Filing Number:	
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AMENDED CORPORATION FRANCHISE TAX REPORT 2024

For the year ending 12/31/2023

Sign in black ink and mail to the address listed below.

	Current Names of Cornerate Governors:				
Address:	D				
City, State, Zip:	-	President: Vice President: Secretary: Treasurer: Controller:			
2. Correct any of the below information, if needed:					
Гах Contact Name:	-				
Address:	_				
Address 2:	-				
City, State, Zip:	-	x Preparer:			
Phone # of Tax Contact:	_ Fe	deral Tax ID #:			
E-mail Address:		ture of Business:			
ALL INFORMATION IN SECTIONS 3-8		6. TOTAL AUTHORIZED CAPITAL STOCK			
BELOW ARE REQUIRED		(See Instruction 8)			
3. Registered Agent Information: Name: Address:		NUMBER OF	SHARES	PAR VALUE EA	
		a)		\$	
		b)	\$	\$	
		c) \$			
		NO PAR VALUE = \$25 PER SHARE			
Address 2:	7 .	ISSUED AND OUTSTANDING CAPITAL STOCK (See Instruction 9)			
City, State, Zip: 4. Principal Office Information (in Arkansas): Address:		NUMBER OF			
		SHARES	PAR VALUE EA		
		a)	X \$	= \$	
City, State, Zip:		b)	X \$	= \$	
		c)	X \$	= \$	
		, , , , , , , , , , , , , , , , , , , ,		,	
		NO PAR VALUE = \$25 PER SHA		PER SHARE	
÷=X		=		=	
Arkansas Real & Total Real & Percentage (%) Am Personal Property	ount froi	n Line 9d Arkansa	s Capital Stock X .003	3 TAX [
MINIMUM TAX DUE \$150 • IF LESS THAN \$150 PAY \$1	50 • C	ORPORATIONS W	ITHOUT AUTHOR	RIZED STOCK PA	
I declare, under the penalties of perjury, that the forego					
Executed this day of		,	_		
(Dav) (Month)		(Year)	-		