GRAIN STORAGE TRANSFER FORM

_____
(NAME OF WAREHOUSE)

_____
(LOCATION)

_____
(GRAIN TRANSFERRED FOR MONTH)

I fully understand, the grain I have delivered to the above named warehouse, will not be stored in that facility. I authorize, (in accordance with Section 36, subsection a & b, of the Arkansas Public Grain Warehouse Law), the above elevator (through my written consent) to transfer my grain to the state or federally licensed grain warehouses for storage as shown below. It is also understood, that above warehouseman will not sell or pledge my grain until he is authorized to do so by the person who's name appears below.

DATE	KIND	NAME AND LOCATION OF WAREHOUSE TRANSFERRED TO FOR STORAGE	SIGNATURE OF AUTHORIZED DEPOSITOR OF GRAIN