Rev. 12/23



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	Signature of Authorizing Officer (Sign in Black Ink)	

Business and Commercial Services Division –

1401 W. Capitol, Suite 250, Little Rock, Arkansas 72201-1094 Phone: 501-682-3409 or Toll Free: 888-233-0325 Email: arsos@sos.arkansas.gov • Website: www.sos.arkansas.gov

No Filing Fee