



GRAIN CLAIM FORM
PUBLIC SERVICE COMMISSION
 SFN 60853 (01/2019)



In accordance with North Dakota Century Code Chapters 60-02, 60-02.1, and 60-04:

Any person with a noncredit-sale receipt holder claim or any person with a credit-sale contract claim shall file the claim with the Public Service Commission. A claim must be filed within 45 days after the final publication of the "Notice of Appointment as Trustee and Notice to File Claims."

Any person filing a claim shall include receipts or other documentation sufficient to enable the Commission to determine the validity of the claim. This could include unsatisfied grain receipts, scale tickets, checks, cash contracts, credit-sale contracts, or other memoranda given by the licensee for, or as evidence of, the receipt, storage, or sale of grain.

Unless a claim is filed with the Public Service Commission within the time specified, the Commission is relieved of further duty or action on behalf of the receipt holder or credit-sale contract claimant and the receipt holder or credit-sale contract claimant may be barred from payment for any amount due.

FOR COMMISSION USE ONLY	
PSC Case Number:	
Civil Number:	

CLAIMANT INFORMATION			
Claimant Name (as used on income tax return) <i>Ryan Greenfield</i>		Telephone Number <i>701-339-7422</i>	
Mailing Address <i>9311 County Rd 11</i>		Email Address <i>Ryan@greenfieldangus.com</i>	
City <i>Powers Lake</i>	State <i>ND</i>	ZIP Code <i>58773</i>	

CLAIM AGAINST			
Name of Grain Warehouse or Grain Buyer <i>Midwest Grain Trading</i>		Telephone Number <i>701-381-1022</i>	
Address <i>PO Box 183</i>		Email Address <i>hunter.midwestgraintrading@gmail.com</i>	
City <i>Leeds</i>	State <i>ND</i>	ZIP Code <i>58346</i>	

Did you make written demand for payment or redelivery if available? No Yes, date of written demand: _____

ADDITIONAL PARTIES WITH AN INTEREST IN THE CLAIM			
List each interested party in this unpaid grain claim. Attach additional pages if necessary.			
Name (as used on income tax return)	Telephone Number		
Mailing Address	City	State	ZIP Code
Email Address	Interest	% of Claim or \$ Amount	
Name (as used on income tax return)	Telephone Number		
Mailing Address	City	State	ZIP Code
Email Address	Interest	% of Claim or \$ Amount	
Name (as used on income tax return)	Telephone Number		
Mailing Address	City	State	ZIP Code
Email Address	Interest	% of Claim or \$ Amount	

CLAIM SUMMARY

Use one line per commodity. Attach additional pages if necessary.

Date	Type of Grain	Price per Bushel/CWT	Net Bushel/CWT Indicate Bu. or CWT below	Amount Owed
10-26-18	HRSW	\$ 6.1360	1109.86 Bu. / CWT	\$ 6810.10
10-29-18	HRSW	\$ 6.1360	1154.12 Bu. / CWT	\$ 7081.68
10-30-18	HRSW	\$ 6.1360	1142.57 Bu. / CWT	\$ 7010.81
		\$	Bu. / CWT	
Total Amount of Claim			3406.55 Bu. / CWT	\$ 20,902.59

Briefly describe your claim using the space below. Please include any of the following: details of your agreement/contract, grain on storage, grain broker involvement, any additional information you wish to add.

priced contract on 5-25-18 for price of 6.4860
 minus \$0.35/bu.
 grain was picked up @ farm on dates above
 by Leer Trucking and hauled to Osnabrock
 Farmers Co-op Elevator Co and sold in MGT name.

Are any offsets owed? No Yes, provide amount and detail.

CLAIM DOCUMENTS

Attach copies of the following support documents if applicable to your claim:

- Scale Tickets
- Warehouse Receipts
- Settlement/Assembly Sheets
- Purchase Contracts
- Credit-Sale Contracts
- NSF Checks
- Written Demand for Payment or Redelivery sent to Grain Warehouse and/or Grain Buyer
- Any additional information you wish to include.

Previously submitted
 to Attn Konrad

Please indicate below if your claim documents are enclosed or if they were previously submitted (if applicable, check both boxes).

Claim Documents Enclosed

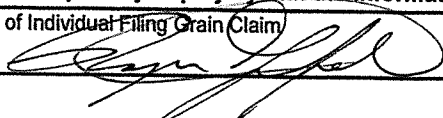
Claim Documents Previously Submitted

NOTE: Lien searches will be done. If an active lien is found, any or each lien holder will be included as a payee on the check and a copy of the check will be mailed to the active lien holder(s).

Mail completed form and claim documents to:

Public Service Commission
 600 E. Boulevard Ave., Dept. 408
 Bismarck, ND 58505-0480

I certify under penalty of perjury that the information stated in and attached to this grain claim is true and correct.

Signature of Individual Filing Grain Claim 	Date 2-8-19
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