



John Thurston, Arkansas Secretary of State
**COOPERATIVE ASSOCIATION/
 CORPORATION ANNUAL REPORT 2024**
 For the year ending 12/31/2023

Filing Number: _____

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

1. Name of the Corporation: _____

2. Jurisdiction under which the corporation is incorporated: _____

3. Agent for Service of Process: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Mailing Address (if different than above): _____

City: _____ State: _____ Zip: _____

4. Principal Office Street Address: _____

City: _____ State: _____ Zip: _____

Principal Office Mailing Address (if different than above): _____

City: _____ State: _____ Zip: _____

Email Address: _____

5. Names of Principal Officers:

_____	_____
_____	_____
_____	_____

6. The total number of authorized shares, itemized by class and series, if any, within each class:

7. The total number of issued and outstanding shares, itemized by class and series, if any, within each class:

8. Please include the names of stockholders and amount of stock owned by each and submit it with this annual report:

I understand that knowingly signing a false document with the intent to file with the Arkansas Secretary of State is a Class C misdemeanor and is punishable by a fine up to \$100.00 and/or imprisonment up to 30 days.

Executed this _____ day of _____, _____
(Day) (Month) (Year)

 Authorizing Officer
 (Type or Print in Black Ink)

 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