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 Mar	keting Association:				
2. Principal Office A	Address:				
	Stat				
			r (Please specify below):		
a. If a stock a	ssociation:				
Amount of	capital stock:	Nu	mber of stockholders:		
or					
b. If a nonstoo	ck association:				
Number of	Members:	Amount of mem	bership fees received:		
4. Total expenses o	of operations:		<u>_</u>		
5. The amount of in	debtedness or liability:				
6. Include balance :	sheet(s) with this annual	report.			
		·			
			ent to file with the Arkansas Se and/or imprisonment up to 30		
Executed this	day of	(Month)	,(Year)		
Authorizing Officer (Type or Print 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