

MISSISSIPPI DEPARTMENT OF ENVIRONMENTAL QUALITY
OFFICE OF GEOLOGY
Mining and Reclamation Division
P. O. Box 2279
Jackson, Mississippi 39225-2279
(601) 961-5515

ORGANIZATION REPORT

This is the initial and principal instrument that identifies an organization to the Office of Geology. It is imperative that it be fully and correctly executed and filed with the Office of Geology.

1. Full Name of Organization:
2. Post Office Box or Street Address, City, State, and Zip and Telephone Number:
3. Type of Organization (state whether corporation, partnership, limited partnership, joint venture, individual, trust, etc.):
4. If reorganized, give full name and address of previous organization.
5. If foreign corporation, give state or country under the laws of which it was incorporated.
6. If foreign corporation, give name and address of person registered as Mississippi agent.
7. If limited partnership, give name of Mississippi county in which certificate detailing the organization was filed.
8. Directors, Officers, Partners, Trustees, and General Partners* (required of all organizations except individuals):

Title	Name	Address
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*If separate Form MRD-1's are already on file for any partner or joint venturer, include and clearly specify the organization names that appear on those forms.

I declare that I am authorized to make this report, that it was prepared by me or under my supervision, and that facts and information stated herein are true, correct, and complete to the best of my knowledge.

_____ Date	_____ Signature
_____ Organization	_____ Name of Person (Print)
_____ Street Address or P. O. Box	_____ Title (If agent, attach authorization from operator)
_____ City State Zip	Telephone: _____ (Area Code) (Number)