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	eq ()	of	Social Security Number of Shareholder or FEIN	
			# of Sł % Owi	Check	Date(s) Acquired	State of Residency		
	Signature	Date						
NOTE: Attach this suppler	nental consent form to	the original AR110)3 Ele	ction	By Small	Busine	ss Corporation form.	
Mail completed Form to: Corporation Income Tax Section, P.O.Box 919, Little Rock, AR 72203-0919								