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 Market	ing Association:			
	ress:			
	State:			
			r (Please specify below):	
a. If a stock asso	ociation:			
Amount of cap	ital stock:	Nui	mber of stockholders:	
or				
b. If a nonstock a	association:			
Number of Me	mbers:	Amount of memb	pership fees received:	
4. Total expenses of o	perations:		_	
5. The amount of inde	otedness or liability:			
	et(s) with this annual re			
	. ,	•		
			ent to file with the Arkansas Secretary of and/or imprisonment up to 30 days.	of State is
Executed this	day of	(Month)	,(Year)	
,-		V * 17	,,	
	horizing Officer		Signature of Authorizing Officer (Sign in Black Ink)	

Business and Commercial Services Division -

No Filing Fee