FORM D UNITED STATES SEC 1972 (6/02):

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SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

OMB APPROVAL									
OMB Numbe	r: 3235-0076								
Expires:	May 31, 2005								
Estimated ave									

200 hours per response.....1

SEC USE ONLY								
Prefix	Serial							
DAT	E RECEIVED							

Name of Offering (check if this is an amendment and name has changed, and indicate change.) LLC Unit Offering
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6) ULOE
Type of Filing: New Filing
A. BASIC IDENTIFICATION DATA
1. Enter the information requested about the issuer
Name of Issuer (check if this is an amendment and name has changed, and indicate change.)
Ethanol Grain Processors, LLC 05000465
Address of Executive Offices (Number and Street, City, State, Zip Code) Telepl.
169 Atwood Highway, PO Box 837, Milan, Tennessee 38358 (731) 686-3737
Address of Principal Business Operations (Number and Street, City, State, Zip Code) Telephone Number (Including Area Code)
(if different from Executive Offices)
Brief Description of Business
Develop and construct a 40-million gallon per year dry mill ethanol plant to be located near Obion, Tennessee.
Type of Business Organization JAN 0.7 2005
corporation limited partnership, already formed other (please specify):
business trust limited partnership, to be formed Limited Liability Company
Month Year Fireward
Actual or Estimated Date of Incorporation or Organization: [1] [0] [0] [4] Actual Actual Estimated
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State:
CN for Canada; FN for other foreign jurisdiction) [T] [N]
GENERAL INSTRUCTIONS
Title all search by

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix in the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

		A. BASIC IDENTIF	ICALIUN DATA						
2. Enter the information requested for the following:									
• Each promoter of the issuer, if the issuer has been organized within the past five years;									
• Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;									
• Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and									
Each general and managing partner of partnership issuers.									
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	⊠ Governor	General and/or Managing Partner				
Full Name (Last name first, if individual)									
Escue, Alvin D.									
Business or Residence Addre	ess (Number and S	Street, City, State, Zip Coo	ie)	·					
19 Atwater Highway, Milar	a, TN 38538-0837								
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	☑ Governor	General and/or Managing Partner				
Full Name (Last name first, Byford, James L.	f individual)	transfer grange and the							
Business or Residence Address		inade City Come Tim Co	day.						
1992 Raiston Road, Martin	damen in the second building a second was a	street, Cay, State, Zip Co	TE)		and the second s				
Check Box(es) that Apply:	Promoter	Beneficial Owner	☐ Executive Officer	☑ Governor	General and/or Managing Partner				
Full Name (Last name first,	if individual)				1,1-1102112				
Pinion, PhiHip E.									
Business or Residence Address (Number and Street, City, State, Zip Code)									
Business or Residence Addr	ess (Number and 9	Street, City, State, Zip Coo	đe)						
	•	Street, City, State, Zip Co.	de)						
PO Box 87, Union City, TN	38281			Covernor	General mellor				
	•		de) Executive Officer	Governor	General and/or Managing Parener				
PO Box 87, Union City, TN	38281 Promoter			Governor					
PO Box 87, Union City, TN Check Box(es) that Apply:	38281 Promoter			Governor					
PO Box 87, Union City, TN Check Box(es) that Apply: Full Name (Last name first,	38281 Promoter if individual)	Beneficial Owner	Executive Officer	Governor					
PO Box 87, Union City, TN Check Box(es) that Apply: Full Name (Last name first, Gary L. West	38281 Promoter if individual) ess (Number and s	Beneficial Owner	Executive Officer	Governor					
PO Box 87, Union City, TN Check Box(es) that Apply: Full Name (Last name first, Gary L. West Business or Residence Addr	38281 Promoter if individual) ess (Number and s	Beneficial Owner	Executive Officer	☐ Governor ☐ Governor					
PO Box 87, Union City, TN Check Box(es) that Apply: Full Name (Last name first, Gary L. West Business or Residence Addr 200 Todd St.; Martin, TN	38281 Promoter if individual) ess (Number and 9 38237 Promoter	Beneficial Owner. Street, City, State, Zip Co.	Executive Officer		Managing Partner				
PO Box 87, Union City, TN Check Box(es) that Apply: Full Name (Last name first, Gary L. West Business or Residence Addr 200 Todd St., Martin, TN Check Box(es) that Apply:	38281 Promoter if individual) ess (Number and s 38237 Promoter if individual)	Beneficial Owner Street, City, State, Zip Co	Executive Officer Description:		Managing Partner				
PO Box 87, Union City, TN Check Box(es) that Apply: Full Name (Last name first, Gary L. West Business or Residence Addr 200 Todd St.; Martin, TN Check Box(es) that Apply: Full Name (Last name first, Business or Residence Addr	38281 Promoter Promoter If individual) Promoter Promoter If individual If indi	Beneficial Owner Street, City, State, Zip Co Beneficial Owner Street, City, State, Zip Co	de) Executive Officer Executive Officer	Governor	Managing Partner General and/or Managing Partner				
PO Box 87, Union City, TN Check Box(es) that Apply: Full Name (Last name first, Gary L. West Business or Residence Addr 200 Todd St., Martin, TN. Check Box(es) that Apply: Full Name (Last name first,	38281 Promoter if individual) ess (Number and s 38237 Promoter if individual)	Beneficial Owner Street, City, State, Zip Co	Executive Officer Description:		Managing Partner				
PO Box 87, Union City, TN Check Box(es) that Apply: Full Name (Last name first, Gary L. West Business or Residence Addr 200 Todd St.; Martin, TN Check Box(es) that Apply: Full Name (Last name first, Business or Residence Addr	Promoter If individual) ess (Number and sassass Promoter if individual) ess (Number and sassass) Promoter Promoter	Beneficial Owner Street, City, State, Zip Co Beneficial Owner Street, City, State, Zip Co	de) Executive Officer Executive Officer	Governor	Managing Partner General and/or Managing Partner General and/or				
PO Box 87, Union City, TN Check Box(es) that Apply: Full Name (Last name first, Gary L. West Business or Residence Addr 200 Todd St., Martin, TN Check Box(es) that Apply: Full Name (Last name first, Business or Residence Addr Check Box(es) that Apply:	Promoter If individual) ess (Number and sassass Promoter if individual) ess (Number and sassass) Promoter Promoter	Beneficial Owner Street, City, State, Zip Co Beneficial Owner Street, City, State, Zip Co	de) Executive Officer Executive Officer	Governor	Managing Partner General and/or Managing Partner General and/or				
PO Box 87, Union City, TN Check Box(es) that Apply: Full Name (Last name first, Gary L. West Business or Residence Addr 200 Todd St., Martin, TN Check Box(es) that Apply: Full Name (Last name first, Business or Residence Addr Check Box(es) that Apply:	Promoter if individual) ess (Number and saza7 Promoter if individual) ess (Number and saza6) Promoter if individual)	Beneficial Owner Street, City, State, Zip Co. Beneficial Owner Street, City, State, Zip Co. Beneficial Owner	de) Executive Officer Description:	Governor	Managing Partner General and/or Managing Partner General and/or				

