

**Request for  
AgStockTrade.com Logon Information Associates**

**U.S. PREMIUM BEEF, LLC  
P.O. Box 20103  
Kansas City, MO 64195  
Phone: 866-877-2525 Fax: 816-713-8810**

By submitting this request for AgStockTrade.com logon information, applicant is expressing their desire to access AgStockTrade.com to participate in the purchase or sale of U.S. Premium Beef, LLC's (USPB) Class A units and/or Class B units. The applicant acknowledges and agrees that the receipt of logon information provides access to the AgStockTrade.com website to (1) sell Class A units and/or Class B units held by the applicant, and (2) submit offers to buy Class A units and/or Class B units. The receipt of AgStockTrade.com logon information does not provide any other benefits, and any matching (buy or sell) transactions facilitated by AgStockTrade.com are subject to USPB's Unit Transfer Policy and will not be finalized without approval of the USPB Board of Directors. The applicant acknowledges and agrees that (1) participation in AgStockTrade.com is subject to the Trading Service Operations Manual for Class A and Class B Units of U.S. Premium Beef, LLC; (2) the logon information can be inactivated and the ability to use AgStockTrade.com may be terminated at any time without notice; (3) the logon information is not transferable; and (4) to disclose to USPB in writing if they are a competitor, or are employed by a competitor, of USPB. All recipients of AgStockTrade.com logon information are encouraged, prior to the purchase or sale of any USPB Class A and/or Class B units, to review the financial and other information filed with the Securities and Exchange Commission relating to USPB ([www.sec.gov](http://www.sec.gov)), as well as USPB newsletters, the Certificate of Formation of USPB, and the Limited Liability Company Agreement of USPB.

**PLEASE PRINT -- APPLICATION INFORMATION**

Associate Name \_\_\_\_\_  
(Legal name in which units will be held, if acquired)  
Authorized Representative \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_  
Telephone No. \_\_\_\_\_ Fax No. \_\_\_\_\_  
Cell No. \_\_\_\_\_ Email Address \_\_\_\_\_

Signature of Authorized Representative

Date

Accepted: **U.S. PREMIUM BEEF, LLC**

By \_\_\_\_\_

Date \_\_\_\_\_

(U.S. Premium Beef Authorized Agent)