## Pursuant to A.C.A. § 2-2-422 (PLEASE TYPE OR PRINT CLEARLY IN BLACK INK)

1. Name of the Marketing Associat	ion:	
2. Principal Office Address:		
City:		
3. General Statement of Business		
a. If a stock association:		
Amount of capital stock: _	_	Number of stockholders:
or		
b. If a nonstock association:		
Number of Members:	Amount o	of membership fees received:
4. Total expenses of operations:		
5. The amount of indebtedness or		
6. Include balance sheet(s) with th		
oo.(o)		
I understand that knowingly signing	g a false document with	the intent to file with the Arkansas Secretary of State is
		\$100.00 and/or imprisonment up to 30 days.
Executed this	ov of	
Executed this da	ay OI(Month)	(Year)
Authorizing Officer		Signature of Authorizing Officer
(Type or Print in Blac		(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