STATE OF ARKANSAS
Election By Small Business Corporations

AR1103 Supplemental Shareholder's Consent Form

Name of Corporation			Federal Employer Identification Number (FEIN)				
Name, Address, City, State and Zip code of each Shareholder. **(Please type or print)**	Shareholder's signature. For this election to be valid, all shareholders must signify consent by signing below.		Shareholder Information				
Do Not write in shaded areas			# of Shares or % Owned	Check if family member	Date(s) Acquired	State of Residency	Social Security Number of Shareholder or FEIN
	Signature	Date					

NOTE: Attach this supplemental consent form to the original AR1103 Election By Small Business Corporation form.

Mail completed Form to: Corporation Income Tax Section, P.O.Box 919, Little Rock, AR 72203-0919