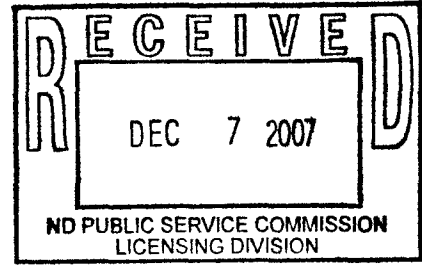




Allied Insurance
 a Nationwide® company
 On Your Side®

SURETY RIDER



TO BE ATTACHED TO AND FORM PART OF
Grain Elevator Warehouse Bond

BOND NO. BD 7900608390

IN FAVOR OF State of North Dakota
 (Obligee)

ON BEHALF OF Coteau Grain and Seed, LLC
 (Principal)

EFFECTIVE DATE December 5, 2002
 (Original Effective Date)

IT IS AGREED THAT, in consideration of the original premium charged for this bond, and any additional premium that may be properly chargeable as a result of this rider,

1. The Surety hereby gives its consent to:

- Increase
- Decrease
- Change Effective Date
- Other _____
- Change Name of Principal
- Change Address of Principal
- Change Expiration Date

(of) the attached bond

From: Two Hundred Eighty Thousand and no/100 Dollars (\$280,000.00)
 To: Two Hundred Ninety Thousand and no/100 Dollars (\$290,000.00)
 From: Coteau Grain and Seed, LLC
 To: Coteau Grain and Seed, LLC
 Effective: November 20, 2007

2. PROVIDED, however, that this attached bond shall be subject to all its agreements, limitations, and considerations except as herein expressly modified, and that the liability of the Surety under the attached bond and under the attached bond as changed by this rider shall not be cumulative.

3. Signed and sealed this 3rd day of November, 2007.

ACCEPTED BY:

Nationwide Mutual Insurance Company
 BY: Daryl Leroy Bierman
 Daryl Leroy Bierman, Attorney-In-Fact

POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS THAT Nationwide Mutual Insurance Company, a corporation organized under the laws of the State of Ohio, with its principal office in the City of Columbus, Ohio, hereinafter called "Company", does hereby make, constitute and appoint

Daryl Leroy Bierman

each in their individual capacity, its true and lawful Attorney-In-Fact with full power and authority to sign, seal, and execute on its behalf any and all bonds and undertakings and other obligatory instruments of similar nature in penalties not exceeding the sum of **TWO HUNDRED NINETY THOUSAND AND NO/100 (\$290,000.00)** dollars and to bind the Company thereby, as fully and to the same extent as if such instruments were signed by the duly authorized officers of the Company; and all acts of said Attorney pursuant to the authority given are hereby ratified and confirmed.

This Power of Attorney is made and executed pursuant to and by authority of the following resolution duly adopted by the Board of Directors of the Company.

RESOLVED, that the President, or any Senior Vice President, Vice President, Resident Vice President or Second Vice President be, and the same hereby is, authorized and empowered to appoint Attorneys-In-Fact of the Company and to authorize them to execute any and all bonds, undertakings, recognizances, contracts of indemnity, policies, contracts guaranteeing the fidelity of persons holding positions of public or private trust, and other writings obligatory in nature which the business of the Company may require; and to modify or revoke, with or without cause, any such appointment or authority. The authority granted hereby shall in no way limit the authority of other duly authorized agents to sign and countersign any of said documents on behalf of the Company.

RESOLVED FURTHER, that such Attorneys-in-Fact shall have full power and authority to execute and deliver any and all such documents and to bind the Company, subject to the terms and limitations of the power of attorney issued to them, and to affix the seal of the Company thereto, provided, however, that said seal shall not be necessary for the validity of any such documents.

