<u>of</u>

JUDAH OIL, LLC

The undersigned, for the purpose of forming a Limited Liability Company under the New Mexico Limited Liability Company Act (the "Act"), horeunder certifies:

ARTICLEI

"Name"

The name of the Limited Liability Company shall be JUDAH OIL, LLC (the "COMPANY").

ARTICLE II

"Purposes"

The nature of the business and purposes to be conducted or promoted by the COMPANY are to engage in, carry on and conduct any lawful act or activity for which limited liability companies may be organized under the Limited Liability Company Act of the State of New Mexico; and in addition to, and without limiting the generality of the foregoing, the following:

To engage in, carry on, conduct, participate in operating, acquiring, buying, A. owning, selling, leasing, trading, purchasing and pooling of oil rights, gas rights, oil and gas rights, mineral rights, royalties and royalty interest in minerals of all kinds and types. including oil and gas and real property; to pledge, encumber, hypothecate, lease, sell, dispose of and contract with respect to such rights and interest; to drill, dip, torpedo, extract and withdraw, oil, gas and other minerals; to construct, complete, maintain, equip, operate and repair oil wells, gas wells and oil and gas wells and pipelines; to purchase, acquire, sell, dispose of, pledge, encumber, hypothecate and otherwise deal in and with oil and gas permits, pipelines, rights-of-way and leases and leasehold estates relating to oil, gas and other minerals; and to acquire, own, purchase, transfer, assign, sell, pledge, encumber, hypothecate, control, and otherwise deal in and with oil leases, gas leases and oil, gas, and mineral leases covering privately owned fee lands and all kinds and types of interest in such leases, as well as Oil and Gas Leases: (1) issued under the Mineral Leasing Act of February 25, 1920, as amended, the Mineral Leasing Act for Acquired Lands of August 7, 1920, as amended, the Mineral Leasing Act for Acquired Lands of August 7, 1947, as amended, and the Oil and Gas Right-of-Way Act of May 21, 1930, as amended, each as enacted by the Congress of the United States of America; (2) issued by the Commissioner of Public Lands of the State of New Mexico or his authorized or designated agent or representative pursuant to N.M.S.A. Section 19-10-1, et seq., (1978), as amended, and all regulations issued thereunder or authority granted thereby; and (3) issued pursuant to the statutory or regulatory authority of any state other than the State of New Mexico, and to comply with all rules and

> BEFORE THE OIL CONSERVATION COMMISSION Santa Fe, New Mexico Case No 's 14547 & 14472 Exhibit No 10 Submitted by <u>JUDAH OIL, LLC</u> Hearing Date <u>November 4, 2010</u>

111279909 96:60 2002/91/11

regulations relating to the above-described purposes promulgated or issued by any federal, state or other regulatory agency or body.

B. To create, acquire, hold and deal in and with, and dispose of, in any manner, any legal or equitable interest in real property, chattels real and tangible and intangible personal property of all kinds (whether situated or located in the State of New Mexico or elsewhere); and, without limiting the generality of the foregoing, to purchase, receive, take (by grant, gift, devise, bequest or otherwise), own, hold, employ, use, operate, manage, control, sell, assign, transfer, convey, exchange, lease, mortgage, encumber, construct, alter, modify, repair, improve and maintain: (1) real property whether improved or unimproved, and structures and improvements on real property, and also leaseholds; (2) tangible and intangible personal property of any and every kind and type; and (3) any other legal or equitable interests or rights in any of the foregoing.

C. To enter into any partnership, limited or general, as limited or general partner, or both, and to enter into any other arrangement for sharing profits, with any corporation, association, partnership, limited liability company or partnership, syndicate, entity, person, or governmental authority, domestic or foreign, for any purpose authorized by the laws of the State of New Mexico.

D. To engage in, carry on, conduct and/or participate in any general or specific branch or phase of the activities, enterprises or businesses authorized herein in the State of New Mexico or in any other state of the United States and in all foreign countries, and in all territories, possessions and other places, and in connection with the same, or any part thereof, to be and act either as principal, agent, contractor or otherwise.

