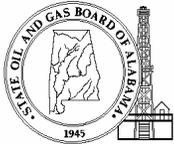


OGB - 5

INSTRUCTIONS

Read Carefully and Comply Fully

Make sure that you have given correctly all information requested. **State Oil and Gas Board personnel will not make additions to or change any part of a notarized form.**



STATE OIL AND GAS BOARD OF ALABAMA

420 Hackberry Lane

P.O. Box 869999

Tuscaloosa, Alabama 35486-6999

(205) 349-2852 Fax (205)349-2861

www.ogb.state.al.us

Organization Report

(file in triplicate)

This report shall be submitted every two years or immediately after any change occurs as to facts submitted.

Full Name of the Company, Organization, or Individual \_\_\_\_\_

Street Address (required) \_\_\_\_\_

Post Office Address \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Person to contact regarding this form	Phone number	_____
	Fax number	_____
	E-Mail address	_____

Plan of organization \_\_\_\_\_  
(corporation, general or limited partnership, limited liability company, sole proprietorship, or individual)

Business in which organization is engaged \_\_\_\_\_

If a reorganization, give name and address of previous organization \_\_\_\_\_

If a foreign corporation, give State where incorporated*	Date of permit to do business issued by the Alabama Secretary of State*	Name and post office address of Alabama agent*

\* This information must be completed if incorporated in any other state but Alabama

OFFICERS OF CORPORATION OR ALL MEMBERS OF GENERAL PARTNERSHIP, LIMITED PARTNERSHIP OR LIMITED LIABILITY COMPANY

NAME	TITLE	POST OFFICE ADDRESS

DIRECTORS OF CORPORATION

NAME	TITLE	POST OFFICE ADDRESS

Executed this the \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

Signature

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 duly authorized to make the above report and that he/she has knowledge of the facts stated therein, and that said report is true and correct.

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

SEAL

My commission expires \_\_\_\_\_

Notary Public in and for \_\_\_\_\_

County, \_\_\_\_\_