

NC Department of Environment and Natural Resources Landman Registry Application

			Life Survey Medical		ALEXANDER MANAGEMENT	
First	Lan	Middle	1	Last Name:	1	
Name:	KEITH	Name:	EVANO	Edst Name:	Commile	
. F	A Company of the Comp					
Business Address						
Street	1702 6 24		00	Apt/Unit #:		
Address:	502 SouTH	State:	11	ZIP Code:	7///	
City:	BOSSIEN CITY	Email	LA	Zir Code.	////	
Phone Number:	(312) -573-9306	Address:	KEITH Comile	KEITH, Committe ilmov. Com		
Have you	ever held a landman regis	tration or s	imilar license in another st	ate?	Y65	
NORICED AS AN AAPL- REGISTERED PROFESSIONAL LANDMAN						
If yes, please list all states or jurisdictions where you have had such a registration or license below. Use additional						
paper if necessary.						
LOUISIAN A						
TEXAS						
MISSISSIPPI						
AQKAWSAS						
MONTANA						
NORTH	DAKOTA					
H.						
				L		
Have any of these registrations or licenses ever been revoked or suspended?					NO.	
If yes, please list all states or jurisdictions where a similar registration or license has been suspended or revoked.						
			Control of the Contro			
	The state of the s					
	AND DESCRIPTION OF THE PROPERTY OF THE PROPERT					
Please state, using a complete sentence, whether or not there are any pending judgments or tax liens existing						
against you.						
NONE						
Signature:	C)0 /1/0/			Date: 3/21	12013	
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NOTE: If there are any material changes in the information you provide on this form, please notify the Department in writing within 30 days of the change.

RECEIVED

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