E. To do all things necessary and convenient for the accomplishment or furtherance of any of the purposes stated herein, and to do all things necessary or convenient for the protection and benefit of the COMPANY.

The foregoing provisions of this Article shall be construed as purposes, objects and powers, and each as an independent purpose, object and power, in furtherance, and not in limitation, of the purposes, objects and powers granted to the COMPANY by the laws of the State of New Mexico; and except as otherwise specifically provided in any such provisions, no purpose, object or power herein set forth shall be in any way limited or restricted by reference to, or inference from, any other provision of these Articles of Organization.

ARTICLE III

"Registered Office and Registered Agent"

The street address of the registered office of the COMPANY is 611 West Mahone Avenue, Suite D, Artesia, New Mexico 88210; the name of the registered agent at such address upon whom process against the COMPANY may be served is JAMES B. CAMPANELLA; and the street address of the current principal place of business of the COMPANY is the same as stated above.

-2-

ARTICLE IV

"Duration"

The term for which the COMPANY is to exist is from the date the Articles of Organization are filed in the office of the Public Regulation Commission until the COMPANY is dissolved and wound up in accordance with an Operating Agreement of the COMPANY, if any.

ARTICLE V

"Management"

The business of the COMPANY shall be managed by such number of managers as may be provided in the Operating Agreement of the COMPANY. In the absence of an Operating Agreement, the number of managers shall be determined by the vote of members having a majority of the voting power of all of the members. In the absence of an Operating Agreement, the managers shall have exclusive power to make all decisions on behalf of the COMPANY that are not specifically reserved to the members by the Act. There shall be one (1) initial manager. The name and address of the person who is to serve as the manager until its successor is duly elected and qualified is:

Name

Address

LEVI: OPERATING, LLC

611 West Mahone Avenue, Suite D Artesia, New Mexico 88210

ARTICLE VI

"Contributions and Votine"

Contributions to the COMPANY by a member may be in cash, property, services rendered, promissory notes or other obligations to transfer property, render services or contribute cash to the COMPANY, and the COMPANY shall issue its membership units or interests in return therefor, as determined by the Operating Agreement. Unless otherwise provided for in the Operating Agreement, each issued and outstanding membership unit or interest shall be entitled to one (1) vote on each matter submitted to a vote at a meeting of the members. Fractional membership units or interests may be issued. Cumulative voting of membership units or interests shall not be permitted.

ARTICLE VII

"Indemnification"

To the fullest extent permitted or authorized by the Act, the Operating Agreement, if any, or applicable law, the members and managers shall not be liable to the COMPANY or the members for any damages caused by an act or omission of the managers or members. The COMPANY shall indemnify any member or manager from and against any and all judgments, settlements, penaltics, fines or expenses incurred in any proceeding to which any such member or manager is a party

-3-

PAGE 06/17





27-12-5001 10:43 PAGE:2 75-88-5884 18:41

because he, she or it is or was a member or manager, and for the advancement of expenses, including costs of defense, prior to final disposition of such proceeding.

ARTICLE VIII

"Additional Powers"

The COMPANY may, in an Operating Agreement, confer upon its managers powers in addition to the powers herein and by statute expressly conferred.

ARTICLE IX

"Organizar"

The name and address of the Organizar is:

Name

7:30A9

09-28-2007 12:52

L BOOD

Address

JAMES B. CAMPANELLA

611 West Mahone Avenue, Saite D Artesia, New Mexico 88210

IN WITNESS WHEREOF. I, JAMES B. CAMPANELLA, have executed these ARTICLES OF ORGANIZATION this 1 day of May, 2006

AMES B. CAMPANELLA, Organizer

11111229909 A

72:21 7002/82/00

-4-

11/12/2002 00:30 2022/31/11

PAGE: 1 16:21 1003-62-60

AFFIDAVIT OF ACCEPTANCE OF APPOINTMENT

BY DESIGNATED INITIAL REGISTERED AGENT

To the Public Regulation Commission Of the State of New Mexico

On this <u>1</u> day of May, 2006, I, the undersigned, am a resident of the State of New Mexico and do hereby accept my appointment as the initial registered agent of JUDAH OIL, LLC, the Limited Liability Company which is named in the annexed ARTICLES of ORGANIZATION, and which is applying for a file stamped copy of its ARTICLES OF ORGANIZATION and a CERTIFICATE OF ORGANIZATION pursuant to the provisions of the Limited Liability Company Act of the State of New Mexico.

