STATE OF MONTANA

Geophysical Exploration Agreement - Cashier's Check
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*

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

Cashier's Check No.: _____ (must be in US funds)

Issuing Bank Name: _____
(must be an FDIC-insured bank)

Issuing Bank Mailing Address:_____

THIS AGREEMENT is entered into by and between _____, a _____ corporation, hereinafter **"Company,"** whose mailing address is _____ and whose **street** 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, MCA, concerning the conduct of seismic operations in the State of Montana, Company agrees to provide to SOS a cashier's check 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. Said cashier's check/money order will be payable to the Montana Secretary of State. The issue date of the cashier's check must be within 10 days of its receipt by SOS and must be delivered to SOS with this agreement.

3. SOS will accept Company's cashier's check/money order 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 cashier's check, 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 cashier's check number, the amount, and the name of the individual issuing the certificate receipt showing that the cashier's check has been filed. The certificate receipt will be in triplicate with copies provided to the Company, the SOS accounting office, and SOS for its records.

4. Partial or complete forfeiture of the above-referenced cashier's check will be determined by the appropriate court of civil jurisdiction in the State of Montana.

5. 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.

6. **"I, HEREBY SWEAR AND AFFIRM,** under penalty of perjury and under the laws of the State of Montana that the foregoing is true and correct."

   Dated this _____ day of _____, 20_____.

   _____
   (Type Company name on line above)

   By: _____
   (Signature of Company's Designated Resident Agent)

   Address of signer:_____

   _____

7. Company Daytime Contact: Phone _____ Email _____

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