



ORGANIZATIONAL REPORT

State Form 56497 (2-18) / Form No. R1

INDIANA DEPARTMENT OF NATURAL RESOURCES

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

FOR STATE USE ONLY

Date filed (month, day, year)

By

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 () -	
Address of organization (number and street) (<input type="checkbox"/> Check here if this is a new address.)		E-mail address	
City	State	ZIP code	
PART II CORPORATIONS AND LIMITED LIABILITY COMPANIES			
Names of corporate / company officers			
President		Vice President	
Secretary		Treasurer	
Other		Other	
Name of resident agent		Telephone number () -	
Address (number and street)		City	State ZIP code
PART III PARTNERSHIPS AND LIMITED PARTNERSHIPS			
Name(s) of partner(s)		Name(s) of limited partner(s)	
General partner		Limited partner	
General partner		Limited partner	
General partner		Limited partner	
PART IV INDIVIDUALS			
Name(s) of individual(s)			

Continued on next page.

PART V SIGNATURES OF AUTHORIZED AGENTS		
Printed Name	Printed Name	
Signature	Signature	
Title	Title	
Printed Name	Printed Name	
Signature	Signature	
Title	Title	
Printed Name	Printed Name	
Signature	Signature	
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>		
Printed named of operator		
Signature of operator		Date signed (month, day, year)
<p>Before me, the undersigned authority, this day personally appeared _____ Name of operator or authorized agent</p> <p>who acknowledged executing the foregoing instrument.</p> <p>STATE OF _____ SS: COUNTY OF _____</p> <p>Subscribed and sworn to before me this _____ day of _____, 20____.</p>		
		Signature of Notary
County of residence	Date commission expires (month, day, year)	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.