MORRIS THEATRE COOPERATIVE

MEMBERSHIP UNIT SUBSCRIPTION FORM

This form accompanies the Morris Theatre Cooperative Class A Unit Offering and Subscription Agreement described in the Confidential Private Placement Memorandum dated December 10, 2007.
MORRIS THEATRE COOPERATIVE
Membership Unit Subscription Form

Send form and payment to: Morris Theatre Coop – Membership, P.O. Box 552, Morris MN 56267

RELIANCE BY COMPANY
The Subscriber understands that the Company is relying on the representations, warranties and other information provided by the Subscriber in this Subscription Agreement with respect to the offer and sale of the Units. By signing below, the Subscriber certifies that all information provided by the Subscriber in this Subscription Agreement is accurate and complete as of the date listed below and, if not an individual, that the Subscriber is duly organized, validly existing and in good standing and has full authority to execute and agree to this Subscription Agreement. The Subscriber understands and agrees that this Subscription Agreement is irrevocable. Subject to the terms of this Subscription Agreement, the Company will return the Subscriber’s Subscription Agreement and cash payment only if the Company rejects this Subscription Agreement.

CAUTION!
This Subscription Agreement is a legal contract between the Subscriber and the Company concerning the purchase of Units. The Company urges the Subscriber to read carefully this entire Subscription Agreement and the Memorandum, including each of its Appendices, for a complete description of an investment in the Units. The Subscriber should obtain the Subscriber’s own professional advice with respect to the risks inherent in an investment in the Units, and the suitability of an investment in the Units in light of the Subscriber’s financial condition and investment needs.

SUBSCRIPTION AND SUBSCRIBER INFORMATION AND SIGNATURES

Subscription for Units

A. Number of Units Subscribed For: ____________________________
(Minimum subscription is 1 Share ($250)

B. Total Purchase Price for Units: ____________________________
(Multiply total on Line A by $250)

Commitment to Purchase over time:

TOTAL Commitment: $__________________

amount per payment: $______ # of payments: _____ monthly / quarterly / annually / other ______

Subscription for Pre-paid Advertising

amount: $__________________

Subscriber Name and Form of Ownership (Units will be registered as shown in the name(s) printed below)

Name(s) of Subscriber(s): ____________________________________________

Form of Ownership – check applicable box:

☐ Individual
☐ Individual by Custodian (for minors under 18 years of age)
☐ Joint Tenants with Right of Survivorship (all signatures must appear below)
☐ Tenants in Common (all signatures must appear below)
☐ Individual Retirement Account (signatures of both account owner and trustee or custodian are required)
☐ Corporation, Limited Liability Company, Partnership or other entity (corporate or limited liability company resolutions or partnership agreement must be enclosed)
☐ Trust (title and signature pages of trust agreement and all amendments must be enclosed): Trustee Name(s): ____________________________
Date of trust agreement or last amendment: ____________________________
☐ Other: Provide detailed information: ____________________________________________

Initial here to confirm that you have received a copy of the Prospectus and are a current resident of Minnesota.
Subscriber Address and Tax Information

Subscriber:

Name: ____________________________________________
Address: ____________________________________________
City ___________________________ State _______ Zip ________
Telephone Number (include area code) __________________________
Email address (optional ) __________________________
Social Security or Taxpayer Identification Number * __________________________
State of Residence: __________________________
Date of Birth (if under 18): __________________________

(*)Note: If more than one social security number is required to be provided, the Company will deliver notices to the Subscriber and address associated with the first social security number.)

Joint or Additional Subscriber or Custodian (or IRA owner):

Name: ____________________________________________
Address: ____________________________________________
City ___________________________ State _______ Zip ________
Telephone Number (include area code) __________________________

Individuals:
( Includes joint tenants, tenants in common and individual IRA beneficiaries)

Name of Individual Subscriber __________________________
Signature of Individual Subscriber __________________________
Name of Joint Individual Subscriber or Custodian __________________________
Signature of Joint Individual Subscriber or Custodian __________________________
Date __________________________

Entities: 
( Includes corporations, limited liability companies, partnerships, cooperatives, trusts and IRA custodians)

Name of Entity Subscriber __________________________
Authorized Signature __________________________
Print Name __________________________
Title __________________________
Date __________________________

Signature(s)
By signing below each Subscriber represents, warrants and agrees as provided in the foregoing Subscription Agreement and that the information provided in this Subscription Agreement, including the Subscription, Subscriber Information and Signature pages is true, correct and complete.

Acceptance by Company:
This Subscription Agreement has been accepted and agreed to this _____ day of ____________, 200__.

MORRIS THEATRE COOPERATIVE
By: __________________________
Title: __________________________
Date: __________________________