

Investment Application

citizens co-op
A COMMUNITY OWNED MARKET

NAME: _____
last first middle

MAILING ADDRESS: _____

PHONE: _____

EMAIL: _____

NUMBER OF SHARES:
@ \$500/share

TOTAL INVESTMENT VALUE:

INVESTMENT AGREEMENT I agree to abide by the rights and responsibilities of an Investor, as outlined in the Corporate By-Laws, and provided to me in a written document which I have read and understand. I also understand the associated risks of this investment, and hereby submit my investment in Locals' Food Market, Inc. regardless of any loss in these funds that may occur.

signature

date

SIGN AND RETURN THIS APPLICATION TO

citizens co-op

1015 NE 13th Place
Gainesville, FL 32601

Please include a check, payable to Locals' Food Market Inc. for your total investment value.

THANK YOU!

YOU'LL RECEIVE YOUR STOCK CERTIFICATE SOON.

