

**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 24 2013

ARKANSAS ETHICS
COMMISSION

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

BY _____

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.

Address:

City:

State:

Zip:

Telephone Number:

c/o Robert K. Reed
P.O. Box 986 (120 So. Elmwood)
Ashe 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:

Title:

Address:

City:

State:

Zip:

Telephone Number:

same