

**pennsylvania**
DEPARTMENT OF ENVIRONMENTAL PROTECTIONCOMMONWEALTH 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 Sammy-Mar, LLC		Type of Organization / Code LLC		Federal Tax ID# 46-3013708							
Individual or Partner - Last Name	First Name	MI	Suffix								
Mailing Address 255 Airport Road		<input type="checkbox"/> Check if this is a new address.									
City Indiana	State PA	ZIP+4 15701	Country (If Other Than USA)								
Phone (Daytime) 724-349-7170	Ext.	FAX 724-349-6111	Email Address Dan@Dannicenergy.com								
Person to Contact - Last Name Sinclair	First Name Wesley	MI D	Suffix	Title Manager							
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.											
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. <input checked="" type="checkbox"/> Registration attached <input type="checkbox"/> Authorization to conduct business in PA attached <input type="checkbox"/> Registration previously submitted still active											
If the applicant has NO parent company , check the following box. <input checked="" type="checkbox"/> No parent. 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. <table><tr><td>Name _____</td><td>Phone No. () _____</td></tr><tr><td>Address _____</td><td>Taxpayer ID No. _____</td></tr><tr><td>_____</td><td>If corporation, state of incorporation _____</td></tr></table>						Name _____	Phone No. () _____	Address _____	Taxpayer ID No. _____	_____	If corporation, state of incorporation _____
Name _____	Phone No. () _____										
Address _____	Taxpayer ID No. _____										
_____	If corporation, state of incorporation _____										

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.

Sammy-Mar, LLC

(Print Name of Applicant)

Wesley D Sinclair

(Print Name & Title of Signatory)

(Signature)

Date

Please call 717-772-2199 with any questions.

COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE
BUREAU OF CORPORATIONS AND CHARITABLE ORGANIZATIONS
401 NORTH STREET, ROOM 206
P.O. BOX 8722
HARRISBURG, PA 17105-8722
WWW.CORPORATIONS.STATE.PA.US/CORP

Sammy-Mar, LLC

THE BUREAU OF CORPORATIONS AND CHARITABLE ORGANIZATIONS IS HAPPY TO SEND YOU YOUR FILED DOCUMENT. THE BUREAU IS HERE TO SERVE YOU AND WANTS TO THANK YOU FOR DOING BUSINESS IN PENNSYLVANIA.

IF YOU HAVE ANY QUESTIONS PERTAINING TO THE BUREAU, PLEASE VISIT OUR WEB SITE LOCATED AT WWW.CORPORATIONS.STATE.PA.US/CORP OR PLEASE CALL OUR MAIN INFORMATION TELEPHONE NUMBER (717)787-1057. FOR ADDITIONAL INFORMATION REGARDING BUSINESS AND / OR UCC FILINGS, PLEASE VISIT OUR ONLINE "SEARCHABLE DATABASE" LOCATED ON OUR WEB SITE.

ENTITY NUMBER: 4173366

KABLACK, WAYNE A
834 PHILADELPHIA ST,
INDIANA, PA 15701

PENNSYLVANIA DEPARTMENT OF STATE
BUREAU OF CORPORATIONS AND CHARITABLE ORGANIZATIONS

Certificate of Organization
Domestic Limited Liability Company
(15 Pa.C.S. § 8913)

Name	Wayne A. Kablack, Esquire		
Address	Simpson, Kablack & Rivoecchi, P.C. 834 Philadelphia Street		
City	State	Zip Code	
Indiana	PA	15701	

Document will be returned to the
name and address you enter to
the left.

←

Commonwealth of Pennsylvania
CERTIFICATE OF ORGANIZATION 3 Page(s)



T1307960134

Fee: \$125

In compliance with the requirements of 15 Pa.C.S. § 8913 (relating to certificate of organization), the undersigned
desiring to organize a limited liability company, hereby certifies that:

1. The name of the limited liability company (designator is required, i.e., "company", "limited" or "limited
liability company" or abbreviation):
SAMMY-MAR, LLC

2. The (a) address of the limited liability company's initial registered office in this Commonwealth or (b) name of
its commercial registered office provider and the county of venue is:

(a) Number and Street	City	State	Zip	County
255 Airport Road	Indiana	PA	15701	Indiana

(b) Name of Commercial Registered Office Provider
c/o: County

3. The name and address, including street and number, if any, of each organizer is (all organizers must sign on
page 2):

Name	Address		
Wesley D. Sinclair	255 Airport Road	Indiana, PA 15701	

PA DEPT. OF STATE

MAR 15 2013