JAMES B. CAMPANELL Registered Agent

- 5 -

TITTL2950G LE:21 1902/82/69

98:60 2002/91/11

PAGE 08/17

1111229909



Internal Revenue Service The Digital

DEPARTMENT OF THE TREASURY

Daily

1

Federal Tax ID / EIN

This is your provisional Employer Identification Number:

1 1

Today's Date is: September 29, 2006 GMT

You will receive a confirmation letter in U.S. mail within fifteen days. The letter will also contain useful tax information for your business or

organization.

If you have input any of the information on your application in error, please wait seven days and contact the EIN Toll Free area at 1-800-829-4933, Monday - Friday, 7:30am - 5:30pm. If you do not want to call, please make corrections on the letter you receive confirming your the letter is the IRS.

If you are going to complete other on-line applications that require your you can copy it by performing the

following steps:

 Use your mouse to highlight your (blue number on top of page) by moving your pointer on top of the number.
 Press the Children at the same time precise the C key.

2) Press the Ctrl key at the same time pressing the C key.

Once you copy your you can paste it in the appropriate place by pressing the Ctrl key at the same time pressing the V key.

You may click on the buttons below for different print options or to fill out another Form 4,

Review and Frint Former 4

Click here to return to the Internet landing (start) page.

746-1290

Judah Oul, LLC

https://sa.www4.irs.gov/sa_vign/issueEIN.do

۰.

.

