ARKANSAS STATE BANK DEPARTMENT STOCKHOLDERS REPORT

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	Check box if S Corporation		Date <u>December 31, 2025</u>	
(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:	We,(Signed)	, PRESIDENT OR CHAIRMAN and	(Signed)	
of stock held by each:	SECRETARY OF (Legal title of bank o	r bank holding company or other institution)	(City and State)	
NAME CITY, STATE OWNED SHARES				
	NAME	CITY, STATE	OWNED SHARES	

Stock – Stockholders Report 1 05/20

Total _____