

Missouri Agricultural and Small Business Development Authority (MASBDA)
**Producer Member Application for Requesting
 New Generation Cooperative Incentive Tax Credits**

**MISSOURI FORM
 NG**
 Chapter 348.432 RSMo

SECTION 1 NEW GENERATION PRODUCER MEMBER INFORMATION

1. NAME OF PRODUCER MEMBER(S) as it appears on membership documents

2. ADDRESS (STREET/P.O. BOX)	CITY	STATE	ZIP CODE
------------------------------	------	-------	----------

3. COUNTY	PHONE NUMBER	CELL PHONE NUMBER
-----------	--------------	-------------------

4. INDIVIDUAL OR BUSINESS TAX YEAR <input type="checkbox"/> CALENDAR YEAR <input type="checkbox"/> FISCAL YEAR	BEGINNING DATE OF FISCAL YEAR	ENDING DATE OF FISCAL YEAR
---	-------------------------------	----------------------------

5. BUSINESS FEDERAL IDENTIFICATION NUMBER	SOCIAL SECURITY NUMBER(s) List all Social Security #'s of individuals listed in #1
---	--

MEMBER IS: INDIVIDUAL PARTNERSHIP S-CORPORATION CORPORATION TRUST LIMITED LIABILITY COMPANY

If member is a Partnership, S-Corporation, Trust, or Limited Liability Company, identify the names, social security numbers, federal employer identification numbers and proportionate share of ownership of each beneficiary, partner or shareholder below. Aggregate proportionate shares or percent of ownership may not exceed 100%.

6. NAME OF ELIGIBLE NEW GENERATION PROCESSING ENTITY:

7. AMOUNT OF YOUR INVESTMENT (s)	8. DATE
----------------------------------	---------

SECTION 2 CERTIFICATION OF PRODUCER MEMBER(S)

Pursuant to the "Guidelines and Procedures" document for the "New Generation Cooperative Incentive Tax Credit Program" issued by the Missouri Agricultural and Small Business Development Authority, the Producer Member (signing below) of the New Generation Processing Entity (specified above) hereby certifies, subject to penalties of perjury, the following:

- I am a United States citizen or have been granted lawful* residence of the United States. I understand that I am required by state law to provide proof of my citizenship or lawful residence to apply for any state programs. (*Pursuant to 208.009.3 RSMo, all applicants are required to provide proof of citizenship or legal residence at the time of applying for any state administered benefits.)
- I am an eligible producer member (as defined in section C-1 "Eligibility Qualifications-Producer Member" of the program "Guidelines and Procedures") of the new generation processing entity and am making the investment in the new generation processing entity for my benefit and not on the behalf of any other person or entity.
- I am not (i) a commissioner or employee of the Missouri Agricultural and Small Business Development Authority with a substantial interest in the eligible new generation processing entity, (ii) a member of the Missouri General Assembly with a substantial interest in the eligible new generation processing entity, (iii) a state-wide elected official with a substantial interest in the eligible new generation processing entity, (iv) a director of a state department with a substantial interest in the eligible new generation processing entity, or (v) a spouse or dependent child of any of the above [either of] who has a substantial interest in the eligible new generation processing entity. Substantial interest is defined as ownership by the individual, the individual's spouse, or the individual's dependent children, whether singularly or collectively, of ten percent or more of the eligible new generation processing entity.
- I, the undersigned, to the best of my knowledge, information and belief declare that the information submitted is true, correct, and complete, and I hereby agree to comply with the requirements of the program as specified above.

SIGNATURE OF PRODUCER MEMBER ABOVE	TITLE	DATE
------------------------------------	-------	------

SIGNATURE OF PRODUCER MEMBER ABOVE	TITLE	DATE
------------------------------------	-------	------

This application will only be accepted if ALL of the following information is included: Is

the \$50.00 application fee made payable to MASBDA enclosed?

this form notarized?

a copy of your valid Missouri driver's license attached? This is required for each member, beneficiary, or shareholder listed on Page 1, #5. If you do not have a Missouri driver's license, or are an out of state applicant, you must provide a copy of one of these alternative documents:

- U.S. Birth Certificate
- Valid U.S. Passport
- Certificate of Citizenship
- Certificate of Naturalization
- Certificate of Birth Abroad
- Any other document issued by the federal government affirming legal residence.

Proof of Name Change: If the name on the document you present for proof of lawful presence does not match your current name, present one of the documents below showing your current name: U.S Passport (valid or expired), Social Security card/Medicare card, Certified marriage license, Certified divorce decree, Certified court order, Certified adoption papers or Amended birth certificate.

all trust or company information included?
(i.e.: Joe Doe SS#000-00-0000 50% owner; Jane Doe SS#000-00-0001 50% owner)

the membership name in #1 correctly and completely shown, (i.e.: Joe and Jane Doe)?

the social security number provided for all names listed in #1 (Name of Producer Member(s))?

the Individual or Business Tax Year marked (#4)?

STATE OF _____)
) SS.
COUNTY OF _____)

On this ____ day of _____, _____, before me, _____, a Notary Public in and for said State, personally appeared _____, known to me to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged that he/she/they executed the same for the purposes therein contained.

In witness whereof, I hereunto set my hand and official seal.

Notary Public – State of _____
Commissioned in _____ County

My commission expires: _____

[SEAL]

**RETURN COMPLETED FORM AND
ALL OF THE INFORMATION LISTED ABOVE
TO:**

MASBDA
P.O. BOX 630, 1616 MISSOURI BLVD
JEFFERSON CITY, MO 65102-0630
TELEPHONE: (573) 751-2129