



ORGANIZATIONAL REPORT

Form No. R1
Revised on 1/4/99

INDIANA DEPARTMENT OF NATURAL RESOURCES

Division of Oil and Gas
402 W. Washington St., Rm. 293
Indianapolis, IN 46204
Phone (317) 232-4055
FAX (317) 232-1550
Internet: <http://www.state.in.us/dnroil>

FOR STATE USE ONLY

Date filed	By
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PART I GENERAL INFORMATION

Type of Organization (Check one)

- | | | | | |
|--|---|---|--|---|
| <input type="checkbox"/> Corporation
Complete Parts
(I, II, V, VI) | <input type="checkbox"/> Partnership
Complete Parts
(I, III, V, VI) | <input type="checkbox"/> Limited Partnership
Complete Parts
(I, III, V, VI) | <input type="checkbox"/> Limited Liability Company
Complete Parts
(I, II, V, VI) | <input type="checkbox"/> Individual
Complete Parts
(I, IV, V, VI) |
|--|---|---|--|---|

NOTE: Corporations, limited partnerships, and limited liability companies must register with the Indiana Secretary of State

Name of organization	Telephone number
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Address of organization (Check here if this is a new address)

City	State	Zip code
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Type of operator

- Corporation (Complete PARTS I,II,V, and VI)
- Limited Liability Company (Complete PARTS I,II,V, and VI)
- Limited Partnership (Complete PARTS I,III,V, and VI)
- Partnership (Complete PARTS I,III,V, and VI)
- Individual (Complete PARTS I,IV,V, and VI)

PART II CORPORATIONS AND LIMITED LIABILITY COMPANIES

Names of corporate/ company officers	
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(President)	(Vice President)
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(Secretary)	(Treasurer)
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(Other)	(Other)
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Name of resident agent	Telephone number
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Address	City	State	Zip
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PART III PARTNERSHIPS AND LIMITED PARTNERSHIPS

Name(s) of partner(s)	Name(s) of limited partner(s)
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(General partner)	(Limited partner)
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(General partner)	(Limited partner)
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(General partner)	(Limited partner)
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PART IV INDIVIDUALS

Name(s) of individual(s)	
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PART V SIGNATURES OF AUTHORIZED AGENTS	
_____	_____
(Title)	(Title)
_____	_____
(Title)	(Title)
_____	_____
(Title)	(Title)

PART VI AFFIRMATION AND NOTARIZATION		
<p>I affirm under the penalty of perjury that the information provided in this Organizational Report is true and accurate to the best of my knowledge and belief. I further state that I have the right to authorize those whose signatures appear in PART V of this Organizational Report to sign any documents submitted in the name of the persons, partnerships, or companies listed in PARTS II,III, and IV of this report.</p>		
Signature of operator	Date signed	
<p>Before me, the undersigned authority, this day personally appeared _____</p> <p style="text-align: right; margin-right: 100px;">Name of operator or authorized agent</p> <p>who acknowledged executing the foregoing instrument.</p> <p>STATE OF _____ SS:</p> <p style="margin-left: 40px;">COUNTY OF _____</p> <p>Subscribed and sworn to before me this _____ day of _____, 19_____.</p>		
Signature of Notary		
County of residence	Date commission expires	Name of Notary (typed or printed)

SPECIAL REQUIREMENTS

1. Each person who is a principal or acts as an agent for another relating to any actions authorized by IC 14-37 within this state must file an original of this form.
2. Only those individuals whose signatures appear in PARTS V and VI of this report are authorized to sign documentation submitted to the division on behalf of the operator.
3. Filing this form **does not** relieve corporations, limited liability companies, and limited partnerships from the responsibility of filing with the Indiana Secretary of State. For further information about filing requirements please contact the Corporations Division of the Indiana Secretary of State at (317) 232-6576 or via the internet at <http://www.ai.org/sos/index.html>
4. Upon receipt, this Organizational Report shall replace any Organizational Report on file with the division.
5. The person who signs in PART VI **must** be the operator or **must** have the authority to authorize those persons whose signatures appear in PART V to act as authorized agents for the operator.