



STATE OIL AND GAS BOARD OF ALABAMA

Organization Report

Form OGB-5, Rev. 07/13
(File in duplicate)

This report shall be submitted every two years or immediately after any change occurs as to facts submitted. Company name should be identical to the company name filed with the Alabama Secretary of State.

Full Name of the Company, Organization, or Individual

Street Address (required)

Post Office Address

City County State Zip

Table with 3 columns: Person to contact regarding this form, Phone number, Fax number, E-mail Address

Plan of organization (corporation, general or limited partnership, limited liability company, sole proprietorship, or individual)

Business in which organization is engaged

If a reorganization, give name and address of previous organization

If a foreign corporation, give State where incorporated* Date of Permit to do business issued by the Alabama Secretary of State*

Name of Alabama agent*

P.O. Address City State Zip

*This information must be completed if incorporated in any other state but Alabama

OFFICERS OF CORPORATION OR ALL MEMBERS OF GENERAL PARTNERSHIP, LIMITED PARTNERSHIP OR LIMITED LIABILITY COMPANY

Table with 3 columns: NAME, TITLE, POST OFFICE ADDRESS

DIRECTORS OF CORPORATION

Table with 3 columns: NAME, TITLE, POST OFFICE ADDRESS

Executed this the ___ day of ___, 20___ Signature

Before me, the undersigned authority, on this day personally appeared ___ known to me to be the person whose name is subscribed to the above instrument, who being by me duly sworn on oath states that he/she is duly authorized to make the above report and that he/she has knowledge of the facts stated therein, and that said report is true and correct.

Subscribed and sworn to before me this ___ day of ___, 20___

SEAL My commission expires ___

Notary Public in and for ___ County, ___