

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

OIL, GAS, AND GEOTHERMAL ORGANIZATION REPORT

1. Full name of company, organization, or individual _____
Telephone Number: _____
2. Post office address _____
Street or 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, pipe line, 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	_____	_____
Trustee	_____	_____
President	_____	_____
Vice Pres.	_____	_____
Secretary	_____	_____
Treasurer	_____	_____
5. Directors:

	<u>Name</u>	<u>Address</u>
A.	_____	_____
B.	_____	_____
C.	_____	_____
D.	_____	_____
E.	_____	_____
F.	_____	_____
G.	_____	_____
H.	_____	_____
I.	_____	_____
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 _____