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:		
3. Agent for Service of Process:		
Street Address:		
City:		
		Zip:
Principal Office Street Address:		
		Zip:
City:	State:	Zip:
Email Address:		
5. Names of Principal Officers:		
<ol><li>The total number of authorized shares, itemiz</li></ol>		
7. The total number of issued and outstanding s	shares, itemized by clas	s and series, if any, within each class:
Please include the names of stockholders an annual report:	d amount of stock owne	ed by each and submit it with this
I understand that knowingly signing a false d misdemeanor and is punishable by a fine up t	ocument with the inten o \$100.00 and/or impris	t to file with the Arkansas Secretary of State is a Class C sonment up to 30 days.
Executed this day of	(Month)	
Authorizing Officer (Type or Print in Black Ink)		Signature of Authorizing Officer (Sign in 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