

North Dakota State Industrial Commission

SUBSURFACE MINERALS

ORGANIZATION REPORT

1. Full name of company, organization, or individual _____

2. Post office address _____
(Street or Box) (City) (State) (Zip)

(Street or Box)

(City)

(State)

(Zip)

3. Form and purpose of the organization _____

State whether corporation, a joint stock association, firm or partnership _____ also

state the purpose of the organization, whether producer, pipe line, refiner, etc. _____

If foreign corporation, give (1) State where incorporated; (2) Name and post office address of North Dakota agent; (3) Date of permit to do business in

NORTH DAKOTA _____

Post office address _____

| 4. OFFICERS | NAME | POST OFFICE ADDRESS |
|----------------|------|---------------------|
| TRUSTEE | | |
| TRUSTEE | | |
| PRESIDENT | | |
| VICE PRESIDENT | | |

TRUSTEE _____

TRUSTEE _____

PRESIDENT _____

VICE PRESIDENT _____

SECRETARY _____

TREASURER _____

| 5. DIRECTORS | NAME | POST OFFICE ADDRESS |
|--------------|------|---------------------|
| | | |
| | | |
| | | |
| | | |
| | | |

6. Is this a reorganization? _____ If so, what was the previous organization? _____

DATED THIS _____ DAY OF _____, 20____.

EXECUTED THIS _____ DAY OF _____, 20____.

STATE OF _____

_____ } SS (Company or Operator)

(Signature)

(Title)

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 authorized to make this report and has knowledge of the facts stated herein and that said report is true and correct.

Subscribed and sworn to before me this the _____ day of _____, 20_____.

My commission expires _____

Notary Public in and for _____

Approved _____, 20____.

By _____