U.S. Department of the Interior, Office of Surface Mining Reclamation and Enforcement

Part 1 -- OSM-1
Coal Reclamation Fee Report

1. Reporting for ☐ 1st, ☐ 2nd, ☐ 3rd, or ☐ 4th quarter, 20____.

This certification covers the following permit number(s):

State Permit Number

2. I hereby certify that the statements made herein are true, complete and correct to the best of my knowledge and belief and are made in good faith.

Print in ink or type the name of reporting person, corporate officer, agent or director on behalf of the operator or the permittee signing below.

____________________________________________________________________

Signature       Date

3. Contact name:

Telephone:

Email:

Entity:

4. Amount Due: $_____________________

Credits or Amounts due from previous filings $_____________________

Total Due: $_____________________

Total Payment: $_____________________

Check one: ☐ Electronic funds transfer ☐ Check

5. - Submit a properly notarized copy of the OSM-1 form.

- Sign an unsworn statement:

"I declare under penalty of perjury that the foregoing is true and correct. Executed on _____ day of ________, 20____.”

Notary Public signature       Commission expires:_______

Signature

Title 30 U.S.C. Section 1232 provides that any person, corporate officer, agent or director, on behalf of a coal mine operator who knowingly makes any false statements, representation or certification, or knowingly fails to make any statement, representation or certification required in this section shall, upon conviction, be punished by a fine of not more than $10,000, or by imprisonment for not more than one year or both. Approved by OMB, no.1029-0063. Expires 2/28/2021 Call 1-800-799-4265, Ext 325 if you have any questions
Part 2 -- OSM-1 Coal Reclamation Fee Report, OSM-1

You must fill out a Part 2 and Part 3 for each permit number you are reporting.

6. Reporting for [ ] 1st, [ ] 2nd, [ ] 3rd, or [ ] 4th quarter, 20____

7. Permit Number __________________________ Mine Name __________________________ State ________

<table>
<thead>
<tr>
<th>a. MSHA number</th>
<th>d. Permittee name</th>
<th>g. Operator name</th>
</tr>
</thead>
<tbody>
<tr>
<td>b. County</td>
<td>e. Address</td>
<td>h. Address</td>
</tr>
<tr>
<td>c. Tribe</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

c. TO STOP REPORTING ON THIS PERMIT CHECK THE APPLICABLE BOX BELOW

1. [ ] PMC Auto Mining Complete
   “Mining is complete and all stockpiles have been reported”

2. [ ] RMC Reported Mining Complete
   “We have transferred this permit to another company”

3. [ ] TMC Temporary Mining Complete
   “We have temporarily stopped mining but production is still possible from this permit”

f. Taxpayer I.D. i. Taxpayer I.D.

8. Fee Computation

<table>
<thead>
<tr>
<th>a. Gross tons</th>
<th>b. Moisture</th>
<th>c. Reduced tons</th>
<th>d. Net tons</th>
<th>e. Rate</th>
<th>f. Calculated fee</th>
</tr>
</thead>
</table>

c. Gross tons_______________ . ____ __________
b. Moisture_______________ . ____ __________
c. Reduced tons_______________ . ____ __________
d. Net tons_______________ . ____ __________
e. Rate $ . ______ ______ ______
f. Calculated fee $ . ______ ______ ______

c. Gross tons_______________ . ____ __________
b. Moisture_______________ . ____ __________
c. Reduced tons_______________ . ____ __________
d. Net tons_______________ . ____ __________
e. Rate $ . ______ ______ ______
f. Calculated fee $ . ______ ______ ______

c. Gross tons_______________ . ____ __________
b. Moisture_______________ . ____ __________
c. Reduced tons_______________ . ____ __________
d. Net tons_______________ . ____ __________
e. Rate $ . ______ ______ ______
f. Calculated fee $ . ______ ______ ______

9. Total calculated fee for this permit number $ __________________ . ____ __________
Complete a Part 3 for each permit number you are reporting. This Information is required under section 402(c) of the Abandoned Mine Reclamation Act of 1990.

10. Reporting for □ 1st, □ 2nd, □ 3rd, or □ 4th quarter, 20____

<table>
<thead>
<tr>
<th>Permit Number</th>
<th>Mine Name</th>
<th>State</th>
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<table>
<thead>
<tr>
<th>Mineral Owners</th>
<th>Address</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
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<table>
<thead>
<tr>
<th>Purchasers of Coal</th>
<th>Address</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>Coal Delivered to</th>
<th>Address</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
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</table>

(prep plant, tipple, loading point)

Approved by OMB, no. 1029-0063. Expires 2/28/2021

If you need more space, please attach additional sheets.
If you pay by Check:

- Make your check payable to "Office of Surface Mining"
- Complete the "Payment Deposit Coupon" below to ensure that your account is properly credited
- Mail your check payment along with the "Payment Deposit Coupon" to:
  
  Office of Surface Mining, Reclamation & Enforcement  
P O BOX 979068  
ST LOUIS MO 63197-9000

AML Fees Payment Deposit Coupon

OSM-1 Document Number: __________________________

Entity Number: _________________________________

Entity Name: _________________________________

Year/Quarter: _________________________________

Enter Amount of Payment(s): $ __________________________

Enter Check Number(s): _________________________________

PLEASE INCLUDE THIS COUPON WITH YOUR CHECK TO ENSURE ACCURATE POSTING OF YOUR PAYMENT