This Power of Attorney is signed and sealed by facsimile under and by the following By-Laws duly adopted by the Board of Directors of the Company

ARTICLE VIII

Section 10. Execution of Instruments Any Vice President and any Assistant Secretary or Assistant Treasurer shall have the power and authority to sign or attest all approved documents, instruments, contracts or other papers in connection with the operation of the business of the company in addition to the Chairman and Chief Executive Officer, President, Treasurer and Secretary; provided, however, the signature of any of them may be printed, engraved or stamped on any approved document, contract, instrument or other papers of the company.

IN WITNESS WHEREOF, the said Nationwide Mutual Insurance Company has caused this instrument to be sealed and duly attested by the signature of its President the 15th day of October, 2003.

STATE OF Iowa
 SS
COUNTY OF Polk



By

President

ACKNOWLEDGMENT

On this 15th day of October, 2003, before me came the above named President for Nationwide Mutual Insurance Company, to me personally known to be the officer described in and who executed the preceding instrument, and he acknowledged the execution of the same, and being by me duly sworn, deposes and says, that he is the officer of the Company aforesaid, that the seal affixed thereto is the corporate seal of said Company, and the said corporate seal and his signature were duly affixed and subscribed to said instrument by the authority and direction of said Company.

Notary Public
My Commission Expires March 24, 2008



CERTIFICATE

I, John F. Delaloye, Assistant Secretary of Nationwide Mutual Insurance Company, do hereby certify that the foregoing is a full, true and correct copy of the original Power of Attorney issued by said Company; that the Resolution included therein is a true and correct transcript from the minutes of the meeting of the Board of Directors duly called and held on the 15th day of October, 2003, and the same has not been revoked or amended in any manner; that said Stephen S. Rasmussen was on the date of the execution of the foregoing Power of Attorney the duly elected President of Nationwide Mutual Insurance Company and the corporate seal and his signature as President were duly affixed and subscribed to the said instrument by the authority of said Board of Directors; and the foregoing Power of Attorney is still in full force and effect.

IN WITNESS WHEREOF, I have hereunto subscribed my name as Assistant Secretary, and affixed the corporate seal of said Company this 3rd day of December, 2007

477
Bd 1(11-03)

This Power of Attorney Expires
January 3, 2008



Assistant Secretary

Richter, Susan K.

From: Daryl.L.Bierman@wellsfargo.com
Sent: Wednesday, December 12, 2007 12:46 PM
To: Richter, Susan K.
Subject: Coteu Grain & Seed LLC - Surety Rider

Sue:

Please note per our discussion today that the surety rider on bond #7900608390 in favor of "State of ND" on behalf of the above insured with an original effective date of 12/5/02 and a rider effective date of 11/20/07, taking to bond from 280,000 to 290,000, has an incorrect date (typo) where it is signed by the attorney-in-fact. The date says "3rd day of **November**, 2007" and it should read "3rd day of **December**, 2007".

Daryl Bierman

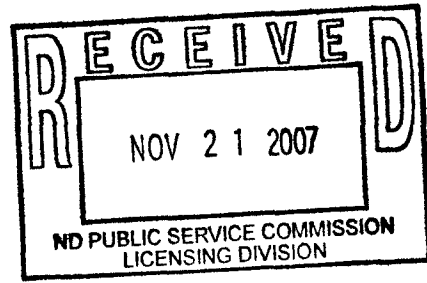
Daryl Bierman
Commercial Lines Agent
Wells Fargo Insurance Services
204 S. 1st Street
Aberdeen, SD 57401
Phone: (605) 229-8275
Fax: (605) 229-8270

This message may contain confidential and/or privileged information. If you are not the addressee or authorized to receive this for the addressee, you must not use, copy, disclose, or take any action based on this message or any information herein. If you have received this message in error, please advise the sender immediately by reply e-mail and delete this message. Thank you for your cooperation.



