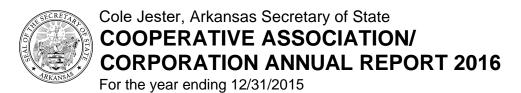
Filing Number:	
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Pursuant to A.C.A. § 4-30-114 (PLEASE TYPE OR PRINT CLEARLY IN BLACK INK)

Name of the Corporation:			
2. Jurisdiction under which the corporation is inc	corporated:		
3. Agent for Service of Process:			
Street Address:			
City:			
Mailing Address (if different than above):			
City:			
4. Principal Office Street Address:			
City:			
Principal Office Mailing Address (if different the	han above):		
City:	State:	Zip:	
Email Address:			
5. Names of Principal Officers:			
		-	
The total number of authorized shares, itemiz	and by slade and dent	o, ii ariy, waiii dadri dade.	
7. The total number of issued and outstanding s	shares, itemized by cl	ass and series, if any, within ea	ach class:
Please include the names of stockholders an annual report:	d amount of stock ow	ned by each and submit it with	this
I understand that knowingly signing a false d misdemeanor and is punishable by a fine up t	o \$100.00 and/or imp		ecretary of State is a Class C
Executed this day of	(Month)	(Year)	
Authorizing Officer (Type or Print in Black Ink)			uthorizing Officer Black Ink)

Business and Commercial Services Division
500 Woodlane Avenue, Suite 256, Little Rock, AR 72201
Phone: 501-682-3409 or Toll Free: 888-233-0325