

For NDOM Use Only

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By: _____ Date: _____

STATE OF NEVADA
 COMMISSION ON MINERAL RESOURCES
DIVISION OF MINERALS
 400 W. King Street, Suite 106
 Carson City, Nevada 89703
 (775) 684-7040 | Fax (775) 684-7052
<http://minerals.nv.gov>

OIL, GAS, AND GEOTHERMAL ORGANIZATION REPORT

1. Full name of company, organization, or individual _____
 Telephone Number: _____
2. Street/PO Box: _____
 City: _____ State: _____ Zip Code: _____
3. Form and Purpose of Organization:
 - A. State whether corporation, joint stock association, firm, or partnership, etc. _____
 - B. State purpose of organization (producer, pipeline, refiner, etc.) _____
 - C. Corp/Entity number issued by Nevada Secretary of State _____
 - D. If foreign corporation:
 1. State where incorporated _____
 2. Name and address of Nevada agent _____
 3. Date of permit to do business in Nevada _____
4. **Officers:**

	<u>Name</u>	<u>Address</u>
Trustee A	_____	_____
Trustee B	_____	_____
President	_____	_____
V Pres A.	_____	_____
V Pres B	_____	_____
V Pres C	_____	_____
Secretary	_____	_____
Treasurer	_____	_____
5. **Directors:**

	<u>Name</u>	<u>Address</u>
Director A.	_____	_____
Director B.	_____	_____
Director C.	_____	_____
Director D.	_____	_____
Director E.	_____	_____
Director F.	_____	_____
Director G.	_____	_____
Director H.	_____	_____
Director I.	_____	_____
Director J.	_____	_____
6. Is this a reorganization? _____
 If so, what is old corp/entity number issued by the Secretary of State of Nevada? _____
7. Attach a copy of your certificate of qualification from the Secretary of State of Nevada.

I hereby certify that I have personal knowledge of the ownership, management, and officers of the above firm and that the statements above are true, correct, and complete.

Signed _____
 Position _____
 Date _____