Pursuant to A.C.A. § 4-30-114 (PLEASE TYPE OR PRINT CLEARLY IN BLACK INK)

Name of the Corporation:			
2. Jurisdiction under which the corporation is inco	orporated:		
Agent for Service of Process:			
Street Address:			
City:			
Mailing Address (if different than above):			
City:	State:	Zip:	
4. Principal Office Street Address:			
City:			
Principal Office Mailing Address (if different that			
City:			
Email Address:			
5. Names of Principal Officers:			
·			
7. The total number of issued and outstanding sh	nares, itemized by clas	s and series, if any, within each cl	ass:
Please include the names of stockholders and annual report:	l amount of stock own	ed by each and submit it with this	
I understand that knowingly signing a false do misdemeanor and is punishable by a fine up to Executed this day of	\$100.00 and/or impri	sonment up to 30 days.	ary of State is a Class C
(Day)	(Month)	(Year)	
Authorizing Officer (Type or Print in Black Ink)		Signature of Authorizing Officer (Sign in Black Ink)	