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)

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
   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
COUNTY OF

\( \text{ss} \) (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