,

JUDAH C JUDAH C Trade name Mailing add 611 W. M City, state, ARTESIA County and EDDY CC Vame of print JAMES B e of entity fole proprise Partnership Corporation Personal set Purch or ci- phar nonpo- ther (speed corporation oplicable) w son for app tarted new DUCTIO	of entity (or individual) for who iii. LLC of business (if different from r ress (room, spt., aulte no. and AHONE AVE, SUITE D and ZIP code , NM 88210 etate where principal business UNY NEW MEXICO neipal officer, general partner, grs . CAMPANELLA (check only one box) top (enter farm number to be filed) > vice corporation hurch-controlled organization offit organization (specify) > . (AMITED LIABILITY C) , name the state or foreign coll hare incorporated hung (check only one box) businese (specify type) > OiL N	Ins for each line. om the EIN is being name on line 1) I street, or P.O. box a is loosted mantor, owner, or true COMPANY State L & GAS	3 requies 3 Ex 5 Ex 5 Ci 5	ecuto ecuto y, sis b \$80 C C C C C C C C C C C C C C C C C C C	r, administrator, truste ddress (if different) (Do se, and ZIP code N, ITIN, or EIN Estate Estate Plan administrator (S Trust Estator) of granica National Guard Farmers' cooparative REMIC roup Exemption Number	e, "care o riot ente ient) SN) BN) BN) BN) BN) Blant B	e/local government in tribal government	merst /military wints/anterp
JUDAH C JUDAH C Trade name Mailing add 611 W. M City, state, ARTESIA County and EDDY CC Vame of print JAMES B e of entity fole proprise Partnership Corporation Personal set Purch or ci- phar nonpo- ther (speed corporation oplicable) w son for app tarted new DUCTIO	IL, LLC of business (if different from r ress (room, spt., suite no. and AHONE AVE. SUITE D and ZIP code , NM 88210 eate where principal business UNY NEW MEXICO neipal officer, general partner, gro . CAMPANELLA (check only one box) 	I street, or P.O. box is is located matter, owner, or true COMPANY COMPANY State L & GAS	3 Ex 5a St 5b Ci stor 7 Banking Changed	ecuto y, sis b SS C C C C C C C C C C C C C C C C C C	ddress (if different) (Do ite, and ZIP code N, ITIN, or EIN Estate Estate Plan administrator (S Trust Cooperative REMIC roup Ecomption Numb- For se (specify purpose)	dent) dent) SN) Pede inclus sign cour	e/local government in tribal government	merst /military wints/anterp
Trade name Mailing add 611 W. M City, state, ARTESIA County and EDDY CO Vame of prin JAMES B e of entity bale proprise Corporation of the nonprise Corporation of city ther nonprise Corporation of city ther nonprise there are city ther and the corporation policable; w son for app tarted new DBUCTIO	of business (if different from r ress (room, spt., suite no. and AHONE AVE, SUITE D and ZIP code , NM 88210 state where principal business UNY NEW MEXICO noipel officer, general partner, grt . CAMPANELLA (check only one box) tot (enter form number to be filed) ≥ vice corporation hurch-controlled organization offit organization (specify) ► . NM ► LIMITED LIABILITY C , name the state or foreign con here incorporated lying (check only one box) businese (specify type) ► OIL N	Some for the second sec	x) 5a St 5b Ci stor 7 Banking Changed	b SSI	ddress (if different) (Do ite, and ZIP code N, ITIN, or EIN Estate Estate Plan administrator (S Trust Cooperative REMIC roup Ecomption Numb- For se (specify purpose)	dent) dent) SN) Pede inclus sign cour	e/local government in tribal government	merst /military wints/anterp
Mailing add 611 W. M City, state, ARTESIA County and EDDY CC Vame of prof JAMES B a of entity bale proprie vartnenship corporation ther conport ther (speci- corporation oplicable) w son for app tarted new DDUCTIO	ress (room, spt., suite no. and AHONE AVE, SUITE D and ZIP code , NM 88210 state where principal business UNY NEW MEXICO noipsi officer, general partner, grs . CAMPANELLA (check only one box) to	Some for the second sec	Stor 7 stor 7 Banking Changed	y, sta b \$81 C C C C C C C C C C C C C C C C C C C	ite, and ZiP code N. ITIN, or EIN Estate for deced Plan administrator (S Trust for of granical National Guard Farmers' cooparative REMIC roup Exemption Number For se (specify purpose) ►	ient) BN) Stat Pede inclus sign cour	e/local governmentu aral governmentu in tribal government	merst /military wints/anterp