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

		A. BASIC IDENTIF	CATION DATA						
2. Enter the information requested for the following:									
• Each promoter of the issuer, if the issuer has been organized within the past five years;									
• Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;									
• Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and									
 Each general and ma 									
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	Executive Officer	Governor	General and/or Managing Partner				
Full Name (Last name first, i	f individual)								
Business or Residence Addre	ess (Number and S	Street, City, State, Zip Cod	le)						
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Governor	General and/or Managing Partner				
Full Name (Last name first, i	findividual)								
Business or Residence Addre	ss (Number and S	treet, City, State, Zip Cod	e)						
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Governor	General and/or Managing Partner				
Full Name (Last name first, i	f individual)								
Business or Residence Addre	ess (Number and S	Street, City, State, Zip Cod	le)						
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	Executive Officer	Governor.	General and/or Managing Partner				
Full Name (Last name first, i	findividual)								
Business or Residence Addre	ess (Number and S	Street, City, State, Zip Cod	le)						
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Governor	General and/or Managing Partner				
Full Name (Last name first, if individual)									
Business or Residence Addre	ess (Number and S	Street, City, State, Zip Cod	le)	,					
Check Box(es) that Apply:	Promoter	Beneficial Owner	☐ Executive Officer	Governor	General and/or Managing Partner				
Full Name (Last name first, i									
Business or Residence Addre	ess (Number and S	Street, City, State, Zip Cod	le)						

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

2 of 5 (Duplicate if Needed)

				, B. IN	ORMAI	ION ABO)UT OFF	ERING				
											Yes	No
1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?												
Answer also in Appendix, Column 2, if filing under ULOE.												
2 What is	2. What is the minimum investment that will be accepted from any individual?										5.000	
	Yes No											
3. Does th	3. Does the offering permit joint ownership of a single unit?											
	4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any											
	commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC											
							i a broker If more th					
							nformatio					
Full Name												
NONE						,						
Business or	r Residenc	e Address	(Number	and Street	, City, Sta	te, Zip Co	de)					
NI C A		D1	D1		 	,						
Name of A	ssociated	Broker or	Dealer									
States in W	hich Perso	on Listed l	Has Solicit	ted or Inte	nds to Soli	icit Purcha	sers				-	
(Check "A	All States"	or check i	ndividual	States)					*			All States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]		[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]		[MM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Full Name	(Last nam	e first, if i	ndividual)	l-								
Business or	Residenc	e Address	Number	and Street	City Sta	te. Zip Co	de)		 	······································	<u></u>	
	····		- 		,,				4-2-1			
Name of A	ssociated l	Broker or	Dealer									
States in W	hich Pers	on Listed l	Has Solici	ted or Inte	nds to Soli	icit Purch	esets	······································	 	 		*****
(Check "A	All States"	or check i	ndividual	States)	*************		• • • • • • • • • • • • • • • • • • • •			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		All States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	{OK}	(OR)	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Full Name	(Last mam	e first, if i	ndividual)	,		`						
Business of	Business or Residence Address (Number and Street, City, State, Zip Code)											
Name of A	Name of Associated Broker or Dealer											
States in W	hich Perso	on Listed	Has Solicit	ted or Inte	nds to Soli	icit Purch	isers		·	······································	.,	
	(Check "All States" or check individual States)											
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	(HI)	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
דוכדו	1003	FOW.	877813x 173	(TOTAL)	EX YES	EX THESE	FTTAT	CTTT A T	F3373 73	FXX 777	FRE PE 23	CONTRACT.

