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

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: Name Address
   Trustee _____
   Trustee _____
   President _____
   Vice Pres. _____

   Secretary _____
   Treasurer _____

5. Directors: Name Address

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 _____