

Farmers Cooperative Company
Remsen, Iowa

MEMBERSHIP APPLICATION
AND
SUBSCRIPTION AGREEMENT

The undersigned, being eligible for membership in Farmers Cooperative Company, Remsen, Iowa, (the "Association") hereby applies for membership and subscribes for one (1) certificate of the following class of stock entitling him/her/it to membership:

One (1) certificate of Class A Common Stock at a total purchase price of Twelve Dollars and Fifty Cents (\$12.50) in cash.

Remittance in the amount of Twelve Dollars and Fifty Cents (\$12.50) in cash is tendered herewith. This application and subscription is subject to acceptance by the Association and shall be fully effective and irrevocable on acceptance by the Board of Directors of the Association noted hereon by its Secretary without notice to the undersigned. It is also agreed as follows:

1. The undersigned has received and had an opportunity to review a copy of the Articles and By-Laws of the Association and the most recent Annual Report of the Association.
2. The undersigned hereby consents that the amounts of any distribution with respect to his/her/it's patronage which are made in written notices of allocation (as defined in 26 USC § 1388) will be taken into account by him/her/it at its stated dollar amount in the manner provided in § 1385 (a) of the U.S. Internal Revenue Code in the taxable year in which such written notices of allocation are received by him/her/it, all in accordance with the By-Laws of the Association.
3. The undersigned is either:
 - a. A farmer (including a farm tenant or landlord on a crop-share basis); or
 - b. A person other than a farmer who customarily uses the supplies, commodities or services of the Association.

THE MEMBERSHIPS COVERED BY THIS SUBSCRIPTION HAVE NOT BEEN REGISTERED UNDER THE SECURITIES ACT OF 1933 OR UNDER CHAPTER 502 OF THE CODE OF IOWA. THE MEMBERSHIP OF THE ASSOCIATION IS NOT TRANSFERABLE, EXCEPT FOR REPURCHASE BY THE ASSOCIATION.

Dated _____ Signature _____

Please issue the certificate as follows: Date of Birth: _____

Name Social Security Number

Accepted by Directors on:

Date Secretary