OPERATOR is signing this Agreement on the date stated below, but this Agreement is effective as of the effective date.

Date Executed: _____

_____
Operator Name

By: _____

Printed: _____

Its: _____

ACKNOWLEDGEMENT

STATE OF _____§

COUNTY OF _____§

This instrument was acknowledged before me on, _____, 20___, by _____

as _____ of _____, on behalf of such

company.

_____
Notary Public in and for the State of _____

My Commission Expires:

_____