



John Thurston, Arkansas Secretary of State
COOPERATIVE ASSOCIATION/CORPORATION
ANNUAL REPORT 2015

For the year ending 12/31/2014

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:

The information provided herein is true to the best of my knowledge and is made with the intent to file with the Arkansas Secretary of State. I understand that the statements made herein are under oath, and that knowingly making a false statement herein is a Class C felony (A.C.A § 5-53-102) or a Class A misdemeanor (A.C.A. § 5-53-103), or both.

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

Email: arsos@sos.arkansas.gov • Website: www.sos.arkansas.gov