



IDAHO OIL AND GAS CONSERVATION COMMISSION ORGANIZATION REPORT

Full Name of Company, Organization or Individual: _____

Address: _____

City: _____ State: _____ Zip Code: _____ Telephone: _____

Plan of Organization (state whether organization is a corporation, joint stock association, firm, partnership or individual): _____

If a reorganization, give name and address of previous organization: _____

If a foreign corporation, complete the following:

- 1) State where incorporated: _____
- 2) Name and address of state agent: _____
- 3) Date of permit to do business in the state: _____

<u>Principal Officers or Partners (If Partnership)</u> <u>NAME</u>	<u>TITLE</u>	<u>ADDRESS, CITY, STATE, ZIP CODE</u>

DIRECTORS' NAMES

ADDRESS, CITY, STATE, ZIP CODE

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

CERTIFICATE: I, the undersigned, state that I am the _____ of the _____ (company), and that I am authorized by said company to make this report and that this report was prepared under my supervision and direction and that the facts stated herein are true, correct and complete to the best of my knowledge.

Date

Signature