611 W. M City, etate. ARTESIA County and EDDY CC Name of pris JAMES B e of entity bile propris Partnanship Corporation i Personal ser Shurch or ci Partnanship Corporation i Personal ser Shurch or ci Partnanship Corporation i Partnanship Personal ser Shurch or ci Partnanship Personal ser Shurch or ci Partnanship Partnan	AHONE AVE. SUITED and ZIP code , NM 88210 atate where principal business DUNY NEW MEXICO neipal officer, genaral partner, gra- . CAMPANELLA (check only one box) . CAMPANELLA (check only one box) (enter form number to be filed) = vice corporation hurch-controlled organization offit organization (specify) > M) > LIMITED LIABILITY C hare incorporated hing (check only one box) businese (specify type) > N /eag (Check the box and see iii	a is located antor, owner, or transition of the second	Stor 7 stor 7 Banking Changed	y, sta b \$81 C C C C C C C C C C C C C C C C C C C	ite, and ZiP code N. ITIN, or EIN Estate for deced Plan administrator (S Trust for of granical National Guard Farmers' cooparative REMIC roup Exemption Number For se (specify purpose) ►	ient) BN) Stat Pede inclus sign cour	e/local governmentu aral governmentu in tribal government	merst /military wints/anterp
City, state. ARTESIA County and EDDY CO Name of print JAMES B e of entity bile proprie Partnenship Corporation Partnenship Corporation Partnenship Corporation Pitter nonpri Pitter nonpri Pitter nonpri Pitter speci Corporation pplicable) w son for app larted new DBUCTIO	and ZIP code , NM 88210 etate where principal business UNY NEW MEXICO topal officer, general partner, gra- . CAMPANELLA (check only one box) top (enter farm number to be filed) > vice corporation hurch-controlled organization atit organization (specify) > M) > LIMITED LIABILITY C , name the state or foreign col hare incorporated hing (check only one box) businese (specify type) > OiL N	COMPANY Duntry State	stor 7	b SSI	N, ITIN, or EIN Estate for deced Plan administrator (S Trust for of granical National Guard Farmers' cooperative REMIC roup Exemption Number For se (specify purpose)	SN)	aral governmentu In tribal governm II	/military wints/enter;
ARTESIA County and EDDY CC Name of print JAMES B e of entity bile proprie Partnenship Corporation i Personal ser Purch or di Inther nonpoint Partnenship Personal ser Purch or di Inther nonpoint Corporation policable) w son for app larted new DBUCTIO	NM 88210 etate where principal business UNY NEW MEXICO toppal officer, general partner, gre . CAMPANELLA (check only one box) 	COMPANY Duntry State	Banking Changed		Estate Estate Plan administrator (S Plan administrator (S Truet Cooperative National Guard Farmers' cooperative REMIC roup Exemption Number For se (spectly purpose)	SN)	aral governmentu In tribal governm II	/military wints/enter;
EDDY CC Name of print JAMES B e of entity bele proprie Partnanship Corporation i Personal ser Purch or cli https: nonpri ther nonpri ther nonpri ther (speci ther nonpri ther (speci ther nonpri ther special ser policable) w son for app larted new DBUCTIO	UNY NEW MEXICO noipel officer, general partner, gre- . CAMPANELLA (check only one box) (check only one box) (check only one box) (enter farm number to be filed) = viae corporation hurch-controlled organization officer of a state or foreign col- hare incorporated hare incorporated hurg (check only one box) businese (specify type) > OiL N	COMPANY Duntry State	Banking Changed		Estate Estate Plan administrator (S Plan administrator (S Truet Cooperative National Guard Farmers' cooperative REMIC roup Exemption Number For se (spectly purpose)	SN)	aral governmentu In tribal governm II	/military wints/enter;
Name of pris JAMES B e of entity be proprie Partnenship Corporation Personal set Shurch or di Shurch or di Sh	cipal officer, general partner, grs . CAMPANELLA (check only one box) top (enter farm number to be filed) ► vice corporation hurch-controlled organization ant organization (specify) ► 	COMPANY Duntry State	Banking Changed		Estate Estate Plan administrator (S Plan administrator (S Truet Cooperative National Guard Farmers' cooperative REMIC roup Exemption Number For se (spectly purpose)	SN)	aral governmentu In tribal governm II	/military wints/enter;
JAMES B of entity bate proprie partnenship corporation personal set thurch of of other nonph other (specif corporation oplicable) w son for app tarted new DBUCTIO	CAMPANELLA (chack only one box) (chack only one box) (enter form number to be filed) ► vice corporation hurch-controlled organization oith organization (specify) ► M) ► LIMITED LIABILITY C , name the state or foreign col- hare incorporated lying (check only one box) businese (specify type) ► OiL N // egg (Check the box and see iii	COMPANY Duntry State	Banking Changed		Plan administrator (S Trust for of granical National Guard Parmers' cooparative REMIC roup Ecomption Number For se (specify purpose)	SN)	aral governmentu In tribal governm II	/military wints/enter;
