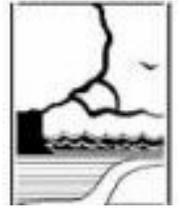




**ILLINOIS DEPARTMENT OF NATURAL RESOURCES**  
**Office of Oil and Gas Resource Management**  
 One Natural Resources Way  
 Springfield, Illinois 62702-1271



**OG-1 PERMITTEE STATUS REPORTING FORM**

**MAILING ADDRESS VERIFICATION (All information must be completed)**

PERMITTEE #: \_\_\_\_\_ IF APPLICABLE).

NAME: \_\_\_\_\_

STREET ADDRESS / R.R. # /  
 P.O. BOX: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

PHONE/FAX NUMBER: \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

CONTACT NAME: \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

CONTACT'S E-MAIL:

**PERMITTEE STATUS: (All applicable information must be reported)**

1.  *Sole Proprietorship* (individual owner)  *Corporation*  *Limited Liability Company*  *Partnership*
2. Does the Permittee name listed on the Annual Well Fee Bill own the right to drill, produce and allocate production from the wells shown on the Fee Bill?  YES  NO  
 If NO, explain relationship of current Permittee to owner of right to drill, produce and allocate production:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
3. Is the Permittee name listed on the Annual Well Fee Bill an assumed business name?  YES  NO  
 If yes, is the assumed business name registered as required by the Assumed Business Name Act?  
 YES  NO In what County or Counties? \_\_\_\_\_
4. Does Permittee have a Federal Employee Identification Number (FEIN)?  YES  NO  
 If yes, Permittee is required to report the FEIN. \_\_\_\_\_
5. If Permittee is a *Sole Proprietorship (individual owner)*:
  - a. Name: \_\_\_\_\_
  - b. Social Security Number: \_\_\_\_\_ (voluntary).
  - c. Doing Business As (d/b/a): \_\_\_\_\_

6. If Permittee is a *Corporation* or *Limited Liability Company (LLC)*:

a. Is the *Corporation* or *LLC* registered to do business in Illinois?  YES  NO

b. List Registered Agent:

\_\_\_\_\_ (Name)

\_\_\_\_\_ (Address)

c. List *Corporate* officers or *LLC* members or managers: (please mark one)

\_\_\_\_\_ President \_\_\_\_\_ Manager

\_\_\_\_\_ Vice-President \_\_\_\_\_ Member

\_\_\_\_\_ Secretary \_\_\_\_\_ Member

\_\_\_\_\_ Treasurer \_\_\_\_\_ Member

d. List secretary of State corporation / LLC file number

\_\_\_\_\_

7. If Permittee is a *Partnership*:

a. Type of *Partnership*:

\_\_\_\_\_

b. Doing Business As (d/b/a):

\_\_\_\_\_

c. List Partners:

\_\_\_\_\_ S.S.# \_\_\_\_\_ (voluntary)

\_\_\_\_\_ S.S.# \_\_\_\_\_ (voluntary)

\_\_\_\_\_ S.S.# \_\_\_\_\_ (voluntary)

\_\_\_\_\_ S.S.# \_\_\_\_\_ (voluntary)

8. If Permittee is an entity other than a *Corporation*, *LLC*, *Partnership* or *Sole Proprietorship*, please describe the nature of Permittee's organization:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

1. List below the name of person(s) having current Power of Attorney with authorization to sign applications, bonds, etc.. on your (or company/corporation) behalf and provide a copy of the "Illinois Statutory Short Form" for the Power of Attorney.

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Person completing form (please print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Person Completing Form (must be owner or officer, Section 240.230)

This state agency is requesting disclosure of information that is necessary to accomplish the statutory purpose as outlined under 225 ILCS 725 et. seq. Disclosure of this information is REQUIRED. Failure to provide any information may result in a fine up to \$250. This form has been approved by the Forms Management Center.

