

For NDOM Use Only Entered in Database

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: Name Address
Trustee A _____
Trustee B _____
President _____
V Pres A. _____
V Pres B _____
V Pres C _____
Secretary _____
Treasurer _____
5. Directors: Name Address
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 _____