



UWGP UNITED WISCONSIN GRAIN PRODUCERS LLC

"Where Farmers are Fueling America"

W1231 Tessmann Drive · Post Office Box 247 · Friesland, WI 53935-0247 · Phone: 920-348-5016 · Fax: 920-348-5009

July 10, 2015

Dear United Wisconsin Grain Producer Member:

On July 10th, 2015, the Board of Directors of United Wisconsin Grain Producers LLC (UWGP) voted to make a distribution of \$100 per unit to all unit holders of record as of July 10, 2015, for a total distribution to members of approximately \$2,834,600. We plan to mail these checks on or around July 30th 2015. If you have already signed up to receive your distribution check via ACH, it will be directly deposited into the account you selected. **If you have not signed up for ACH, it is NOT too late to do so for this distribution check. Please complete and sign the enclosed form and send it to UWGP c/o Kathy Becker, PO Box 247, Friesland WI 53935 or kbecker@uwgp.com no later than Friday, July 24th 2015.** This not only gets you the money quicker but also removes the risk of your check getting lost in the mail, being delivered to the wrong seasonal address, and eliminates the need for you to manually deposit the check at the bank. As has been the practice with the last several distributions, we will withhold Wisconsin income tax from non-resident members, as required by the Wisconsin statutes for pass-through entities.

Just a reminder, if you have not already registered as a "member" on www.uwgp.com, we encourage you to take a couple minutes to do so. This will allow you to receive correspondence such as this immediately via your registered email address as well as give you access to our financial and other information privy to our members only.

Sincerely,

Kevin Roche, President
Board of Directors of United Wisconsin Grain Producers LLC



ACH SETUP FORM - Investor

I hereby authorize United Wisconsin Grain Producers LLC (THE COMPANY) to initiate entries to my checking/savings accounts at the financial institution listed below (THE FINANCIAL INSTITUTION), and, if necessary, initiate adjustments for any transactions credited in error. This authority will remain in effect until THE COMPANY is notified by me in writing to cancel it in such time as to afford THE COMPANY and THE FINANCIAL INSTITUTION a reasonable opportunity to act on it.

INVESTMENT INFORMATION (separate forms are needed for each investment):

Investment/Entity Name - PLEASE PRINT

Investment Address - PLEASE PRINT

Phone

E-mail Address

Signature*

Date

Signature*

Date

* Joint owners must both sign. When signing as attorney, executor, administrator, trustee or guardian, please note that fact.

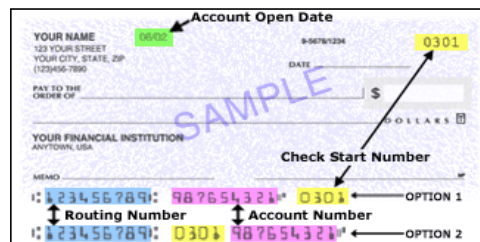
FINANCIAL INFORMATION:

(Name of Financial Institution)

Account Name - PLEASE PRINT

Checking/Savings (Circle Type)

Account Number: (see image)



Financial Institution Routing Number: (see image)