e of entity bile proprie Partnanship Corporation Personal ser Shurch or di Shurch or di Shurch or di Shurch or di Shurch or di policable) w son for app Larted new DBUCTIO	(check only one box) (enter farm number to be filed) vice corporation nurch-controlled organization ant organization (specify) > (m) > LIMITED LIABILITY C name the state or foreign coll hare incorporated hing (check only one box) businese (specify type) > OiL N // Seg (Check the box and see in	► COMPANY State L & GAS □ C L & GAS □ C L & GAS □ C	Banking Changed		Plan administrator (S Trust for of granical National Guard Parmers' cooparative REMIC roup Ecomption Number For se (specify purpose)	SN)	aral governmentu In tribal governm II	/military wints/enterp
bole proprie Partnanship Corporation Personal set Shurch or cil Other (speci- torporation oplicable) w son for app tarted new DBUCTIO	tor (enter farm number to be filed) > vice corporation hurch-controlled organization ontrorganization (specify) > M > LIMITED LIABILITY C , neme the state or foreign col- hare incorporated lying (check only one box) business (specify type) > OIL N // Seg (Check the box and ses in // Seg (Check the box and ses in	► COMPANY State L & GAS □ C L & GAS □ C L & GAS □ C	Banking Changed		Trust for of granical National Guard Farmers' cooparative REMIC roup Exemption Number For se (specify purpose)	Stat	aral governmentu In tribal governm II	/military wints/enterp
corporation ersonal set burch or ci bither nonpo- tither (speci- corporation oplicable) w son for app tarted new DBUCTIO	vice corporation hurch-controlled organization off organization (specify) > M) > LIMITED LIABILITY C , name the state or foreign col- hare incorporated Ming (check only one box) business (specify type) > OIL N //eeg (Check the box and see iii	COMPANY Dunitry State	Banking Changed	- Gr	National Guard Farmers' cooparative REMIC roup Exemption Numb For se (specify purpose) >	Stat	aral governmentu In tribal governm II	/military wints/enterp
Personal set inurch or of http://openation http://openation policable) w non for app tarted new DDUCTIO	vice corporation hurch-controlled organization off organization (specify) > M) > LIMITED LIABILITY C , name the state or foreign col- hare incorporated Ming (check only one box) business (specify type) > OIL N //eeg (Check the box and see iii	COMPANY Dunitry State	Banking Changed	Gr	Farmers' cooperative REMIC roup Exemption Numb For se (specify purpose) >	eign cour	n tribal governm	unis/enieq
thurch or di https://opeof toporation pilcable) w ton for app tarted new DDUCTIO	hurch-controlled organization off organization (specify) >	State Image: State	Changed Purchase	- Gr ourpor	roup Exemption Numb For se (specify purpose) >	ar sign cour	ntry	
other nonph bither (specific corporation plicable) w son for app tarted new DDUCTIO	atil organization (specify) ► M) ► LIMITED LIABILITY C , name the state or foreign col hare incorporated Ming (check only one box) businese (specify type) ► OIL N //eeg (Check the box and see iii	State Image: State	Changed Purchase	ourpa: iype	For se (specify purpose) >	sign cour		
corporation plicable) w ion for app tarted new DDUCTIO	, name the state or foreign col here incorporated lying (check only one box) business (specify type) > Oil N /www.check the box and see iii	State Image: State	Changed Purchase	type	se (specify purpose) >			
plicable) w ion for app tarted new DDUCTIO	hare incorporated hying (check only one box) businese (specify type) > Oil N //ees (Check the box and see iii		Changed Purchase	type	se (specify purpose) > of organization (specify	new typ		
tarted new	business (specily type) > OIL N reas (Check the box and see iii	L& GAS () (() (() () () () () () () () () () () () ()	Changed Purchase	type	se (specify purpose) > of organization (specify	/ new typ		
DOUCTIO	N /982 (Check the box and 200 ii	[ine 12.)	urchase		of organization (specify	/ new typ		
	wes (Check the box and see i	line 12.) 🔲 (burchase	d aolr				
	wes (Check the box and see #				ng bueiness i (specify type) 🕨			
ired employ	with IRS withhalding regulation	ns LIC	Granted a	1 171131 1 126715	ion plan (specify type)	*		
ther (specif	vt 🕨						,	
	tarted or acquired (month, day	/, year). See instruc	rtions.		11 Closing month o	of accour	ning year	
1-06	or annullies were paid (month	h day year Note	. If annily	ant lo		enter date	a income will fu	nat be cald
		· · · · · ·			> NA			
	of employees expected in the n					outural	Household	Other
ou_expect	to have \$1,000 or less in	n employment ta	x Nabilit	/ for	the calendar	0	0	o
	No. (If you expect to pay sat best describes the principal a				in are & social assisturo		Vholesale-agent/c	ستسحمنا
construction		insportation & wareho	using [Acco	mmodistion & lood servic	• 🗍 v	inclessio-other	🗋 Reta
eal estata		ance & insurance	the second s	_	r (specify) OIL & GAS		_	
	line of marchandise sold, space	icific construction v	NORK dor	e , pro	oduced, or se	rvices pr	ovided.	
the second s	ever applied for an employer	identification num	ber for ti	ia or	any other business?	· · · ·	· Yes	
	ease complete lines 16b and 1				·			
	'es" on line 16a, give applicant'	t's legal name and				n it ditter	rent from line 1	or 2 above
name >	when and sity and state whe	the application	Trade	-		Iantificati	lon number if k	
								1 1 0 14 1 1
							}	
		ize the named individual	to receive	ina eni	ily's EIN and answer question			
\$ INCOMPANY.	Party JONI L. BARR Designee Address and ZIP code			•				ICRICE IFEE COD
1 -						and the second		ide eres code
JONI L.				·	· · · · · · · · · · · · · · · · · · ·			
JONIL. Address I P.O. BO	e that I have examined this spatication, an	nd to the best of my know	ledge and b	illel, h li	s lose, correct, and complete.	the second s		ciuda usa cod
JONI L. Address (P.O. BO) parjury, I disclar						1)	
JONI L. Address (P.O. BO) parjury, I disclar	JAN A				GJON 1	Applicant's	bux number (Indus	do eren codu
kin	Complete t Complete t Designosi JONI L. 1 Address a P.O. BOJ Jury, I declar	nate date when, and city and state whe ate date when filed (mo., day, year) Complete this section only if you want to pathor Designoe's name JONI L. BARR Address and ZIP code 9.0. BOX 3600 ROSWELL, NM & fury, I declare that I have examined this application, an De or print clearity	nate date when, and city and state where, the application ate date when filed imp., day, year) Complete this section only if you want to authorize the named individual Designoe's name JONI L. BARR Address and ZIP code P.O. BOX 3600 ROSWELL, NM 88202 fary, I declare that I have examined this application, and to the best of my know pe or print clearly >	nate date when, and city and state where, the application was filed are date when filed (mo., day, year) Complete this section only if you want to authorize the named individual to receive Designoe's name JONIL. BARR Address and ZIP code P.O. BOX 3600 ROSWELL, NM 88202 fury, I declare that I have examined this application, and to the best of my knowledge and be pe or prive clearly.	nate date when, and bity and state where, the application was filed. Ent are date when filed (mo., dwy, year) Complete this section only if you want to authorize the named individual to receive the ent Designoe's name JONI L. BARR Address and ZIP occes P.O. BOX 3600 ROSWELL, NM 88202 (my, I declare that I have examinant this application, and to the best of my knowledge and bellet, it is pe or only in crearity.	nate date when, and city and state where, the application was filed. Enter previous employer is are date when filed (mo., day, year) City and state where filed Complete this section only if you want to authorize the named individual to receive the suffry's EIN and answer question Designoe's name JONI L. BARR Address and ZIP code 2.0. BOX 3600 ROSWELL, NM 88202 fary, I disclare that I have examined this application, and to the best of my knowledge and bellet, it is inte, correct, and complete. pe or orbit clearly.	nate date when, and city and state where, the application was filed. Enter previous employer identificat date date when filed (mo., day, year) City and state where filed Previous Complete this section only if you want to authorize the named individual to receive the sullity's EIN and answer questions storul in Designoe's name Designer's (S05 Address and ZIP code Cost 3600 ROSWELL, NM 88202 P.O. BOX 3600 ROSWELL, NM 88202 Cost of any knowledge and bellet, it is inst, correct, and complete. part or orbit clearly Applicant's Applicant's Address and ZIP code Applicant's	nate date when, and bity and state where, the application was filed. Enter provious employer identification number if k are date when filed (mo., day, year) City and state where filed City and state where filed Provious SiN i Complete the section only if you want to authorize the named individual to neelve the entity's EIN and answer questions storul the completion of the Designee's name JONI L. BARR City and ZIP code Code Cost Store that i have examined this application, and to the best of my knowledge and belief, it is inter, correct, and complete. City of crearity City and state where filed City and state where file City and state where filed City and city a

. . .

.

r

(a)