## **Jonathan Shell** Commissioner

## Kentucky Department of Agriculture

Office of Agriculture Marketing Industrial Hemp Program 111 Corporate Drive Frankfort, KY 40601 Phone: (502) 573-0282

## Signing Authority for Business Entities (e.g., LLCs, Corporations, etc.)

This form is a required attachment for all applications from a business entity.

If completing this form electronically, navigate the form with the mouse or select the next field using the down arrow key.

Name of Business Ent	ity		
<b>Complete Business</b>			
Street Address			
KY Secretary of State Organization Number			
Date of Last Annual I	Report		
At the entity authorized the bel	_ ` '	oard of directors of	the organization listed above, the
	Printed Name Tit		
Signing Authority*			
Agreement.	ound check and copy of driver's l		
•	cuments requires written not		
I certify that this information meeting that occurred or	ation is true and correct, and the date noted above.	that the authorizati	on was granted at the board
Signature (must be an officer who	is listed on Secretary of Stat		ted Name
 Title		—— Date	<u> </u>

