

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. <b>(Please type or print)</b>	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					