

PROCOT COOPERATIVE

Lessor Participation Form for Crop Year ____ - ____

The undersigned Lessor authorizes the Producer to enroll the following farms in ProCot Cooperative for the above crop year and agrees to the terms of the ProCot Cooperative Enrollment and Membership Agreement for said crop year in the form executed by the producer, and agrees to the ProCot Membership and Marketing Agreement for said crop year. The Producer's designated Agent is authorized to receive notices on the Lessor's behalf.

Farms

FSA Farm Number	FSA State Code	FSA County Code	Tract/Unit	% Share	Defer Payment To Lessor	% to Defer	\$ Amount to Defer	Date Payment Requested

Producer

{ Name }
 { Address }
 { City, State, Postal Code }

Lessor

{ Name }
 { Address }
 { City, State, Postal Code }

{ SSN/TIN }

ASSOCIATION:

ProCot Cooperative
 7255 Goodlett Farms Parkway
 PO Box 2375, Cordova, TN 38018-2375

Signature: _____

Printed name of person signing

Note: If Lessor is unavailable to sign this form, then Producer MUST sign on behalf of the Lessor and Producer warrants that he/she has the legal authority to commit the Lessor's portion to the contract.