



**CERTIFICATE OF INSURANCE ON GRAIN**  
**PUBLIC SERVICE COMMISSION**  
SFN 16698 (Rev. 05-99)

|                    |
|--------------------|
| Policy Number      |
| CMG110904A         |
| Locations          |
| CHURCHES FERRY, ND |
| LEEDS, ND          |
| NILES, ND          |

|                                   |
|-----------------------------------|
| Insurance Company                 |
| FARMLAND MUTUAL INSURANCE COMPANY |
| Address                           |
| 1100 LOCUST ST                    |
| City                              |
| DES MOINES                        |
| State                             |
| IA                                |
| Zip Code                          |
| 50391-3300                        |

|                              |
|------------------------------|
| Licensee                     |
| BTR FARMERS COOP             |
| Address                      |
| 6001 60 <sup>TH</sup> AVE NE |
| City                         |
| LEEDS                        |
| State                        |
| ND                           |
| Zip Code                     |
| 58346                        |

An insurance policy covering the current market value of all grain in storage or on deposit has been issued to the above-named licensee. The terms of this policy do and will continue to coincide with the requirements of Sections 60-02-35 and 60-02.1-21 of the N.D.C.C.

This policy is continuous and will not be cancelled without at least sixty days prior notice to the Commission and the insured as required by N.D.C.C. Sections 60-02-35. 1 and 60-02.1-22. This sixty day period will not begin prior to the day that the notice is received by the Commission.

A duplicate original of this policy and all endorsements will be provided to the Commission upon request.

North Dakota Public Service Commission  
600 E Boulevard Ave Dept 408  
Bismarck ND 58505-0480

Telephone (701) 328-4097  
Fax (701) 328-2410

(File in triplicate)

|                                       |
|---------------------------------------|
| Dated this 10TH day of December, 2008 |
| Authorized Company Representative     |
| <i>[Signature]</i>                    |

