



COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
OFFICE OF OIL AND GAS MANAGEMENT

**OIL AND GAS OPERATOR
OWNERSHIP AND CONTROL INFORMATION**

PLEASE TYPE OR PRINT

GENERAL OPERATOR INFORMATION		Enter the name and address under which you or your organization operate oil and gas wells in Pennsylvania which must be the same name as is providing the bond.			
Corporate, Company, Partnership or Registered Fictitious Name INR OPERATING, LLC		Type of Organization / Code LIMITED LIABILITY COMPANY		Federal Tax ID# 82-4706127	
Individual or Partner - Last Name ARNOLD	First Name ZACHARY	MI D	Suffix		
Mailing Address 2605 CRANBERRY SQUARE				<input type="checkbox"/> Check if this is a new address.	
City MORGANTOWN	State	ZIP+4	Country (If Other Than USA)		
Phone (Daytime) (304) 212-2351	Ext.	FAX	Email Address ZARNOLD@INFINITYNR.COM		
Person to Contact - Last Name COSTELLO	First Name IAN	MI P	Suffix	Title VP OF OPERATIONS	
<p>If the applicant is an individual or partnership operating under a name that is different than your full personal name, the name must be registered as a fictitious name with the Department of State. Please attach a copy of your APPROVED fictitious name registration. <input type="checkbox"/> Registration attached <input type="checkbox"/> Registration previously submitted and still active.</p>					
<p>If the applicant is a domestic or foreign corporation or limited liability company, it must be registered to conduct business in Pennsylvania with the Department of State. Please attach a copy of your APPROVED corporate registration or authorization to conduct business in Pennsylvania.</p> <p><input checked="" type="checkbox"/> Registration attached <input type="checkbox"/> Authorization to conduct business in PA attached <input type="checkbox"/> Registration previously submitted still active</p>					
<p>If the applicant has NO parent company, check the following box.</p> <p><input type="checkbox"/> No parent.</p> <p>If the applicant has a parent company, include the following information for the parent company: the name of the company, its address, phone number, taxpayer ID No., and state of incorporation, if the company is a corporation.</p>					
Name <u>INFINITY NATURAL RESOURCES, LLC</u>		Phone No. <u>(304) 212-2351</u>			
Address <u>2605 CRANBERRY SQUARE</u>		Taxpayer ID No. <u>82-1729704</u>			
<u>MORGANTOWN, WV</u>		If corporation, state of incorporation <u>DE</u>			

If the applicant has **NO subsidiaries**, indicate by checking the following box.

☒ **No subsidiary.**

If the applicant has **one or more subsidiaries**, include the following information for each subsidiary company: the name of the company, its address, phone number, taxpayer ID No., and state of incorporation, if the company is a corporation.

Name _____	Phone No. () _____
Address _____	Taxpayer ID No. _____
_____	If corporation, state of incorporation _____
Name _____	Phone No. () _____
Address _____	Taxpayer ID No. _____
_____	If corporation, state of incorporation _____
Name _____	Phone No. () _____
Address _____	Taxpayer ID No. _____
_____	If corporation, state of incorporation _____
Name _____	Phone No. () _____
Address _____	Taxpayer ID No. _____
_____	If corporation, state of incorporation _____
Name _____	Phone No. () _____
Address _____	Taxpayer ID No. _____
_____	If corporation, state of incorporation _____

(Attach additional sheet, in the same format, if necessary.)

SIGNATURES

Under penalty of law, the undersigned hereby certify that they have the authority to submit this application on behalf of the applicant, that they have reviewed the information contained in this application and certify that the information is true and correct to the best of their knowledge and belief.

INR OPERATING, LLC

(Print Name of Applicant)

ZACHARY D. ARNOLD - PRESIDENT/CEO

(Print Name & Title of Signatory)

(Signature)

Date 3/8/17

Please call 717-772-2199 with any questions.

PENNSYLVANIA DEPARTMENT OF STATE
BUREAU OF CORPORATIONS AND CHARITABLE ORGANIZATIONS

☐ Return document by mail to:

CSC order # 103016-10 VLV

Name

Foreign Registration Statement



TCO180313JD0644

CSC

(xx)Return document by email to: cscpa@cscglobal.com

Read all instructions prior to completing. This form may be submitted online at www.pasos.state.pa.us

Fee: \$250

☐ I qualify for a veteran/reservist-owned small business fee exemption (see instructions)

In compliance with the requirements of the applicable provisions of 15 Pa.C.S. § 412 (relating to foreign registration statement), the undersigned foreign association hereby states that:

1. The type of association is (check only one):

☐ Business Corporation

☐ Limited Partnership

☐ Business Trust

☐ Nonprofit Corporation

☐ Limited Liability (General) Partnership

☐ Professional Association

☒ Limited Liability Company

☐ Limited Liability Limited Partnership

2. The full and proper name of the foreign association as registered in its jurisdiction of formation is:

INR Operating, LLC

2A. If the name in 2 does not contain a required designator or if the name in 2 is not available for use in the Commonwealth, the alternate name under which the association is registering in this Commonwealth is:

3. The jurisdiction of formation is: Delaware

4. The street and mailing address of the association's principal office.

2605 Cranberry Square

Morgantown

WV

26508

Number and street

City

State

Zip

4A. The street and mailing address of the office, if any, required to be maintained by the law of the association's jurisdiction of formation in that jurisdiction:

Number and street

City

State

Zip

2011 MAR 13 AM 9:57

PA. DEPT. OF STATE

5. The (a) address of the association's proposed registered office in this Commonwealth or (b) name of its Commercial Registered Office Provider and the county of venue is:

Complete part (a) OR (b) – not both:

(a) _____
 Number and street City State Zip County
 OR

(b) c/o: Corporation Service Company Dauphin
 Name of Commercial Registered Office Provider County

6. Check one of the following:

- ☒ The association may not have series.
☐ The association may have one or more series.

7. Effective date of registration of foreign association (check, and if appropriate complete, one of the following):

- ☒ The Foreign Registration Statement shall be effective upon filing in the Department of State.
☐ The Foreign Registration Statement shall be effective on: _____ at _____
 Date (MM/DD/YYYY) Hour (if any)

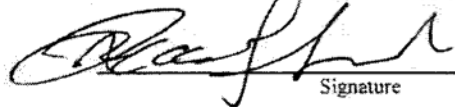
8. To be completed by Limited Liability Companies only. Check, and if appropriate complete, one of the following:

- ☒ The association is a limited liability company which is not organized to render any of the below professional service(s).
☐ The association is a restricted professional limited liability company organized to render one or more of the following professional service(s): (If this box is checked, one or more of the fields below must be checked.)
- | | | | |
|---------------------------------------|---|---|---|
| <input type="checkbox"/> Chiropractic | <input type="checkbox"/> Dentistry | <input type="checkbox"/> Law | <input type="checkbox"/> Medicine and surgery |
| <input type="checkbox"/> Optometry | <input type="checkbox"/> Osteopathic medicine and surgery | <input type="checkbox"/> Podiatric medicine | <input type="checkbox"/> Public accounting |
| <input type="checkbox"/> Psychology | <input type="checkbox"/> Veterinary medicine | | |

IN TESTIMONY WHEREOF, the undersigned association has caused this Foreign Registration Statement to be signed by a duly authorized representative thereof this 7 day of March, 2018.

INR Operating, LLC

Name of Association


 Signature

Chief Financial Officer & EVP

Title