[SD] [TN] [TX] [UT] [VT] [VA] [WA] [WV] [WI] (Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND U		e proceed	S
1.	Enter the aggregate offering price of securities included in this offering and the tota amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the columns below t	n		
	the securities offered for exchange and already exchanged. Type of Security		Aggregate Tering Price	Amount Already Sold
	Debt			\$
	Equity	\$		\$
	Common Preferred			
	Convertible Securities (including warrants)	\$		\$
	Partnership Interests	\$		\$
	Other (Specify LLC Units)	\$	1,000,000	\$
	Total	\$	1,000,000	\$
	Answer also in Appendix, Column 3, if filing under ULOE.			
2,	Enter the number of accredited and non-accredited investors who have purchases securities in this offering and the aggregate dollar amounts of their purchases. Fo offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answe is "none" or "zero."	r s		
			NTt	Aggregate
			Number	Dollar Amount of Purchases
	A complished Toursens		Investors	
	Accredited Investors Non-accredited Investors		41	\$ <u>945,000</u> \$ <u>0</u>
	Total (for filings under Rule 504 only)		41	\$ <u>945,000</u>
	Answer also in Appendix, Column 4, if filing under ULOE.			
3.	If this filing is for an offering under <u>Rule 504</u> or <u>505</u> , enter the information requested fo all securities sold by the issuer, to date, in offerings of the types indicated, in the twelv (12) months prior to the first sale of securities in this offering. Classify securities by typ listed in Part C – Question 1.	е		
			Type of	Dollar Amount
	Type of offering		Security	Sold
	Rule 505			\$
	Regulation A			\$
	Regulation 504.			\$0
	Total			\$0
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expense of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.	s e		
	Transfer Agent's Fees		ليا	\$
	Printing and Engraving Costs			\$
	Legal Fees.			Ψ
			님	Ф С
	Accounting Fees		片	3
	Engineering Fees		닖	D
	Sales Commissions (specify finders' fee separately)			<u>ъ</u>
	Other Expenses (identify)		닏	3
	Total		\boxtimes	\$35,000

		OF INVESTORS EXPENSES A	ND US	E OF PROCE	EDS -	
	 Enter the difference between the aggrege C - Question 1 and total expenses furnished is difference is the "adjusted gross proceeds to the 	n response to part C - Question 4.a	ı. This		\$_	965,600
5.	Indicate below the amount of the adjusted gross be used for each of the purposes shown. If the furnish an estimate and check the box to the left listed must equal the adjusted gross proceeds to Question 4.b above.	he amount for any purpose is not to f the estimate. The total of the particular is to the particular in the particular i	known, ayments			
				Payments to Officers, Directors, & Affiliates		Payments To Others
	Salaries and fees, and administrative		□ \$		S \$	200,000
	Purchase of real estate	***************************************	□ \$]	 	□ \$	
	Purchase, rental or leasing and installation of m					
	Construction or leasing of plant building and fa			· · · · · · · · · · · · · · · · · · ·	□ \$	
	Acquisition of other businesses (including the offering that may be used in exchange for the actions of the action					
	pursuant to a merger)		☐ \$		□ s	
	Repayment of indebtedness				□ s	
	Working capital				\boxtimes s	100,000
		ig, Site Costs, Brochures,				
	Consultants, Insurance, Permitting, and Prelin	tinary Engineering			6	
	Caluma Tatala		. 按 \$.			665,000
	Column Totals	:	. ۵۰۰۰ استا	 🛛 💲 🦻	65.000	965,000
	Total Layaronia Mision (volunta total discour)	•••••••••••••••••••••••	••••	123 F2	003,000	on the second se
	D.	FEDERAL SIGNATURE				
the f	ssuer has duly caused this notice to be signed by ollowing signature constitutes an undertaking by an request of its staff, the information furnished 502.	y the issuer to furnish to the U.S. I by the issuer to any non-accredit	Securitie	s and Exchan	ge Con	amission, upon
	r (Print or Type)	Signature		Dat		
	nol Grain Processors, LLC	Show & Jakes	e_	10	2-25	3-04
	e of Signer (Print or Type)	Title of Signer (Print or Type)				
AIVII	D. Escue	Chief Executive Officer				

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001).