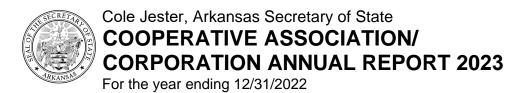
Filing Number:	
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Pursuant to A.C.A. § 4-30-114 (PLEASE TYPE OR PRINT CLEARLY IN BLACK INK)

. Name of the Corporation:		
. Agent for Service of Process:		
Street Address:		
City:	State:	Zip:
Mailing Address (if different than above):		
City:	State:	Zip:
. Principal Office Street Address:		
City:	State:	Zip:
Principal Office Mailing Address (if different th	nan above):	
City:	State:	Zip:
Email Address:		
. Names of Principal Officers:		
. The total number of issued and outstanding s	hares, itemized by cla	ass and series, if any, within each class:
. Please include the names of stockholders and annual report:	d amount of stock ow	ned by each and submit it with this
I understand that knowingly signing a false do misdemeanor and is punishable by a fine up to		ent to file with the Arkansas Secretary of State is a Class risonment up to 30 days.
Executed this day of	(Month)	(Year)
Authorizing Officer (Type or Print in Black Ink)		Signature of Authorizing Officer (Sign in Black Ink)