

**PRIVATE TRANSFER REQUEST
LAKE AREA CORN PROCESSORS, LLC**

CAPITAL UNITS INFORMATION		
Capital Units Certificate Number: _____	<u>Number of Capital Units to be Transferred</u> (Capital Units can only be transferred in whole units.)	Number of Capital Units to be Retained by Transferor (if any):

TRANSFEROR INFORMATION		
<u>Name(s) current owner</u> _____	<u>SS# or Tax I.D. # (s)</u> _____-_____-_____ _____-_____-_____	<u>Contact Information</u> Primary phone: Secondary phone: Fax: E-mail:
Street or P.O. Box	City, State and ZIP Code	

TRANSFEEE INFORMATION		
<u>Name(s) new owner</u> _____	<u>SS# or Tax I.D. # (s)</u> _____-_____-_____ _____-_____-_____	<u>Contact Information</u> Primary phone: Secondary phone: Fax: Email:
Street or P.O. Box	City, State and ZIP Code	

TYPE OF PRIVATE TRANSFER
<p>I (we) request that the Board of Managers of Lake Area Corn Processors, LLC approve the following type of transfer (check one):</p> <p><input type="checkbox"/> A transfer in which the basis in the capital units in the hands of the transferee will be determined in whole or in part by reference to their basis in the hands of the transferor (i.e. by gift, assignment, etc.).</p> <p><input type="checkbox"/> A transfer at death (which includes transfers from an estate or testamentary trust).</p> <p><input type="checkbox"/> A transfer among members of a family. ("Members of a family" includes a person's brothers and sisters (whether by whole or half-blood), spouse, ancestors and lineal descendants.) Relationship of Transferee to Transferor: _____</p> <p><input type="checkbox"/> A transfer involving distributions from a retirement plan qualified under Section 401(a) of the Internal Revenue Code or an individual retirement account.</p>

SECURITY INTERESTS
<p>Transferor certifies that (check one):</p> <p><input type="checkbox"/> Transferor has not granted to a lender a security interest in the capital units.</p> <p><input type="checkbox"/> Transferor has granted to a lender a security interest in the capital units and the lender's consent and transfer instructions accompany any delivery of this form.</p>

DOCUMENTS AND FEES
<p>DOCUMENTS REQUIRED FOR TRANSFER: Please return all certificate[s] in possession. New certificates will be issued on the effective date of the transfer reflecting ownership at that time. Please complete this form in its entirety and have both the transferee and transferor sign on page 2 before a notary public. If there is an administrator or executor involved, please enclose a copy of the POA or administrator appointment for the estate. There is no charge for transfer of Lake Area Corn Processors, LLC ownership at this time.</p> <p><u>Committed Corn Delivery:</u> (Yes or No) Does Transferee elect to meet committed deliveries? _____</p>

WARRANTIES AND REPRESENTATIONS

1. Transferor and Transferee acknowledge that this transfer is incomplete and invalid until the Board of Managers of Lake Area Corn Processors, LLC approves this Private Transfer Request.
2. Transferee, as a member of Lake Area Corn Processors, LLC, agrees to be bound and governed by each and all provisions, rules and regulations of the Capital Unit Transfer System ("System Rules"), Articles of Organization, Operating Agreement, corn delivery agreement, if applicable, and policies of Lake Area Corn Processors, LLC, all as amended from time to time.
3. Under penalties of perjury, Transferor and Transferee each certify that: (1) the number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and (2) I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the Internal Revenue Service has notified me that I am no longer subject to backup withholding.

TRANSFEROR(S)

FOR INDIVIDUALS AND JOINT TENANTS

FOR BUSINESS ENTITIES

Signature

Date

Name of Business Entity

Signature (if necessary)

Date

Signature and Title of Authorized Representative

TRANSFEEE(S)

FOR INDIVIDUALS AND JOINT TENANTS

FOR BUSINESS ENTITIES

Signature

Date

Name of Business Entity

Signature (if necessary)

Date

Signature and Title of Authorized Representative

STATE OF _____)

:SS

COUNTY OF _____)

On this the ____ day of _____, before me, the undersigned officer, personally appeared _____ and _____, known to me or satisfactorily proven to be the person whose name is subscribed to the within instrument and acknowledged that he executed the same for the purposes therein contained.

IN WITNESS WHEREOF, I hereunto set my hand and official seal.

Notary Public, _____

My Commission Expires: _____

seal