



Riceland Foods, Inc.

CHECK – LOSS GUARANTEE
FOR ISSUING DUPLICATE CHECK(S)

DATE: _____

Description of lost, misplaced or destroyed check(s).

<u>Date</u>	<u>Number</u>	<u>Bank</u>	<u>Amount</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

In payment of: _____

Liens: _____

You are hereby requested to stop payment and issue a duplicate of the above described check(s).

Should the original or lost check(s) ever come into my possession, I will promptly send it to the office of Riceland Foods, Inc., for cancellation.

I also guarantee to protect Riceland Foods, Inc., against loss or expense of any kind, that might arise from issuing a duplicate check.

DATE _____ SIGNED _____

ADDRESS _____

Sign and return in the enclosed business reply envelope.

Replace with check no. _____ Date _____ By _____