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SURETY RIDER



TO BE ATTACHED TO AND FORM PART OF
Grain Elevator Warehouse Bond

BOND NO. BD 7900608390

IN FAVOR OF State of North Dakota
 (Obligee)

ON BEHALF OF Coteu Grain & Seed, LLC
 (Principal)

EFFECTIVE DATE December 5, 2002
 (Original Effective Date)

IT IS AGREED THAT, in consideration of the original premium charged for this bond, and any additional premium that may be properly chargeable as a result of this rider,

1. The Surety hereby gives its consent to:

- | | |
|--|--|
| <input checked="" type="checkbox"/> Increase | <input type="checkbox"/> Change Name of Principal |
| <input type="checkbox"/> Decrease | <input type="checkbox"/> Change Address of Principal |
| <input type="checkbox"/> Change Effective Date | <input type="checkbox"/> Change Expiration Date |
| <input type="checkbox"/> Other _____ | |

(of) the attached bond

From: Two Hundred Sixty Eight Thousand and NO/100 (\$268,000.00)
 To: Two Hundred Eighty Thousand and NO/100 (\$280,000.00)
 Effective: November 6, 2007

2. PROVIDED, however, that this attached bond shall be subject to all its agreements, limitations, and considerations except as herein expressly modified, and that the liability of the Surety under the attached bond and under the attached bond as changed by this rider shall not be cumulative.

3. Signed and sealed this 6th day of November, 2007.

ACCEPTED BY:

Nationwide Mutual Insurance Company

BY: Daryl Leroy Bierman
 Daryl Leroy Bierman, Attorney-In-Fact



Nationwide Mutual Insurance Company
 AMCO Insurance Company
 Bond Department
 1100 Locust Street
 Des Moines, Iowa 50391-2006

Bond Transaction Summary

Find

AGENCY ADDRESS **ACORDIA MOUNTAIN WEST, INC.**
PO BOX 228
GROTON SD

AGENCY NO. **20438**
 AGENCY STATE **40**

57445-0228

BOND NUMBER **BD 79 0 0608390**

PRODUCER CODE

TYPE OF TRANSACTION **RENEWAL**

NAME OF PRINCIPAL OR INSURED **COTEU GRAIN & SEED, LLC**

ADDRESS **44 MAIN STREET WEST**
ELLENDALE ND 58436-0000

NAME OF OBLIGEE **STATE OF NORTH DAKOTA**
 DESCRIPTION OF BOND **GRAIN ELEVATOR WAREHOUSE BOND**

THE BOND IS EFFECTIVE FROM **12/05/04** TO **U/C**
 THE BILLING COVERS THE PERIOD FROM **12/05/04** TO **12/05/05** TERM **12**

AMOUNT OF COVERAGE	PREMIUM	COMM. RATE	LINE AND COVERAGE	CLASS CODE	INSURED STATE	COV. LIMIT	STAT PLAN
268,000.00	2,260.00	.3000	720	7486	ND		A

Handwritten: CSRS *Handwritten:* DATE 9-15-04
 ACORDIA MOUNTAIN WEST
 SEP 13 2004
 GROTON, SD
Handwritten: mailed copy to Linda Vette 9/15/04 TL

2,260.00 TOTAL PREMIUM DUE

RENEWAL PROCEDURE

A BILLING ONLY, THE BOND IS CONTINUOUS IN FORM AND REMAINS IN FULL FORCE AND EFFECT UNTIL CANCELLED IN ACCORDANCE WITH TERMS OF THE BOND.

