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 Marke	ting Association:			
	dress:			
	State:			
			ar (Please specify below):	
a. If a stock ass	ociation:			
Amount of ca	oital stock:	Nu	mber of stockholders:	
or				
b. If a nonstock	association:			
Number of Mo	embers:	Amount of memb	bership fees received:	
4. Total expenses of o	perations:		<u>_</u>	
5. The amount of inde	btedness or liability:			
	eet(s) with this annual re			
	` '	•		
			ent to file with the Arkansas Secretary of S and/or imprisonment up to 30 days.	tate is
Executed this	day of	(Month)	,(Year)	
	thorizing Officer		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