## **AMENDED CORPORATION FRANCHISE TAX REPORT 2023**

For the year ending 12/31/2022

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

Name:	_				
Address:	5.	5. Current Names of Corporate Governors:			
City, State, Zip:	Pre	President:			
2. Correct any of the below information, if needed:	Vice President: Secretary: Treasurer: Controller:				
Tax Contact Name:					
Address:					
Address 2:					
City, State, Zip: Tax Preparer:					
Phone # of Tax Contact:	_ Fe	deral Tax ID #:			
E-mail Address:		ture of Business:			
ALL INFORMATION IN SECTIONS 3-8 BELOW ARE REQUIRED	6.	6. TOTAL AUTHORIZED CAPITAL STOCK (See Instruction 8)			
		NUMBER OF SHARES		PAR VALUE EACH	
		a)	a)		\$
3. Registered Agent Information:		b)		\$	
Name:	_	c)		\$	
Address:	_	NO PAR VALUE = \$25 PER SHARE			
Address 2:  City, State, Zip:  4. Principal Office Information (in Arkansas):		ISSUED AND OUTSTANDING CAPITAL STOCK			
		NUMBER OF			
		SHARES	PAR VALUE EACH		TOTAL
Address:	_	a)	X \$		= \$
City, State, Zip:		b)	X \$		= \$
		c)	X \$		= \$
3. ÷ = X		d) (Add 9a + 9b + 9c) <b>TOTAL</b> :			= \$   SUADE
		NO PAR VALUE = \$25 PER SHARE			
Arkansas Real & Total Real & Percentage (%)  Personal Property  MINIMUM TAX DUE \$150 • IF LESS THAN \$150 PAY \$1			as Capital Stock	X .003	TAX DUE  D STOCK PAY \$3
I declare, under the penalties of perjury, that the foreg  Executed this day of	oing st		to the best o	f my knov	wledge and belie
(Day) (Month) Print Name		(Year) Signature			