STATE OF ARKANSAS

CORPORATION INCOME TAX SECTION

Application for Income Tax Exempt Status

PART I Identification of A	nnlicant				
1a Full Name of Organization (As shown in organizing document)			2 FEIN		
1b C/O Name (if applicable)			Name and telephone number of p contacted if additional information		
1c Address (Number, Street and Room or Suite Number)					
			()		
1d City or Town, State and ZIP Code			4 Tax Year (Month/Year)		
5 Date Incorporated or Formed	6 Activity Codes (See Instructions)		7 Arkansas Code Section applying under		
8 Date began activity in Arkansas	9 Domestic or Foreign		10 IRC Exempt Under		
11 IRS Approval Date	12 IRS Exp		Diration Date		
13 Has the organization filed Arkans					
14 Check the box for your type of organ BE SURE TO ATTACH A COMPLE		NG DOCUMENT:	S TO THE APPLICATION BEFORE MA	JLING.	
O1 Corporation: Attach a copy of your Articles of Incorporation (including amendments and restatements) showing approval by the appropriate State official; also include a copy of your Bylaws.					
02 Trust: Attach a copy	Attach a copy of your Trust Indenture or Agreement, including all appropriate signatures and dates.				
03 Cooperative: Attach a copy	Cooperative: Attach a copy of your creating documents and a copy of your Bylaws, Rules and Regulations.				
04 Partnership: Attach a copy of your Partnership Agreement and Bylaws if any.					
Association: Attach a copy of your Articles of Association, Constitution, or other creating documents, with a declaration or other evidence the organization was formed by adoption of the document by more than one person; also include a copy of your Bylaws.					
If you are a corporation or an unincorporated association that has not yet adopted Bylaws, check here					
I declare under the penalties of perjury that I am authorized to sign this application on behalf of the organization and that I have examined this application, including the accompanying schedules and attachments, and to the best of my knowledge, it is true, correct and complete.					
Please Sign Here					
	gnature	Title	or Authority Signer	Date	
Please mail to the following address					

Corporation Income Tax, P O Box 919, Little Rock, AR 72203

PART II	Activities and Operational Information
organizational of	led narrative description of all the activities of the organization - past, present and planned. Do not merely refer to or repeat the language in your document. Describe each activity separately in the order of importance. Each description should include, as a minimum, the following: (a) a detailed the activity including its purpose; (b) when the activity was or will be initiated; and (c) when and by whom the activity will be conducted.
2 Will any of the	examination's income he condited to supply as investe the honefit of any private stackholder or individual?
(If "Yes", exp	organization's income be credited to surplus or inure to the benefit of any private stockholder or individual? Yes No lain below.)
3 What are or wil	I be the organization's sources of financial support? List in order of size.
	. So the organization of open control of the contro
4 Describe the en	ragnization's fundraising program, both actual and planned, and explain to what extent it has been put into effect. Include details of fundraising
activities such a	ganization's fundraising program, both actual and planned, and explain to what extent it has been put into effect. Include details of fundraising as selective mailings, formation of fundraising committees, use of volunteers or professional fundraisers, etc. Attach representative copies of financial support.
5 Attach a copy of	of the latest financial statement showing the assets, liabilities, receipts and disbursements of the organization.