the Bo | oard of Directors in the presen | ce of deponent.  |                                    |
|                              |                         |                                 |  |                                    |
|                              |                         | _                               |  |                                    |
|                              |                         |                                 | Notary Pul   | plic                               |
|                              |                         |                                 |  | County                             |