

**NON RESIDENT EXEMPTION
TENNESSEE COMMODITY INDEMNITY FUND**

Date: _____

FIRM: _____ **LICENSE NO.** _____
(Dealer or Warehouse)

I _____
(Non-resident's name)

(Address) (phone)

certify that I am a resident of _____ and as such request to be exempt
(State)

from participating in the Tennessee Commodity Indemnity Program. The following grain is to be exempt:

KIND OF GRAIN: _____

QUANTITY OF GRAIN: _____

DEPOSITOR'S SIGNATURE

MANAGER'S SIGNATURE