ARKANSAS STATE BANK DEPARTMENT
STOCKHOLDERS REPORT

Check box if S Corporation ☐ Date December 31, 2026

We, _____ (*Signed*), PRESIDENT OR CHAIRMAN and _____ (*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 _____