



<b>Ownership Transfer Checklist</b>	
	<b>Completed Ownership Transfer Packet</b>
	<b>Original Certificate (or signed affidavit)</b>
	<b>\$25.00 Processing Fee</b>
	<b>Death Certificate</b> *if transferring units upon death of a member
	<b>Copy of Trust Agreement</b> *if putting units into a Trust

**If you have questions please contact Cheri Roberts at (660) 542-6493 or [croberts@smalcohol.com](mailto:croberts@smalcohol.com)**



## **Ownership Transfer Request**

You must complete the following pages of the Ownership Transfer Request (the “OTR”), in their entirety, in order to complete the sale, transfer, or change Member Ownership Interest (the “ownership interest”) of Show Me Ethanol, LLC (the “Company”). As such, all Buyers and Sellers of ownership interest must complete and sign the appropriate portion of the OTR prior to the transfer of ownership interest (the “Proposed Transfer”). The Company will not issue certificates to the new owner, nor accept the new owner as a member without completing this OTR. The purpose of this request is to ensure compliance with the Unit Transfer Policy of the Company.

Your information will be kept confidential; however, by signing the OTR, you agree that the Company may present this OTR to such parties as it deems appropriate if called upon or required.

If the answer to any question is “None” or “Not Applicable”, please so state. Attach additional sheets of paper if necessary, to complete any answer. Please print or type your answers.

The Company will re-allocate the balance of the capital account related to the transferred ownership interest in an equal pro-rata amount if less than all of the Sellers ownership interest is transferred.



# Current Member Information Unit Transfer Request Form

## MEMBER INFORMATION

(This is to be completed by the Member or Company currently listed as the Certificate Holder)

NAME of Individual  
Or Company: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY, STATE ZIP: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ ALTERNATE PHONE: \_\_\_\_\_

SOCIAL SECURITY NUMBER OR FEDERAL ID NUMBER: \_\_\_\_\_

What type of entity are your units held in: (Please mark one)

Individual       Partnership       Corporation       Trust

Describe your organization: \_\_\_\_\_. If this is in a Trust, provide date of Trust: \_\_\_\_\_

Current Certificate Number: \_\_\_\_\_

- If your units are in a corporation, please provide a copy of the Resolution listing the company's intentions.
- If this is a Transfer due to a death, please provide a copy of the death certificate and one of the following:
  - Letters Testamentary (when acting pursuant to power under a will),
  - Letters of Administration (when there was no will),
  - A small estate affidavit

Please list each authorized person of the Entity (attach additional paper if needed):

- If the Certificate is individually owned list only the individual on Certificate.
- If the Certificate is owned by a husband & wife, both individual's may be listed.
- If a Trust, a Partnership, a LLC, or a Corporation please list all individuals authorized to make decisions.

NAME

TITLE

_____	_____
_____	_____
_____	_____

ECONOMIC OWNERSHIP PERCENTAGE BEING TRANSFERRED: \_\_\_\_\_

PURPOSE FOR REQUESTING A TRANSFER OF UNITS: (Please mark & describe below)

Sale       Transfer       Consolidate       Split       Other

Please explain the purpose of the proposed Transaction: \_\_\_\_\_  
\_\_\_\_\_

Is the Buyer/Transferee a current member of the Company, spouse of an existing member, or a direct descendant of an existing member? (Please mark)       YES       NO

Explain Buyer's Relationship to Seller: \_\_\_\_\_



## Future Member Information Unit Transfer Request Form

### FUTURE MEMBER INFORMATION

(This is to be completed by the Buyer or Transferee to be listed on the new Certificate)

NAME of Individual  
Or Company: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY, STATE ZIP: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ ALTERNATE PHONE: \_\_\_\_\_

SOCIAL SECURITY NUMBER OR FEDERAL ID NUMBER: \_\_\_\_\_

What type of entity are your units held in: (Please mark one)

Individual       Partnership       Corporation       Trust

Describe your organization: \_\_\_\_\_. If this is in a Trust, provide date of Trust: \_\_\_\_\_

- If your units are in a corporation, please provide a copy of the Resolution listing the company's intentions.

Please list each authorized person of the Entity (attach additional paper if needed):

- If the Certificate is individually owned list only the individual on Certificate.
- If the Certificate is owned by a husband & wife, both individual's may be listed.
- If a Trust, a Partnership, a LLC, or a Corporation please list all individuals authorized to make decisions.

