POWER OF ATTORNEY AND AGREEMENT FOR COLLATERAL BOND

(Partnership)

KNOW ALL PERSONS BY THESE PRESENTS, that I, the undersigned, of carrying on business in the partnership together under the firm name and style of

__________________________________________,
(Name of Partnership/Permittee)

__________________________________________,
(Street Address, City, State, Zip)
do hereby constitute and appoint ________________________________________________ (Name and official title of Bond-Approving Officer) and his/her successors in office, as attorney of me and each partner, and of our said firm of ____________________________________________ in the name or names and on behalf of us and our said firm, to collect, or to sell, assign and transfer certain securities, certificates of deposit or other instruments described as follows:

__________________________________________,
__________________________________________,
__________________________________________,
__________________________________________,
__________________________________________,
such negotiable securities having been deposited by us, as security for the faithful performance of any and all of the conditions or stipulations of a certain obligation entered into by us with the United States, under date of _______________________, with respect to Permit No. _________, (Date Collateral Bond Signed) which is hereby made a part hereof, and we agree that, in case of any default in the performance of any of the conditions and stipulations of such undertaking, our said attorney shall have full power to collect said securities or any part thereof, or to sell, assign, and transfer said securities or any part thereof without notice, at public or private sale, free from any equity of redemption and without appraisement or valuation, notice and right to redeem being waived, and to apply the proceeds of such sale or collection, in whole or in part, to the satisfaction of any damages, demands, or deficiency arising by reason of such default, as its said attorney may deem best; and the undersigned further agrees that the authority herein granted is irrevocable.

And we hereby for ourselves, our heirs, executors, administrators, and assigns, ratify and confirm whatever our said attorney shall do by virtue of those present.
IN WITNESS WHEREOF, the Obligor has hereunto set its signature this _________ day of ____________________, ______.

By: _____________________________________
(Partnership/Permittee)

By: _____________________________________
(Partner)

ACKNOWLEDGEMENT

On this _____ day of ____________________, ______, before me, a Notary Public in and for the County of ____________________, in the State of ____________________, appeared _______________________________ to me personally known, who being by me duly sworn, did say that he/she is a partner of __________________________, the partnership named in the foregoing instrument, and that he/she, being authorized so to do, executed the foregoing instrument on behalf of said partnership.

IN WITNESS WHEREOF, I have hereunto set my hand and official seal on the day, month, and year aforesaid.

My Commission Expires: _____________________________________
(Notary Public in aforesaid County and State)

NOTE: Securities must be described by issuing institution, title, date of maturity, rate of interest, denomination, serial number, and whether coupon or registered.

Paperwork Reduction Act Notice

We use the information required by this form to ensure that the requirements for a collateral bond under 30 CFR 800.21 have been met. You must provide the requested information to obtain a benefit (a collateral bond). Under 30 CFR 842.16, the information collected is a matter of public record.

The time needed to complete this form and related forms and submit the requested information will vary depending on individual circumstances. We estimate that the average time will be 10.5 hours per response. This number includes the time spent reviewing instructions, learning about the regulations, gathering and maintaining information, and completing and reviewing the forms. If you have comments concerning the accuracy of this estimate or suggestions for simplifying the forms or instructions, you may write to the Information Collection Clearance Officer, Office of Surface Mining Reclamation and Enforcement, 1849 C Street, NW, Room 4559, Washington, DC 20240.

Under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501 et seq.), you are not required to respond to, nor will you be subject to a penalty for a failure to comply with, a collection of information unless it displays a currently valid OMB control number.

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