



Arkansas Secretary of State

1401 W. Capitol, Suite 250, Little Rock, AR 72201

John Thurston

501-682-3409 • www.sos.arkansas.gov

ARTICLES OF INCORPORATION of RURAL TELECOMMUNICATION COOPERATIVE

Instructions: File with the Arkansas Secretary of State's Business Services Division, 1401 W. Capitol, Suite 250, Little Rock, Arkansas 72201 with pay-ment of fee. This form **must be submitted in duplicate**. A copy will be returned to the Corporation at the listed address.

PLEASE TYPE OR CLEARLY PRINT IN INK

The undersigned acting as incorporator of a cooperative under the Rural Telephone Cooperative Act (Act 51 of 1951) and A.C.A. § 23-17-207, adopt the following Articles of Incorporation of such Cooperative:

1. The name of the Cooperative is:

Must contain the words "Telephone Cooperative," "Telecommunications Cooperative," or the abbreviation "Inc."

2. The purpose for which the Cooperative is formed is:

3. The name and address of each Incorporator who shall serve as director and manage the affairs of the cooperative until its first meeting or until successors are elected and qualified:

NAME

ADDRESS

4. The number of directors to be elected at the annual meeting (no fewer than five): _____

5. The address of the principal office and name and address of agent for service:

Principle Office Address: _____

Registered Agent Name: _____

Address: _____

6. The terms and conditions upon which persons shall be admitted to membership in the cooperative:

7. Will the cooperative issue non voting stock?: YES NO

(A) Total number of shares which may be issued and par value of each share: _____

(B) State fixed or maximum rates of dividends or the par value of stocks, and whether dividends will be cumulative:

(C) State whether shares of stock may be issued to members only or to nonmembers and members:

(D) State maximum number of shares which may be owned by any one person and terms of ownership:

EXECUTED this _____ day of _____, _____.

The information provided herein is true to the best of my knowledge and is made with the intent to file with the Arkansas Secretary of State. I understand that the statements made herein are under oath, and that knowingly making a false statement herein is a Class C felony (A.C.A. § 5-53-102) or a Class A misdemeanor (A.C.A. § 5-53-103), or both.

Name of incorporator(s)

Signature of incorporator(s)

CERTIFICATE OF ACKNOWLEDGEMENT

County of _____

State of _____

Acknowledged before me, this _____ day of _____, _____.

Notary Signature: _____

My commission expires: _____