Original Date: / /
 AGENCY BILLED

File:
 Account Number:
 ACCOUNTING DATE **09/07/04**

FXD & AHM COTEGRAI FXDagran

ACORD COMMERCIAL POLICY CHANGE REQUEST

DATE (MM/DD/YY)
01/26/04

PRODUCER Acordia Mountain West, Inc. 120 North Main Street Groton, SD 57445	PHONE (A/C, No, Ext): 605 397-2304	POLICY TYPE	PROPERTY INLAND MARINE UMBRELLA	GENERAL LIABILITY AUTO/TRUCKERS WORKERS COMP	<input checked="" type="checkbox"/> BOND 5140
CODE: 20438	SUB CODE:	COMPANY Allied Mutual Insurance Company			
AGENCY CUSTOMER ID: 106925	ATTENTION:		EFFECTIVE DATE OF CHANGE 12/05/03		
INSURED'S NAME Coteau Grain & Seed LLC	POLICY NUMBER 7900608390		POLICY EXPIRATION DATE 12/05/04		
INSURED'S MAILING ADDRESS 44 Main Street West Ellendale, ND 58436	POLICY INCEPTION DATE 12/05/03		THIS IS AN ACKNOWLEDGEMENT OF YOUR REQUEST. UPON APPROVAL, THE COMPANY'S RECORDS WILL BE ADJUSTED ACCORDINGLY, AND IF A PREMIUM ADJUSTMENT IS REQUIRED, IT WILL BE DONE AT PREMIUM AUDIT OR BY ENDORSEMENT.		

PREMISES INFORMATION						ADD	CHANGE	DELETE
LOC #	BLD #	STREET, CITY, COUNTY, STATE, ZIP+4	CITY LIMITS	INTEREST	YR BUILT	PART OCCUPIED		
			INSIDE	OWNER				
			OUTSIDE	TENANT				

NATURE OF BUSINESS/DESCRIPTION OF OPERATIONS BY PREMISE(S)						ADD	CHANGE	DELETE
LOC #	BLD #							

AUTO-VEHICLE DESCRIPTION/LIMITS												POLICY LIMIT(S) CHANGED	ADD	CHANGE	DELETE	
VEH #	YEAR	MAKE:	MODEL:	TERR	GVW/GCW	CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERM	SYM/AGE	COST NEW			
													\$			
		UNDER 15 MILES	PLEASURE	RETAIL	LIAB NO FAULT	MED PAY	UNINS MOTOR	FT	COMP	AA	ST AMT		\$			
		15 MILES OR OVER	FARM	SERVICE	NO FAULT	UNINS MOTOR	SPEC C OF L	FTW	COLL	\$			\$			CC
		LIABILITY	NO FAULT		ADD'L NO FAULT		MEDICAL PAYMENTS		UNINSURED MOTORISTS		UNDERINSURED MOTORIST					
		\$	\$		\$		\$		\$		\$					

AUTO-VEHICLE DESCRIPTION/LIMITS												POLICY LIMIT(S) CHANGED	ADD	CHANGE	DELETE	
VEH #	YEAR	MAKE:	MODEL:	TERR	GVW/GCW	CLASS	SIC	FACTOR	SEAT CP	RADIUS	FARTHEST TERM	SYM/AGE	COST NEW			
													\$			
		UNDER 15 MILES	PLEASURE	RETAIL	LIAB NO FAULT	MED PAY	UNINS MOTOR	FT	COMP	AA	ST AMT		\$			
		15 MILES OR OVER	FARM	SERVICE	NO FAULT	UNINS MOTOR	SPEC C OF L	FTW	COLL	\$			\$			CC
		LIABILITY	NO FAULT		ADD'L NO FAULT		MEDICAL PAYMENTS		UNINSURED MOTORISTS		UNDERINSURED MOTORIST					
		\$	\$		\$		\$		\$		\$					

DRIVER INFORMATION (List drivers who frequently use own vehicles)							ADD	CHANGE	DELETE
DRIVER #	NAME (Include address, if required)	DATE OF BIRTH	YEAR LIC	DRIVERS LICENSE NUMBER/ SOCIAL SECURITY NUMBER	STATE LIC	USE VEH #			

DRIVER INFORMATION (List drivers who frequently use own vehicles)							ADD	CHANGE	DELETE
DRIVER #	NAME (Include address, if required)	DATE OF BIRTH	YEAR LIC	DRIVERS LICENSE NUMBER/ SOCIAL SECURITY NUMBER	STATE LIC	USE VEH #			

WORKERS COMPENSATION RATING INFORMATION							
TYPE OF CHANGE	STATE	LOC	CLASS CODE	COM-PANY USE	CATEGORIES, DUTIES, CLASSIFICATIONS	# OF EM-PLOYEES	ESTIMATED ANNUAL REMUNERATION

