

WA-90 (09-01-03)	U.S. DEPARTMENT OF AGRICULTURE Farm Service Agency United States Warehouse Act	1. FOR FSA USE ONLY		
CORPORATE SIGNATURE RESOLUTION		<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; height: 30px;">A. License Number</td> <td style="width:50%; height: 30px;">B. Initials</td> </tr> </table>	A. License Number	B. Initials
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The purpose of this form is to declare those who may execute documents on behalf of a corporation. This declaration may not conflict with the Articles of Incorporation or the Bylaws.

Be it resolved that: (follow printed instructions exactly)

I or We (a) _____
(List only individual proper names only here. Do not check boxes unless there are officer positions in (e).)

(b) and (means **BOTH** sign) (c) or (means **EITHER** sign) (d) and or (means **ANY** sign)

The (e) _____
(List here only officers of the corporation authorized to sign. Do not check boxes unless there are proper names listed in (a).)

is (are) hereby empowered to execute all bonds, supplemental bond agreements and other papers or documents required under the United States Warehouse Act on behalf of the corporation, such power is to remain in effect until the Administrator of the United States Warehouse Act is given notice in writing to the contrary by an official of the corporation.

Be it further resolved that:

the acts of any officer of the corporation in executing all previous applications, bonds and supplemental bond agreements under the Act on behalf of the corporation are hereby ratified and approved.

Be it resolved that:

the purpose of this corporation shall include but not be limited to conducting a public warehouse for storage in accordance with the applicable regulations and licensing agreements and the Act for agricultural products for interstate and or foreign commerce.

Be it resolved that:

the principal place of business of the corporation is and shall be located at (f) _____ ,
(County)
 (g) _____ .
(City and State)

2. CERTIFICATE OF BOARD RESOLUTION

I certify that on (a) _____ , **at a** (b) **regular or** (c) **special meeting of the board of directors of**
(Date) (MM-DD-YYYY)
 (d) _____
(Name of Corporation)

held at (or by), (e) _____
(Location of Meeting or Nature of Meeting i.e. teleconference)

at which a quorum was present, that on motion made, seconded and carried, the above resolution was adopted; that this resolution has been spread on the minutes of the board of directors; and that it has been made part of the permanent record.

Executed this (f) _____ **day of** (g) _____ .
(Day) (Month and Year)

2H. Signature of Secretary	2I. Date (MM-DD-YYYY)
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NOTE: The following statement is made in accordance with the Privacy Act of 1974 (5 USC 552a) and the Paperwork Reduction Act of 1995, as amended. The authority for requesting the following information is the regulations at 7 CFR Part 735. The information will be used to complete the terms of a license and licensing agreement between the warehouse operator and the Deputy Administrator for Commodity Operations. Furnishing the requested information is voluntary, however, without it, eligibility to be licensed under the United States Warehouse Act cannot be determined. This information may be provided to other agencies, IRS, Department of Justice, or other State and Federal law enforcement agencies, and in response to a court magistrate or administrative tribunal. The provisions of criminal and civil fraud statutes, including 18 USC 286, 287, 371, 641, 651, 1001; 1014, and 31 USC 3729, may be applicable to the information provided.

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0560-0120. The time required to complete this information collection is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. **RETURN THIS COMPLETED FORM TO THE KANSAS CITY COMMODITY OFFICE (KCCO), WAREHOUSE LICENSE AND EXAMINATION DIVISION, STOP 9148, P.O. BOX 419205, KANSAS CITY, MO 64141-6205.**