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 A	ssociation:		
		the fiscal year (Please spe-	
a. If a stock association	n:		
Amount of capital s	tock:	Number of stock	holders:
or			
b. If a nonstock assoc	iation:		
Number of Member	rs: An	nount of membership fees re	eceived:
4. Total expenses of operat	ions:		
5. The amount of indebtedn	ess or liability:		
6. Include balance sheet(s)			
(-)			
		nt with the intent to file with up to \$100.00 and/or impris	the Arkansas Secretary of State is conment up to 30 days.
Executed this	day of	(Month) (Y	ear)
	ng Officer t in Black Ink)	Signa	ature 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