

DODGE CITY COOPERATIVE EXCHANGE DBA PRIDE AG RESOURCES 710 W TRAIL ST. | DODGE CITY KS 67801 PHONE 620-225-4193 | FAX 620-225-3366 WWW.PRIDEAG.COM

INDEMNITY AGREEMENT

KNOW ALL MEN BY THESE PRESENTS that for good and valuable consideration, the receipt of which is hereby acknowledged, ________ ("Indemnitor") does hereby request the DODGE CITY COOPERATIVE EXCHANGE dba Pride Ag Resources, ("Pride Ag") a Kansas corporation organized and existing pursuant to the Kansas Cooperative Marketing Act, K.S.A. 17-1601, *et seq.*, with offices in Dodge City, Kansas, to deliver unto Indemnitor, whether through redemption or transfer, all stock, stock credits, revolving fund credits, and all other forms of deferred patronage allocations ("Equities") presently held in the name of

INDEMNITOR hereby represents and warrants unto Pride Ag that Indemnitor has full and complete authority to receive the payment(s) indicated on behalf of such stockholder, and agrees to account for such proceeds to all parties entitled to receive the same. Indemnitor further agrees to indemnify, defend, and hold Pride Ag and Pride Ag's agents harmless for and against any and all claims, causes of action, debts, losses, damages, demands, liabilities, injuries, fines, penalties, costs or expenses (including attorneys' fees and all other costs of defense), suits or obligations of any and every nature whatsoever arising out of or in any manner connected with Indemnitor's failure to perform any of the terms, covenants, or conditions of this Agreement or to fulfill any legal or equitable obligation to any party entitled to receive a share of the stock, stock credits, and revolving fund credits or other forms of equity in Pride Ag.

INDEMNITOR further understands that Pride Ag's bylaws provide that any decision regarding the redemption of Equities is left to the sole judgment and discretion of Pride Ag's Board of Directors.

| Today's | Print |
|---|-----------|
| Date | Name |
| | Mailing |
| Please include a copy of death | Address |
| Please include a copy of death certificate, if applicable. | |
| Witness | Your |
| Signature | Signature |
| Make Check | • |
| Payable to: | |