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

 Name of the Marketing Ass 	ociation:	
		Zip:
		the fiscal year (Please specify below):
a. If a stock association:		
Amount of capital stoo	ck:	Number of stockholders:
or		
b. If a nonstock associat	ion:	
Number of Members:	Amo	ount of membership fees received:
4. Total expenses of operation	าร:	
5. The amount of indebtednes		
6. Include balance sheet(s) wi		
(-,		
		at with the intent to file with the Arkansas Secretary of State is up to \$100.00 and/or imprisonment up to 30 days.
Executed this	day of	(Month) (Year)
Authorizing (Type or Print ir		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