SUBJECT OF INSURANCE	AMOUNT	COINS %	VALUATION	CAUSES OF LOSS	INFLATION GUARD %	DEDUCTIBLE	FORMS AND CONDITIONS TO APPLY

ADDITIONAL COVERAGES, OPTIONS, RESTRICTIONS, ENDORSEMENTS AND RATING INFORMATION

CONSTRUCTION TYPE		FIRE DISTRICT/CODE NUMBER		PROT CL	# STORIES	# BASM'TS	YR BUILT	TOTAL AREA
BUILDING IMPROVEMENTS		PLUMBING, YR:		OTHER OCCUPANCIES				
WIRING, YR:		HEATING, YR:						
ROOFING, YR:		OTHER:						
RIGHT EXPOSURE & DISTANCE			LEFT EXPOSURE & DISTANCE		REAR EXPOSURE & DISTANCE			
BURGLAR ALARM TYPE			CERTIFICATE #		EXPIRATION DATE		EXTENT	GRADE
BURGLAR ALARM INSTALLED AND SERVICED BY							# GUARDS/WATCHMEN	CENTRAL STATION WITH KEYS
PREMISES FIRE PROTECTION (Sprinklers, Standpipes, CO ₂ /Chemical Systems)								CLOCK HOURLY
			FIRE ALARM MANUFACTURER					CENTRAL STATION LOCAL GONG

INLAND MARINE - SCHEDULED EQUIPMENT			% COINSURANCE:	ADD	CHANGE	DELETE
#	MODEL YEAR	DESCRIPTION (TYPE, MANUFACTURER, MODEL, CAPACITY, ETC)	ID #/SERIAL #	DATE PURCHASED	NEW/USED	AMOUNT OF INSURANCE
						\$
						\$

GENERAL LIABILITY - LIMITS		CHANGE
GENERAL AGGREGATE	\$	EACH OCCURRENCE \$
PRODUCTS & COMPLETED OPERATIONS AGGREGATE	\$	FIRE DAMAGE (Any one fire) \$
PERSONAL & ADVERTISING INJURY	\$	MEDICAL EXPENSE (Any one person) \$

GENERAL LIABILITY - SCHEDULE OF HAZARDS						
TYPE OF CHANGE	LOCATION #	CLASSIFICATION	CLASS CODE	PREMIUM BASIS	TERR	PREMIUM BASIS CODES
						(S) GROSS SALES - PER \$1,000/SALES (P) PAYROLL - PER \$1,000/PAY (A) AREA - PER 1,000/SQ FT (C) TOTAL COST - PER \$1,000/COST (M) ADMISSIONS - PER 1,000/ADM (U) UNIT - PER UNIT (T) OTHER

UMBRELLA		CHANGE
LIMIT OF LIABILITY	\$	OTHER (DESCRIBE)
RETAINED LIMIT	\$	

ADDITIONAL INTEREST				ADD	CHANGE	DELETE
INTEREST	RANK:	NAME AND ADDRESS	REFERENCE #:	CERTIFICATE REQUIRED	INTEREST IN ITEM NUMBER	
ADDITIONAL INSURED					PREMISES:	BUILDING:
LOSS PAYEE					VEHICLE:	BOAT:
MORTGAGEE (#)					SCHEDULED ITEM NUMBER:	
MORTGAGEE (#)					OTHER	
LIENHOLDER						
EMPLOYEE AS LESSOR		ITEM DESCRIPTION:				

ADDITIONAL CHANGES/REMARKS
 Change Description: RAISE COVERAGE TO \$268,000

SIGNATURE (Any deletion or reduction in coverage requires the Insured's signature)

INSURED'S SIGNATURE <i>per phone call from Dean</i>	PRODUCER'S SIGNATURE <i>Caroly Hoops</i>
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ACORD 175 (7/96) 2 of 2 #51242