

<p><b>WA-90</b> (05-29-13)</p> <p style="text-align: center;"><b>U.S. DEPARTMENT OF AGRICULTURE</b> Farm Service Agency United States Warehouse Act</p> <p style="text-align: center;"><b>CORPORATE SIGNATURE RESOLUTION OR LIMITED LIABILITY COMPANY SIGNATURE RESOLUTION</b></p>	<p style="text-align: center;"><b>1. FOR FSA USE ONLY</b></p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">A. License Number</td> <td style="width:50%;">B. Initials</td> </tr> <tr> <td colspan="2">                 2. Check One:  <input type="checkbox"/> Corporate Signature Resolution  <input type="checkbox"/> Limited Liability Company Signature Resolution             </td> </tr> </table>	A. License Number	B. Initials	2. Check One: <input type="checkbox"/> Corporate Signature Resolution <input type="checkbox"/> Limited Liability Company Signature Resolution	
A. License Number	B. Initials				
2. Check One: <input type="checkbox"/> Corporate Signature Resolution <input type="checkbox"/> Limited Liability Company Signature Resolution					

*The purpose of this form is to declare those who may execute documents on behalf of a corporation and or a limited liability company. If a corporation, this declaration may not conflict with the Articles of Incorporation or the Bylaws. If a limited liability company, this declaration may not conflict with the Articles of Organization or Operating Agreement.*

**Be it resolved that: (follow printed instructions exactly)**

(a) Corporation

**I or We** (b) \_\_\_\_\_  
(List only individual proper names here. Do not check boxes unless there are officer positions in ( f ).)

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

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

(g) Limited Liability Company

**I or We** (h) \_\_\_\_\_  
(List only individual proper names or titles)

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 or limited liability company, 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 or limited liability company.

**Be it further resolved that:**

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

**Be it resolved that:**

the purpose of this corporation or limited liability company 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 or limited liability company is and shall be located at (i) \_\_\_\_\_ ,  
(County)  
 (j) \_\_\_\_\_ .  
(City and State)

**3. CERTIFICATE OF BOARD RESOLUTION (CORPORATION)**

**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)

3H. Signature of Secretary	3I. Date (MM-DD-YYYY)
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**4. LIMITED LIABILITY COMPANY CERTIFICATION OF RESOLUTION**

**I** (a) \_\_\_\_\_ , **the** (b) \_\_\_\_\_ of \_\_\_\_\_  
(Name) (Title)

(c) \_\_\_\_\_  
(Legal Name of Limited Liability Company)

**Certify that on** (d) \_\_\_\_\_ **the individual(s) listed above are to be authorized to sign United States Warehouse Act documents.**  
(Date (MM-DD-YYYY))

**NOTE:** *The following statement is made in accordance with the Privacy Act of 1974 (5 U.S.C. 552a - as amended). The authority for requesting the information identified on this form is 7 CFR Part 735, 7 CFR Part 1423, 7 CFR Part 1427, the United States Warehouse Act (Pub. L. 106-472), and the Commodity Credit Corporation Charter Act (15 U.S.C. 714 et seq.). The information will be used by the board of directors of a corporation to designate individual(s) and/or officer(s) empowered to execute documents on behalf of the corporation or by a limited liability company to certify individuals to be authorized to sign United States Warehouse Act documents. The information collected on this form may be disclosed to other Federal, State, Local government agencies, Tribal agencies, and nongovernmental entities that have been authorized access to the information by statute or regulation and/or as described in applicable Routine Uses identified in the System of Records Notice for USDA/FSA-2, Farm Records File (Automated) and USDA/FSA-3, Consultants File. Providing the requested information is voluntary. However, failure to furnish the requested information will result in a determination of ineligibility to obtain new licensing or retain existing licensing under the United States Warehouse Act.*

*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 an OMB control number. The valid OMB control number of 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.*

*The provisions of appropriate criminal and civil fraud, privacy, and other statutes may be applicable to the information provided. **RETURN THIS COMPLETED FORM TO THE KANSAS CITY COMMODITY OFFICE, WAREHOUSE LICENSE AND EXAMINATION DIVISION, STOP 9148, P.O. BOX 419205, KANSAS CITY, MO 64141-6205, OR BY FAX 816-926-1774.***

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*If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter by mail to U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at [program.intake@usda.gov](mailto:program.intake@usda.gov). USDA is an equal opportunity provider and employer.*