BALLOT QUESTION COMMITTEE (BQC)
STATEMENT OF ORGANIZATION

To be filed with:
Arkansas Ethics Commission
Post Office Box 1917
Little Rock, AR 72203
Phone (501) 324-9600
Fax (501) 324-9606

(Arkansas Ethics Commission File Stamp)

FILED
MAY 21 2013
ARKANSAS ETHICS COMMISSION
BY_____

☑ Check if this is an amendment to a previously filed statement of organization

Section One: BQC Name

Name of BQC (in full): Skyline Joint Venture, LLC

Section Two: BQC Address & Phone Number

If BQC has no office address, use the address of the BQC officer authorized to receive notices on behalf of the BQC. c/o Richard K. Reed

Address: P.O. Box 986 (120 So. Glenwood)

City: Rsd. State AR Zip 7281 Telephone Number 479-968-4000

Section Three: BQC Officers and Directors

Provide the name, title, address, and telephone number of the treasurer and other principal officers and directors of the BQC.

Name: Same Title:_____

Address:_____ City:_____ State:_____ Zip:____

Telephone Number:_____

Name:_____ Title:_____

Address:_____ City:_____ State:_____ Zip:____

Telephone Number:_____

Name:_____ Title:_____

Address:_____ City:_____ State:_____ Zip:____

Telephone Number:_____

Name:_____ Title:_____

Address:_____ City:_____ State:_____ Zip:____

Telephone Number:_____