| Filina | Number: | |
|---------|---------|--|
| Filling | number: | |



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

| 1. Name | of the Marketing Association | : | | |
|------------------------|---|--------------------------|---|----------|
| 2. Princi _l | pal Office Address: | | | |
| | | | Zip: | |
| 3. Gener | ral Statement of Business Op | erations during the fisc | cal year (Please specify below): | |
| a. | If a stock association: | | | |
| , | Amount of capital stock: | | Number of stockholders: | |
| or | | | | |
| b. I | If a nonstock association: | | | |
| ļ | Number of Members: | Amount of | f membership fees received: | |
| 4. Total | expenses of operations: | | | |
| 5. The a | mount of indebtedness or liab | oility: | | |
| 6. Includ | le balance sheet(s) with this a | innual report. | | |
| | () | · | | |
| | | | | |
| | | | | |
| | | | the intent to file with the Arkansas Secretary of \$100.00 and/or imprisonment up to 30 days. | State is |
| Execute | ed this day o | of | | |
| | (Day) | (Month) | (Year) | |
| | Authorizing Officer (Type or Print in Black Ir | nk) | 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

No Filing Fee Rev. 1/25