

STATE OF MONTANA

Geophysical Exploration Agreement -  
Certificate of Deposit

[82-1-104 MCA](#)



MAIL: LINDA MCCULLOCH  
Secretary of State  
P.O. Box 202801  
Helena, MT 59620-2801  
PHONE: (406)444-3665  
FAX: (406)444-3976  
WEB SITE: [sos.mt.gov](http://sos.mt.gov)

Prepare, sign & submit with the proper filing fee.  
This is the minimum information required.

(This space for use by the Secretary of State only)

Required Filing Fee: \$15.00

24 Hour Priority Handling check box & Add \$20.00

1 Hour Expedite Handling check box & Add \$100.00

Certificate of Deposit No.: \_\_\_\_\_ (must be in US funds)

Issuing Bank Name: \_\_\_\_\_  
(must be an FDIC-insured bank located in Montana)

Issuing Bank Mailing Address: \_\_\_\_\_

THIS AGREEMENT is entered into by and between \_\_\_\_\_,

a \_\_\_\_\_ corporation, hereinafter "Company," whose mailing address is

\_\_\_\_\_ and whose business mailing address is

\_\_\_\_\_ and the Montana Secretary of State, hereinafter "SOS."

THE PARTIES AGREE AS FOLLOWS:

1. Pursuant to the requirements of section [82-1-104](#), Montana Code Annotated, concerning the conduct of seismic operations in the State of Montana, Company agrees to provide to SOS a copy of certificate of deposit in the sum of \$\_\_\_\_\_ (**\$10,000 for a single seismic crew, or \$25,000 for all seismic crews operating within the state**) for the following project(s) (describe the project(s) and provide a legal description):
2. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
3. Said certificate of deposit must be issued by an FDIC-insured bank whose main office or any branch office is located in the State of Montana. The certificate of deposit **must be on the current form of certificate of deposit, must be assigned to the Montana Secretary of State, must not require Company's signature, must be issued for an initial term of not less than one year with automatic renewal from year-to-year** and must be delivered to SOS with this agreement.
4. Company is permitted to receive and retain for its own use, without the requirement of an accounting, all interest earned and payable under the certificate of deposit, but only for so long as the Company remains in full compliance with section [82-1-104](#), Montana Code Annotated.

5. SOS will accept Company's certificate of deposit and this agreement and hold the same for safekeeping for the duration of the seismic exploration, plus an additional 5 years after the cessation of the seismic exploration activities. Upon delivery of the certificate of deposit, SOS will issue a certificate receipt to Company listing the name of the designated resident agent for the Company, the Company's mailing address, the certificate of deposit number, the amount, and the name of the individual issuing the certificate receipt showing that the certificate of deposit has been filed. The certificate receipt will be in triplicate with copies provided to the Company, the SOS accounting office, and the SOS for its records.
6. Partial or complete forfeiture of the above-referenced certificate of deposit will be determined by the appropriate court of civil jurisdiction in the State of Montana.
7. This agreement is governed by the laws of the State of Montana and sets forth the entire agreement between the parties pursuant to the requirements of section [82-1-104](#), Montana Code Annotated. No amendment, change or other modification of this agreement shall be effective or binding upon the parties unless it is in writing and signed by each party. Company acknowledges that SOS does not waive sovereign immunity in any respect regarding this agreement and SOS specifically retains sovereign immunity and all defenses available to it as a sovereign pursuant to all state or federal laws.
8. "I, **HEREBY SWEAR AND AFFIRM**, under penalty of law, that the facts contained in this document are true."

DATED this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
 (Type Company name on line above)

By: \_\_\_\_\_  
 (Company's Designated Resident Agent)

Company Daytime Contact: Phone \_\_\_\_\_ Email \_\_\_\_\_

State of \_\_\_\_\_

County of \_\_\_\_\_

I HEREBY CERTIFY THAT ON THIS \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, before me a Notary Public in and for the jurisdiction aforesaid, personally appears \_\_\_\_\_, known to me or satisfactorily proven to be the person whose name is subscribed to the within instruction and did acknowledge that he executed the same for the purposes therein contained in the capacity indicated. WITNESS my hand and Notarial Seal.

\_\_\_\_\_  
 Signature of Notary

\_\_\_\_\_  
 Printed name of notary public

Notary public for the state of: \_\_\_\_\_

Residing at: \_\_\_\_\_

My commission expires: \_\_\_\_\_

(Affix Notarial Seal/Stamp Above)

## GENERAL INSTRUCTIONS

Please type or print clearly when filling out this form.

## ALL INFORMATION PUBLIC

All information provided, including names and addresses of the principals of the entity, will be made available on the Secretary of State's web site or upon request.

## LEGAL AND ACCOUNTING IMPLICATIONS

There are important legal and accounting implications with respect to this entity's actions. Suitable legal and accounting advice should be secured before submission. The Secretary of State's office suggests that such advice be sought prior to filling out forms to be sure that you understand the terms and procedures.

## FORM PROCESSING TIME

Please be advised that the Business Services Division of the Montana Secretary of State will process your business documents within 10 working days of receipt.

- During this period if it is determined that your document does not meet statutory requirements, a letter outlining the deficiencies will be returned to the original submitter.
- If the document is complete and correct, the document will be filed and a letter certifying the filing of the document will be returned to the original submitter.
- If you wish a "FILED STAMPED" copy of the document to be returned with the certification letter (at no additional fee), it will be necessary for you to submit the original and a copy of the document.

## Express Handling

- You may request 24 hour priority handling of your document by simply marking the "24 hour priority handling" box and include an **additional** \$20.00 with your handling fee.
- You may request 1 hour expedite handling of your document by marking the "1 hour priority handling" box and include an **additional** \$100.00 with your filing fee.
- **Please note:** If your documents are returned for deficiencies and upon resubmittal you request either of the Express Services **you must also remit** a new priority (\$20.00) or expedite (\$100.00) handling fee.

## SUBMISSION

Make checks payable to the Secretary of State. Upon completion, mail with ORIGINAL SIGNATURE to:

Secretary of State  
PO Box 202801  
Helena, MT 59620-2801

## CONTACT US

If you have any questions regarding this form, please contact the Secretary of State, Business Services Division at (406) 444-3665.

**DO NOT STAPLE PAYMENT TO FILING FORM**