85-15-12 (6/07)–28b

NEW YORK STATE DEPARTMENT OF ENVIRONMENTAL CONSERVATION
DIVISION OF MINERAL RESOURCES
625 BROADWAY - 3RD FLOOR, ALBANY, NEW YORK 12233-6500

OFFICE FILE NUMBER

ORGANIZATIONAL REPORT

INCOMPLETE FORMS ARE NOT ACCEPTABLE AND WILL BE RETURNED FOR COMPLETION

1. FULL NAME AND COMPLETE MAILING ADDRESS OF THE ENTITY, INCLUDE NAME AND TITLE TO WHOM ALL CORRESPONDENCE SHOULD BE SENT.

TELEPHONE ( )

FAX NUMBER ( )

2. FULL NAME AND COMPLETE MAILING ADDRESS OF AGENT IN NEW YORK WHO CAN BE SERVED ORDERS, NOTICES AND PROCESSES OF THE DEPARTMENT OR ANY COURT OF LAW. POST OFFICE BOX ADDRESSES ARE NOT ACCEPTABLE.

TELEPHONE ( )

3. TYPE OF ACTIVITY (Check those that apply)

- ☐ PRODUCTION–Oil, Gas, Injection or Geothermal Well(s)
- ☐ STORAGE–Underground Gas or LPG Facility
- ☐ PURCHASING–Of Oil or Gas from Others
- ☐ TRANSPORTATION–By Truck or Pipeline for Others
- ☐ SALVAGE–Plug and Abandon Wells for Others
- ☐ DRILLING–Drill Wells for Others
- ☐ SOLUTION MINING–Own/Operate Facility
- ☐ BRINE DISPOSAL–Own/Operate Facility
- ☐ STRATIGRAPHIC–Own Well or Hole
- ☐ SURFACE MINING–Own/Operate Facility
- ☐ UNDERGROUND MINING–Own/Operate Facility

4. STATE WHETHER THE ENTITY IS A CORPORATION, ASSOCIATION, PARTNERSHIP, INDIVIDUAL, PUBLIC AUTHORITY OR GOVERNMENTAL AGENCY. IF FOREIGN CORPORATION, GIVE STATE AND DATE OF INCORPORATION AND DATE OF AUTHORIZATION TO DO BUSINESS IN NEW YORK STATE. IF PARTNERSHIP, STATE WHETHER GENERAL OR LIMITED AND COUNTY OF FILING. IF DBA, GIVE COUNTY OF FILING.

5. IF A NAME CHANGE, GIVE COMPLETE NAME AND ADDRESS OF PREVIOUS ENTITY.

6. IF ENTITY IS A CORPORATION OR ASSOCIATION, LIST **ALL** DIRECTORS **AND ALL** OFFICERS. IF PARTNERSHIP, LIST **ALL** GENERAL **AND ALL** LIMITED PARTNERS. ATTACH ADDITIONAL SHEETS IF NECESSARY.

NAME **TITLE**

7. LIST ALL PERSONS AUTHORIZED BY THE ENTITY TO SIGN ALL SUBMITTALS TO THE DEPARTMENT.

NAME **TITLE**

I hereby affirm under penalty of perjury that the information provided in the report is true to the best of my knowledge and belief. I am aware false statements made in this report are punishable as a Class A misdemeanor under Section 210.45 of the Penal Law.

TYPE OR PRINT NAME OF AUTHORIZED PERSON

SIGNATURE

DATE

SWORN TO AND SUBSCRIBED

BEFORE ME, THIS

DAY OF 20

NOTARY PUBLIC