

Business Entity or Legal Entity Name:

APPLICATION FOR USE OF STATE LANDS Legal Entity

Note: All application fees are non-refundable. Incomplete applications will be rejected and returned to applicant.

Authorized Agent of Legal Entity

APPLICANT DATA: All documents must contain the full legal name of the applicant or the business entity on file with the Idaho Secretary of State. A Certificate of Good Standing must be provided for all business entities.

Last Name:

Business or Entity Registration No: (or proof of pending application): ADDRESS OF RECORD (FOR ALL CORRESPONDENCE) AND CONTACT INFORMATION Street: Business Phone #: PO Box: Contact Name: City: Fax #: State: Home Phone #: Cip +4: Cell (Area Code/Phone #): Country: Email Address(es): Attention: Title: I hereby certify that I am the applicant or authorized representative of the applicant and that the informatic contained in this application is true and correct to the best of my knowledge and further acknowledge that falsification of any information contained herein, or provided herewith, will be grounds for rejection of the application. Name of Legal Entity: Type of Entity: Type of Entity: State of Origin: Dated: By: Iprint name Its: Igauthonity/capacity State of Origin: Occupty of Occupty	Type of Legal Entity:	First Name:			
Corproof of pending application :		Middle Name:			
Street: Business Phone #: Contact Name: City: Fax #: State: Home Phone #: Zip +4: Cell (Area Code/Phone #): Country: Email Address(es): Attention: Title: Thereby certify that I am the applicant or authorized representative of the applicant and that the informatic contained in this application is true and correct to the best of my knowledge and further acknowledge that falsification for any information contained herein, or provided herewith, will be grounds for rejection of the application. Name of Legal Entity: State of Origin: State of					
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Zip +4:	City:	Fax #:			
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State of	Details				
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[name(s) of signor(s)] with authority to sign in the capacity as	State of) County of)				
for and on behalf of the following legal entity:					
Notary Public for Said State My commission expires:	capacity as	for and on behalf of the following legal entity:			
My commission expires:					
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ATTACHMENT A - PROPERTY DESCRIPTION for Geothermal Leasing

Instrument Number	Township	Range	Section	LegalDescription	County	Acres