SUBSCRIPTION AGREEMENT

For the purpose of providing necessary capital funds for the proposed retail food co-op to be called Urban Greens Food Co-op, and to acquire a membership interest in such coop, I hereby subscribe to purchase the following share(s):

PLEASE CHECK ONE BOX AND FILL IN BLANKS AS NECESSARY

❑ Number of shares: _____ @ **$160** per share.
Number of shares cannot be more than 20 or less than 1

Amount paid today: $_____
Amount can be paid in full or ***$40*** *per year*

❑ Number of Low-Income shares: _____ @ **$80** per share.
Number of shares cannot be more than 20 or less than 1

Amount paid today: $_____
Amount can be paid in full or ***$10*** *per year*

PLEASE READ AND SIGN:

The Co-op on whose behalf this subscription is solicited has been incorporated as a cooperative association under the laws of the State of Minnesota. The share(s) hereby subscribed for will be evidenced by share certificates issued by the Co-op.

The member interest hereby subscribed for will confer the right to purchase goods and services at member prices to the subscriber and not more than one adult member of the subscriber's household (as designated by Secondary Member below) and any number of children of the subscriber. Purchasing rights for additional adults in the household of the subscriber may be obtained by payment of an additional fee.

The share(s) hereby subscribed for will entitle the holder to no dividends, will not be redeemable for more than their issuing price, will entitle the holder to no more than one vote in any matter presented to a vote of members irrespective of the number of shares subscribed for, will not be transferable except to the Co-op, and will be subject to terms and conditions in the Co-op's articles of incorporation and bylaws.

I understand that funds remitted pursuant to this subscription agreement are subject to the risks inherent in any start-up enterprise of this character, and that such risks may result in the loss of part or all of such funds.

**If this subscription is for a share at the low-income level, I certify that I am either a recipient of one or more of the following: food stamps (EBT), supplemental security income (SSI), Medicaid, WIC program, Family Health Plus and Child Health Plus, or Section 8 housing subsidy; or could qualify for such programs if I chose to; or meet Federal Low-Income Guidelines based on my income and family size.

PRIMARY MEMBER LAST NAME | PRIMARY FIRST NAME | INITIAL

SECONDARY MEMBER LAST NAME | SECONDARY FIRST NAME | INITIAL

BUSINESS/ORGANIZATION NAME

STREET | CITY | STATE

ZIP CODE | PHONE | EMAIL

PRIMARY MEMBER SIGNATURE | DATE

Check payable to Urban Greens Food Co-op; Send check and form to: Urban Greens, 1560 Westminster St, Providence, RI 02909

INTERNAL USE

❑ Check here once full payment has been received.

1st Payment: $_____ Date: _____ Check#: _____
2nd Payment: $_____ Date: _____ Check#: _____
3rd Payment: $_____ Date: _____ Check#: _____
4th Payment: $_____ Date: _____ Check#: _____
5th Payment: $_____ Date: _____ Check#: _____
6th Payment: $_____ Date: _____ Check#: _____
7th Payment: $_____ Date: _____ Check#: _____
8th Payment: $_____ Date: _____ Check#: _____

SUBSCRIPTION ACCEPTED DATE | AGENT FOR CO-OP | SIGNATURE