



# Illinois Department of Agriculture

## Bureau of Marketing and Promotion

State Fairgrounds • P.O. Box 19281 • Springfield, IL 62794-9281 • 217/782-6675 • TDD 217/524-6858 • Fax 217/524-5960

### DECLARATION OF INTENT

I, \_\_\_\_\_, do respectfully submit my name as a write in candidate for the position of director on the board for the Illinois Soybean Operating Program for district (number) \_\_\_\_\_ .

I certify that I reside at \_\_\_\_\_, in the township of \_\_\_\_\_, in the county of \_\_\_\_\_, State of Illinois.

Mailing Address

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Address

\_\_\_\_\_  
City/State/Zip Code

\_\_\_\_\_  
Date

Subscribed and sworn to be \_\_\_\_\_ who is personally known to

me, before me this \_\_\_\_\_ day of \_\_\_\_\_.

\_\_\_\_\_  
Notary Public