**Statement of Claim for the Exemption of Securities of a Missouri Agricultural Cooperative**

1. Name and principal address of the issuer: 

2. Date of organization of the issuer under the Missouri Nonprofit Cooperative Marketing Law: 

3. Name, address and telephone number of the correspondent to whom notices and communications regarding the notice filing may be sent: 

4. Has the issuer, or any of its promoters, officers or directors sold securities in Missouri during the last three years? 
   - If yes, please describe and explain how these sales complied with the Missouri securities laws. 

5. Please describe the anticipated offering as follows:

<table>
<thead>
<tr>
<th>Description of Securities</th>
<th>Offering Price or Proposed Offering Price</th>
<th>Total Offering</th>
<th>Offering in This State</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>No. of Shares</td>
<td>No. of Shares</td>
</tr>
<tr>
<td></td>
<td></td>
<td>or Units</td>
<td>or Units</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Amount $</td>
<td>Amount $</td>
</tr>
</tbody>
</table>

**Totals**

|                       | $                    | $              |

**FORM SE-2 (01-05)**

Jason Kander  
Secretary of State  
State of Missouri  
Securities Division • 600 W. Main • PO Box 1276  
Jefferson City, MO 65102
6. List the states in which the issuer is intending to offer its securities for sale to the public.

   __________________________________________________________
   __________________________________________________________
   __________________________________________________________

7. Does the issuer anticipate paying any commissions or giving any remuneration for effecting the sale of the securities of the issuer?  

   If yes, please provide for each individual, name, address, telephone number, current employment relationship with the issuer or its member, and description of the commissions or other remuneration.

   __________________________________________________________
   __________________________________________________________
   __________________________________________________________

8. List all promoters, officers and directors of the issuer, including their address, position with the issuer and beginning date with the issuer.

   __________________________________________________________
   __________________________________________________________
   __________________________________________________________

9. Describe the method by which the securities described above will be sold, including any class of persons to whom offers will be made and the geographic areas in which sales activities will be conducted.

   __________________________________________________________
   __________________________________________________________
   __________________________________________________________

10. The following documents must be submitted as a part of this statement of claim:
    (a) Consent to service of process.
    (b) Corporate resolution.
    (c) Prospectus or offering document in its latest form.
    (d) Bylaws, operating agreement or similar document.
    (e) Any advertising materials or any summaries of the offering document to be used in the offer or sale of the securities.
    (f) Underwriting or selling agreements.
    (g) List of agents representing cooperative.
    (h) Subscription agreements.

Date ______________________________________

___________________________________________
Name of Issuer

By _______________________________________
Name and Title
STATE OF ___________________________  
County of ___________________________  

The undersigned, _____________________________________________, being first duly sworn, deposes and says:

That he has executed the foregoing statement of claim for and on behalf of the issuer named therein, that he is _______________ of such issuer and is fully authorized to execute and file such statement of claim; that he is familiar with such statement of claim; and that to the best of his knowledge, information and belief the statements made in such statement of claim are true and the documents submitted therewith are true copies of the originals thereof.

__________________________________________  
Name

Subscribed and sworn to before me, this____________________________

day of ________________________, 20____.

__________________________________________  
Notary Public  
(Notary Seal)

In and for the County of __________________________

State of __________________________

My Commission Expires: __________________________