NAME

TITLE

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



## **Signature Page of All Parties Ownership Transfer Request Form**

By signing this OTR Form, you are agreeing to provide the Company, upon its request, with evidence of qualification under any category previously listed.

The information contained in this OTR is true and correct to the best of my knowledge, as of the date shown below. I agree to notify the Company if, prior to the transfer of ownership interest, any event occurs which causes the information contained in this OTR to be false, incorrect, or misleading.

Dated: \_\_\_\_\_

\_\_\_\_\_  
Name of Seller / Selling Entity

\_\_\_\_\_  
Name of Buyer / Buying Entity

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name of Signature & Title

\_\_\_\_\_  
Print Name of Signature & Title

### ***Additional Names & Signatures:***

\_\_\_\_\_  
Signature - Seller

\_\_\_\_\_  
Signature - Buyer

\_\_\_\_\_  
Print Name of Signature & Title

\_\_\_\_\_  
Print Name of Signature & Title

\_\_\_\_\_  
Signature - Seller

\_\_\_\_\_  
Signature - Buyer

\_\_\_\_\_  
Print Name of Signature & Title

\_\_\_\_\_  
Print Name of Signature & Title

\_\_\_\_\_  
Signature - Seller

\_\_\_\_\_  
Signature - Buyer

\_\_\_\_\_  
Print Name of Signature & Title

\_\_\_\_\_  
Print Name of Signature & Title



## **SUBSTITUTE MEMBER REPRESENTATION LETTER**

The undersigned Transferee (“Transferee”) of Show Me Ethanol, LLC, a Missouri limited liability company interest (the “Company”), hereby makes the following representations, warranties and acknowledgments to the Company in connection with the Transferees request to be a Substitute Member.

Transferee hereby represents, warrants and acknowledges that:

1. The Transferee is a resident of the State of Missouri as contemplated by Rule 147, promulgated under the Securities Exchange Act of 1933, and amended (the “Securities Act”) and has no present intention of becoming a resident or domiciliary of, or moving its principal office to, any other state, country or jurisdiction. For purposes of determining the Member’s residence in compliance with Rule 147:

(a) A corporation, partnership, trust or other form of business organization shall be deemed to be a resident of a state if, at all times since December 30, 2008, it has its principal office within such state.

(b) An individual shall be deemed to be a resident of a state if such individual has, at all times since December 30, 2008, his or her principal residence in such state.

2. The Transferee shall indemnify, defend, and hold harmless the Company, and its affiliates, associates, advisors, managers, officers, employees and agents from and against any loss, liability, damage, cost, or expense (including any taxes and penalties and any legal fees and claims, or lawsuits) which may result, directly or indirectly, from the Transferee’s misrepresentation or breach of any representation, warranty or acknowledgement set forth in this Substitute Member Representation Letter.

3. The representation, warranties and acknowledgments of the Transferee contained in this Substitute Member Representation Letter Shall survive the execution hereof.



**SIGNATURE PAGE FOR SUBSTITUTE MEMBER REPRESENTATION LETTER**

Date: \_\_\_\_\_

**FOR ALL TRANSFEREES:**

Transferee's Residence Address:  
(home, business or main office)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State Zip: \_\_\_\_\_

Attention: \_\_\_\_\_

Phone No.: \_\_\_\_\_

Fax No.: \_\_\_\_\_

Email Address: \_\_\_\_\_

**FOR TRANSFEREES WHO ARE INDIVIDUALS:**

Transferee's Name: \_\_\_\_\_  
(print or type)

Transferee's Signature: \_\_\_\_\_  
(signature)

**FOR TRANSFEREES THAT ARE ORGANIZATIONS:**

(i.e., corporations, partnerships, limited liability companies, trusts, or other entities)

Transferee Entity Name: \_\_\_\_\_  
(print or type)

By: \_\_\_\_\_  
(signature of authorized representative)

Name & Title: \_\_\_\_\_  
(print name and title of authorized representative)



**ACCEPTANCE**

The undersigned is an Assignee of a Member's Interest in the Company (each as defined in the Operating Agreement of Show Me Ethanol, LLC, a Missouri limited liability company). By the signature set forth below, the undersigned accepts and adopts the terms and provisions of the Company's Articles and Operating Agreement and agrees to be bound by the provisions thereof. The undersigned represents and warrants to the Company that such person or entity is a resident of the state of Missouri.

\_\_\_\_\_  
Certificate Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

Printed Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_