Power of Attorney Notice

The undersigned does hereby appoint _____
Authorized Representative

of _____
Representative City, State

as attorney-in-fact, with full authority to sell, market convey and move any and all grain or commodities with Midway Coop Association, for such price or prices, and on such terms and conditions as said attorney in fact may deem proper, and to make, execute and deliver all contracts, documents and instruments necessary to sell or market the grain or commodities.

Applicable Account Number(s)

1. _____
2. _____
3. _____

This power of attorney shall remain in full force and effect until written notice of its revocation has been duly served upon Midway Coop Association. This power of attorney shall not be affected by any subsequent disability or incapacity of the undersigned.

IN WITNESS WHEREOF, this power of attorney is executed this _____ day of _____ 20____.

_____ _____
Owner Signature Owner Signature

_____ _____
Print Name Print Name

Subscribed and sworn to before me this _____ day of _____ 20____.

State of _____

County of _____

_____
Notary Public Name

_____
Notary Signature

My Appt. Expires: _____