Filing Number:	
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## Pursuant to A.C.A. § 2-2-422 (PLEASE TYPE OR PRINT CLEARLY IN BLACK INK)

1. Name of the Marketing	Association:		
2. Principal Office Address	S:		
	State:		
3. General Statement of B	usiness Operations durin	g the fiscal year (Pleas	e specify below):
a. If a stock associat	ion:		
Amount of capital	stock:	Number of	stockholders:
or			
b. If a nonstock asso	ciation:		
Number of Member	ers: A	mount of membership	fees received:
4. Total expenses of opera	ations:		
5. The amount of indebted	Iness or liability:		
6. Include balance sheet(s	s) with this annual report.		
	,		
			e with the Arkansas Secretary of State is imprisonment up to 30 days.
Executed this(Day)	day of	(Month)	(Year)
	zing Officer int 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 Email: arsos@sos.arkansas.gov • Website: www.sos.arkansas.gov