



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 Range Resources- Appalachia, LLC		Type of Organization / Code Limited Liability Company/LLC		Federal Tax ID# 34-1902948	
Individual or Partner - Last Name		First Name		MI	Suffix
Mailing Address 3000 Town Center Blvd.				<input type="checkbox"/> Check if this is a new address.	
City Canonsburg		State PA	ZIP+4 15317	Country (If Other Than USA)	
Phone (Daytime) 724-743-5260		Ext.	FAX 724-743-9961	Email Address irusmisel@rangeresources.com	
Person to Contact - Last Name Rusmisel		First Name Laura		MI M	Suffix
Title Mngr. Reg.Compliance					
<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 checked="" 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 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>Range Resources - Pine Mountain, Inc.</u>			Phone No. <u>(817) 870-2601</u>		
Address <u>100 Throckmorton Street Suite 1200</u>			Taxpayer ID No. <u>56-2381865</u>		
<u>Fort Worth TX 76102</u>			If corporation, state of incorporation <u>Delaware</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 _____

(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.

Range Resources-Appalachia, LLC
(Print Name of Applicant)

David Poole, SVP - General Counsel; Corporate Secretary
(Print Name & Title of Signatory)

Date MAY 5, 2014


(Signature)

Please call 717-772-2199 with any questions.