

IEF CAPITAL LLC

FILLABLE SUBSCRIPTION AGREEMENT

Investor Full Name:

Entity Name (if applicable):

Address:

Email:

Phone:

Total Capital Commitment

Number of Units Subscribed

Signature:

Date:

Accredited Investor Status (check one):

Yes, I am an accredited investor

No, I am NOT an accredited investor

By signing, the Investor agrees to all terms of the Operating Agreement and PPM.

This Subscription Agreement becomes effective upon acceptance by IEF Capital LLC.

Manager Acceptance

Date: