



Illinois Department of Natural Resources

One Natural Resources Way Springfield, Illinois 62702-1271
www.dnr.illinois.gov

Bruce Rauner, Governor
Wayne A. Rosenthal, Director

July 27, 2015

Benjamin Dell
Kimmeridge Tri-State Exploration, LLC
400 Madison Avenue, Suite 14C
New York, NY 10017

Re: High Volume Horizontal Hydraulic Fracturing Registration

Mr. Dell,


This letter is to notify you that on today's date, **July 27, 2015**, your High Volume Horizontal Hydraulic Fracturing ("HVHHF") Registration has been accepted by the Department. Kimmeridge Tri-State Exploration, LLC is now registered with the Department for purposes of applying for high volume horizontal hydraulic fracturing permits pursuant to the Hydraulic Fracturing Regulatory Act and associated Rules. Kimmeridge may now submit a HVHHF Permit Application 30 days after the above acceptance date.

Please be aware that you must submit a HVHHF Permit Application and receive an approved permit from the Department prior to beginning any HVHHF activities. Your HVHHF Permit Application will not be considered filed until one business day after all applicable documents are received by the Department. You will receive notice from this office when the application is considered filed. Please notify the Office of Oil and Gas Resource Management at least 5 business days prior to the anticipated date of filing by both email at DNR.HFApplication@partner.illinois.gov and by telephone at 217-782-7756 to advise the Office of the anticipated permit filing.

Your registration number is **HVHHF-00002**, please use this identifier with your application. For detailed instructions and forms, please go to the Department's HVHHF website: <http://www.dnr.illinois.gov/OilandGas/Pages/HydraulicFracturing.aspx>

Please email any question or requests for assistance to: DNR.IHFHelp@partner.illinois.gov.

Sincerely,


Douglas Shutt
Permitting & Technical Services Unit
(217) 782-3718
Doug.Shutt@illinois.gov

cc: Andrew Freilich

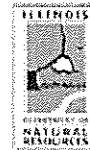
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ILLINOIS DEPARTMENT OF NATURAL RESOURCES

Office of Oil and Gas Resource Management


One Natural Resources Way
Springfield, Illinois 62702-1271



**HIGH VOLUME HORIZONTAL HYDRAULIC FRACTURING
REGISTRATION FORM
HVHHF-01**

Initial Registration <input checked="" type="checkbox"/>	Annual Submission <input type="checkbox"/>	Update <input type="checkbox"/>
Registrants Name: Kimmeridge Tri-State Exploration, LLC		
Person Completing Form: Benjamin Dell		Title: President
Mailing Address: 400 Madison Avenue, Suite 14C		
City: New York		
State: NY		
Zip Code: 10017		
Registration # (if known):s		

Has the registrant, parent, or any subsidiary/affiliate been found to be in serious violation of any federal or state laws, or regulations in the development or operation of an oil or gas exploration or production site via hydraulic fracturing within the last 5 years?	
Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
If Yes, provide a detailed description as to the nature of the violation(s), whether matters are resolved, and the current status of the violation(s) in HVHHF-01 Attachment 3.	

<p>UNDER PENALTIES OF PERJURY, I DECLARE THAT <u>I AM THE REGISTRANT AGENT, VESTED WITH THE AUTHORITY TO ACT ON BEHALF OF THE REGISTRANT,</u> AND I HAVE EXAMINED THIS REGISTRATION FORM, INCLUDING ACCOMPANYING STATEMENTS AND DOCUMENTS, AND TO THE BEST OF MY KNOWLEDGE, IT IS TRUE, CORRECT AND COMPLETE.</p>	
PRINT NAME: Benjamin Dell	
SIGNATURE OF REGISTRANT AGENT: 	
TITLE: President	DATE: 7/10/15

NOTE

1. This Registration Form is subject to change and therefore the registrant may be required to provide additional information after the adoption of the Hydraulic Fracturing Regulatory Act Administrative Rules.
2. Once your registration is approved, if any information changes, you must provide updates within 60 days of the change using this same form and marking the 'Update' box.
3. Applications for Hydraulic Fracturing permits will not be accepted until the adoption of the Hydraulic Fracturing Regulatory Act Administrative Rules.



ILLINOIS DEPARTMENT OF NATURAL RESOURCES

Office of Oil and Gas Resource Management

One Natural Resources Way
Springfield, Illinois 62702-1271



**HIGH VOLUME HORIZONTAL HYDRAULIC FRACTURING
REGISTRATION FORM HVHFF-01, Attachment 1 - Proof of Insurance**

Please provide proof of insurance to cover injuries, damages, or loss, related to pollution or diminution in the amount of at least \$5,000,000 from an insurance carrier authorized, licensed, or permitted to do this insurance business in this state, that holds at least an A- rating by A.M. Best & Co., or any comparable rating service (REF. 1-35(a)(3)).

Please enter text or copy and paste the image of your proof of insurance:

Large empty rectangular box for entering text or pasting the image of proof of insurance.

CERTIFICATE OF LIABILITY INSURANCE

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Marsh & McLennan Agency LLC One Executive Drive Somerset, NJ 08873	CONTACT NAME PHONE (A/C, No, Ext) E-MAIL ADDRESS somersetclsupport@mma-ne.com		FAX (A/C, No)
	INSURER(S) AFFORDING COVERAGE		
INSURED Kimmeridge Energy Management Company LLC 400 Madison Avenue, Suite 14C New York, NY 10017	INSURER A	St Paul Fire and Marine Insuran	24767
	INSURER B	Travelers Property Casualty Co	25674
	INSURER C		
	INSURER D		
	INSURER E		
	INSURER F		

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	GENERAL LIABILITY			10/01/2014	10/01/2015	EACH OCCURRENCE \$1,000,000	
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY					DAMAGE TO RENTED PREMISES (Ea occurrence) \$100,000	
	<input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR					MED EXP (Any one person) \$5,000	
	GEN'L AGGREGATE L MIT APPL ES PER:						PERSONAL & ADV NJURY \$1,000,000
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC					GENERAL AGGREGATE \$2,000,000	
	AUTOMOBILE LIABILITY						PRODUCTS - COM/OP AGG \$2,000,000
	<input type="checkbox"/> ANY AUTO					COMB NED S NGLE L MIT (Ea accident) \$	
	<input type="checkbox"/> ALL OWNED AUTOS	<input type="checkbox"/> SCHEDULED AUTOS				BOD LY INJURY (Per person) \$	
	<input type="checkbox"/> HIRED AUTOS	<input type="checkbox"/> NON-OWNED AUTOS				BOD LY INJURY (Per accident) \$	
	<input type="checkbox"/> UMBRELLA LIAB	<input type="checkbox"/> OCCUR				PROPERTY DAMAGE (Per accident) \$	
<input type="checkbox"/> EXCESS LIAB	<input type="checkbox"/> CLAIMS-MADE				\$		
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						EACH OCCURRENCE \$	
ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y/N <input type="checkbox"/> N/A						AGGREGATE \$	
If yes, describe under DESCR PTION OF OPERATIONS below						WC STATU-TORY LIMITS \$	
DESCR PTION OF OPERATIONS below						OTHER \$	
B	Control of Well			10/01/2014	10/01/2015	\$10,000,000/Occurrence \$200,000 deductible	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
Evidence of Insurance

CERTIFICATE HOLDER Kimmeridge Tri-State Exploration, LLC 400 Madison Avenue, Suite 14C New York, NY 10017	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE [Redacted Signature]
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ENERGYPRO®

DECLARATIONS - CONTROL OF WELL INSURANCE

Travelers Property Casualty
Company of America
One Tower Square
Hartford, Connecticut 06183

Policy Number: [REDACTED] Renewal of: [REDACTED]

- Item 1. **Named Insured:** KIMMERIDGE ENERGY MANAGEMENT CO INC
and/or subsidiary or owned and controlled companies, as now or hereafter constituted, including principals, officers, directors, stockholders and employees of all Named Insureds while acting within the scope of their duties as such and as their interest may appear.
- Named Insured's Mailing Address:** 952 ECHO LN
HOUSTON TX 77024
- Item 2. **Named Insured's Operations:** OPERATOR/NON-OPERATOR
- Item 3. **Loss Payee:** Loss, if any, payable to Named Insured or order.
- Item 4. **Territory:** Anywhere in the world, provided no trade sanction, embargo or similar regulation imposed by the United States of America prohibits us from providing coverage under this Policy.
- Item 5. **Policy Period:** From: 10/01/2014 To: 10/01/2015
12:01 A.M. Standard Time at the address shown in Item 1. above.

SECTION I

Item 6. **Coverage:** ENERGYPRO® CONTROL OF WELL INSURANCE FORM and other forms, endorsements and schedules applicable to this SECTION. See form IL T8 01 for a listing of forms, endorsements and schedule numbers made part of this Policy when originally issued.

Item 7. **Limits of Insurance:**

<u>Coverage</u>	<u>Limit of Insurance</u>
A. Combined Single Limit of Insurance - SECTIONS IA, IB and IC	\$5,000,000 any one "occurrence", with respect to 100% interest, Combined Single Limit of Insurance (applies over all coverages provided under SECTIONS IA, IB and IC)
B. SECTION ID - Care, Custody And Control	\$1,000,000 any one "occurrence", with respect to 100% interest (applies only to SECTION ID)

Item 8. **Retentions:**

<u>Coverage</u>	<u>Retention</u>
A. SECTIONS IA, IB and IC	\$100,000 any one "occurrence", with respect to 100% interest (applies over all coverages provided under SECTIONS IA, IB and IC)
B. SECTION ID - Care, Custody And Control	\$100,000 any one "occurrence", with respect to 100% interest (applies only to SECTION ID)

Item 9. Rates: See Rate Schedule(s).

Item 10. Premium: \$8,000 Deposit Premium

Deposit Premium is broken down as follows:
\$ 3,467 Producing Estimated Annual Premium
\$ 1,221 Shut-in/TA/P&A Estimated Annual Premium
\$ 312 Other: Saltwater Disposal/Injection
Estimated Annual Premium
\$ 3,000 Limited Pay On Behalf Annual Premium

Item 11. Minimum Premium: \$5,750

Minimum Premium is broken down as follows:
\$ 5,000 Producing/Shut-in/TA/P&A/Other Minimum
Premium
\$ 750 Limited Pay On Behalf Minimum Premium

Item 12. Reporting Period: Annual

Quarterly
Reporting Period Ending Dates:

Semi-annual
Reporting Period Ending Dates:
03/31/2015
09/30/2015

In return for payment of the premium, Travelers Property Casualty Company of America (the Company) agrees with the first Named Insured shown in Item 1. above to provide the insurance afforded by this Policy. This Policy has been executed by the Company, and is countersigned below by the Secretary and President of the Company:

[Redacted Signature]

Secretary

[Redacted Signature]

President

Name And Address Of Agent Or Broker

Countersigned By:

MARSH & MCLENNAN AGCY
1 EXECUTIVE DR STE 300
SOMERSET NJ 08873-4002

Authorized Representative

Date

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**ENERGYPRO®
LIMITED PAY ON BEHALF PROVISION -
SECTIONS IA AND IC**

This endorsement modifies the insurance provided under the EnergyPro® Control Of Well Insurance Form.

If a Preferred Well Control Provider is not hired as described below or the other terms and conditions of this endorsement are not met, this endorsement will not apply and the terms and conditions of the EnergyPro® Control Of Well Insurance Form apply as if this endorsement were not part of this Policy.

- 1. The following replaces Paragraph 1. COVERAGE of SECTION IA:

SECTION IA - CONTROL OF WELL INSURANCE

1. COVERAGE

The Company agrees, subject to the Combined Single Limit of Insurance shown in Item 7.A. of the DECLARATIONS and the other terms and conditions of this Policy, to pay on behalf of the Insured the actual costs and expenses reasonably incurred by the Named Insured "operator" for the following operations:

- a. Operations to regain or attempt to regain control of any "well insured" which becomes a Well Out Of Control as defined in Paragraph 2.a. of this SECTION IA, but only such costs or expenses that are incurred until the "well insured" becomes a Well Brought Under Control as defined in Paragraph 2.b. of this SECTION IA; and
- b. Operations to extinguish or attempt to extinguish:
 - (1) A fire above the surface of the ground or water bottom for any "well insured", or from any other "well" which is burning as a direct result of "well insured" becoming a Well Out Of Control; or
 - (2) A fire above the surface of the ground or water bottom which may endanger a "well insured";

but only if:

- a. The Named Insured "operator" hires a Preferred Well Control Provider to perform all or part of such operations and retains such Provider in that capacity until the "well insured" becomes a Well Brought Under Control as defined in Paragraph 2.b. of this SECTION IA;
- b. The alleged Well Out of Control for which coverage is sought under this endorsement is reported to the Company within 48 hours after first becoming known to the Named Insured "operator"; and
- c. The Company agrees with the Named Insured "operator", and confirms such agreement in writing, that the alleged Well Out Of Control is a Well Out Of Control as defined in Paragraph 2.a. of SECTION IA of this Policy.

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2. The following replaces Paragraph c. of Paragraph 2. DEFINITIONS of SECTION IA, but only for this endorsement:

c. Costs or Expenses

Costs or expenses covered under this Policy includes costs of materials and supplies required, services of a Preferred Well Control Provider, and services of individuals or firms specializing in directional drilling and other operations necessary to bring the Well Out Of Control under control including costs and expenses incurred at the direction of regulatory authorities to bring the Well Out Of Control under control, and other expenses included within Paragraph 1. of this SECTION IA.

3. The following is added to Paragraph 2. DEFINITIONS of SECTION IA, but only for this endorsement:

For the purposes of this endorsement, Preferred Well Control Provider means the following:

Wild Well Control, Inc.
Drilling Technology Center
2202 Oil Center Court
Houston, TX 77073
Phone: 281.784.4700

4. The following replaces Paragraph 1. COVERAGE of SECTION IC, but only with respect to an "occurrence" that gives rise to a claim which would be recoverable under SECTION IA (as SECTION IA is replaced by Item 1. of this endorsement) if the Insured's Retention applicable to SECTION IA shown in the DECLARATIONS of this Policy were nil:

SECTION IC - POLLUTION AND CLEAN UP

1. COVERAGE

The Company agrees, subject to the Combined Single Limit of Insurance shown in Item 7.A. of the DECLARATIONS and the other terms and conditions of this Policy to:

- a. Pay on behalf of the Insured all sums that the Insured will by law, or under the terms of any oil or gas or thermal energy lease or license, be liable to pay for the cost of remedial measures, or as damages for "bodily injury" or loss of damage to or loss of use of property, caused directly by "pollution" above the surface of the ground or water bottom and arising from a "well insured";
- b. Pay on behalf of the Insured the cost of, or the cost of any attempt at, removing, nullifying or cleaning up "pollution" emanating from a "well insured", including the cost of containing or diverting the "pollution" or preventing the "pollution" from reaching the shore; or
- c. Indemnify the Insured for costs and expenses incurred in the defense of any claim, alleging any sums or costs covered under Paragraph a. or b. above, resulting from actual or alleged "pollution" arising from a "well insured", including "defense costs", and costs and expenses of litigation awarded to any claimant against the Insured, but the inclusion of the above costs and expenses does not increase the Combined Single Limit of Insurance shown in Item 7.A. of the DECLARATIONS of this Policy;
provided that such "pollution" results from an "occurrence" that:

- a. Takes place during the period of this Policy (including any continuation thereof provided for by Paragraph 8.b. of the COMMON CONDITIONS - SECTION I);
- b. First became known to the Insured or the "operator" of the "well insured" within 90 days of its commencement;

- c. Was reported to the Company within 180 days after first becoming known to the Insured or the "operator" of the "well insured"; and
- d. Gives rise to a claim which would be recoverable under SECTION IA of this endorsement if the Insured's Retention applicable to SECTION IA shown in the DECLARATIONS of this Policy were nil.

5. The following replaces Paragraph 10. DEFENSE of COMMON CONDITIONS - SECTION I, but only with respect to SECTION IC of this endorsement.

10. DEFENSE

The Company will not assume the handling or control of the defense or settlement of any claim made against the Insured, but the Company will have the right, but not the duty, to participate with the Insured in the defense and control of any claim that may be recoverable in whole or in part under this Policy.

The Company will not pay any "defense costs" unless the prior written consent of the Company was obtained before those "defense costs" were incurred.

6. The following is added to Paragraph 10. NOTICE OF LOSS of the GENERAL CONDITIONS:

This Paragraph 10. does not change or eliminate the requirement for reporting an alleged Well Out Of Control for which coverage is sought under the ENERGYPRO® CONDITIONAL PAY ON BEHALF PROVISION - SECTIONS IA AND IC endorsement.

7. The following is added to SECTION I:

Regardless of any provision to the contrary in any of the following endorsements that are part of SECTION I of this Policy, any cost or expense covered under such endorsement will apply on a pay on behalf of basis:

- a. EVACUATION EXPENSES COVERAGE
- b. REMOVAL OF WRECKAGE AND DEBRIS COVERAGE
- c. RESULTANT PLUGGING AND ABANDONMENT EXPENSES COVERAGE





ILLINOIS DEPARTMENT OF NATURAL RESOURCES

Office of Oil and Gas Resource Management

One Natural Resources Way
Springfield, Illinois 62702-1271



**HIGH VOLUME HORIZONTAL HYDRAULIC FRACTURING
REGISTRATION FORM HVHFF-01, Attachment 2 – Parent Corporation,
Subsidiaries, and/or Affiliates of Registrant**

Please provide Name and Address of any parent corporation, subsidiaries and/or affiliates related to the registrant.

List parent corporation first. Sort by State with Illinois entities listed first, and then sort within the State by Name.

Please enter text

The registrant, Kimmeridge Tri-State Exploration, LLC is a Delaware Limited Liability Corporation in good standing (see attached letter). The registered office of Kimmeridge Tri-State Exploration, LLC is located at 400 Madison Avenue, Suite 14C, New York, NY. 10017.

Registered Agent:

CT Corporation System
208 South LeSalle Street, S. 814
Chicago, IL. 60604

Corporate Officers:

Benjamin Dell
Henry Makansi
Noam Lockshin

Delaware

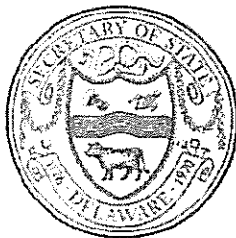
PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "KIMMERIDGE TRI-STATE EXPLORATION, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE EIGHTEENTH DAY OF JUNE, A.D. 2014.

5368091 8300

140853967



You may verify this certificate online
at corp.delaware.gov/authver.shtml

Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 1466062

DATE: 06-18-14



ILLINOIS DEPARTMENT OF NATURAL RESOURCES

Office of Mines and Minerals
Division of Oil and Gas One Natural Resources Way
(217) 782-7756 Springfield, Illinois 62702-1271



HYDRAULIC FRACTURING PERMITTEE REGISTRATION FORM HVHF-01, Attachment 3 – Violation(s) and Resolution(s)

If the applicant, parent, or any subsidiary/affiliate has been found to be in serious violation of any federal or state laws, or regulations in the development or operation of an oil or gas exploration or production site via hydraulic fracturing within the last 5 years; please provide a detailed description as to the nature of the violation(s) and resolution(s).

Please sort by State, listing Illinois first, and then sort by violation, listing Fracking violations first.

Please enter text for violations and resolutions:

Not applicable - the applicant, or its parent, have not been found to be in serious violation of any federal or state laws, or regulations in the development or operation of an oil or gas exploration or production site via hydraulic fracturing within the last 5 years.



ILLINOIS DEPARTMENT OF NATURAL RESOURCES
Office of Oil and Gas

COPY

(217) 782-7756

One Natural Resources Way
Springfield, Illinois 62702-1271



OG-1 PERMITTEE STATUS REPORTING FORM

MAILING ADDRESS VERIFICATION (All information must be completed)

PERMITTEE #: _____

NAME: **KIMMERIDGE TRI-STATE EXPLORATION, LLC**

STREET ADDRESS / R.R. # /
P.O. BOX: **400 MADISON AVE., SUITE 14C**

CITY, STATE, ZIP: **NEW YORK, NEW YORK 10017**

PHONE/FAX NUMBER: **646.517.7252**

E-MAIL ADDRESS _____

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? **NA**

- 4. Does Permittee have a Federal Employee Identification Number (FEIN)? YES NO
If yes, Permittee is required to report the FEIN. **[REDACTED]**

- 5. If Permittee is a Sole Proprietorship (individual owner):

a. Name: **NA**

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: CT Corporation System
(Name)
208 South LeSalle Street, Suite 814, Chicago, IL 60604
(Address)

c. List Corporate officers or LLC members or managers. (please list one)

<u>Benjamin Dell</u>	
President	<u>Manager</u>
<u>Henry Makansi</u>	
Vice-President	<u>Member</u>
<u>Noam Locksin</u>	
Secretary	<u>Member</u>
Treasurer	<u>Member</u>

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:

NA

_____	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:

9. 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.

Benjamin Dell
Person completing form (please print)

7.7.2014
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.