

## ARKANSAS STATE BANK DEPARTMENT STOCKHOLDERS REPORT

Check box if S Corporation

Date December 31, 2024

We, \_\_\_\_\_, PRESIDENT OR CHAIRMAN and \_\_\_\_\_  
*(Signed)* *(Signed)*

SECRETARY OF \_\_\_\_\_,  
*(Legal title of bank or bank holding company or other institution)* *(City and State)*

do hereby certify that below is a full and complete list of stockholders of the above named institution and the amount of stock held by each:

NAME	CITY, STATE	OWNED SHARES

Total \_\_\_\_\_