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

____________________________________________________________________

Contact name:  Telephone:  Email:  Entity:

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. - Submit a properly notarized copy of the OSM-1 form-
Subscribed and sworn to before me in my presence the ______ day of __________, 20____.

Notary Public signature  Commission expires: ________

4. - Sign an unsworn statement-
“I declare under penalty of perjury that the foregoing is true and correct. Executed on _____ day of __________, 20____.”

Signatures

Amount Due: $_______________.____

Credits or Amounts due from previous filings $_______________.____

Total Due: $_______________.____

Total Payment: $_______________.____

Check one: □ Electronic funds transfer  □ Check

5. OR

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 2/28/2027 Call 1-800-799-4265 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>Tribe</td>
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<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>
<tbody>
<tr>
<td>_____________</td>
<td>__________</td>
<td>_______________</td>
<td>__________</td>
<td>______</td>
<td>_______________</td>
</tr>
<tr>
<td>b. Moisture</td>
<td>%</td>
<td>%</td>
<td>%</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>1. Total</td>
<td>__________</td>
<td>_____________</td>
<td>__________</td>
<td>______</td>
<td>_______________</td>
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<tr>
<td>2. Inherent</td>
<td>__________</td>
<td>_____________</td>
<td>__________</td>
<td>______</td>
<td>_______________</td>
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<tr>
<td>3. Excess</td>
<td>__________</td>
<td>_____________</td>
<td>__________</td>
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9. Total calculated fee for this permit number $ ___________ · ___
Part 3 -- OSM-1 Coal Reclamation Fee Report, OSM-1

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>Permits Number</th>
<th>Mine Name</th>
<th>State</th>
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11. Permit Number _______________________ Mine Name ____________________________________________ State ________

12. Mineral Owners | Address | City | State | Zip |
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13. Purchasers of Coal | Address | City | State | Zip |
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14. Coal Delivered to | Address | City | State | Zip |
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(prep plant, tipple, loading point)

Approved by OMB, no. 1029-0063. Expires 2/28/2027

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

- If you previously made payments to the lockbox for one or more mines less than $500, you may
  either elect to make payments via electronic fund transfer, as listed above, or you should update
  the payment mailing address to:

  Office of Surface Mining, Reclamation & Enforcement
  P O BOX 25065
  Lakewood, CO 80225

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

Paperwork Reduction Act Statement
This information is being collected to comply with the regulatory requirements of 30 CFR 870.15(b) which requires each operator to use mine report OSM-1 form (and Amended OSM-1 form as needed) to report the coal tonnage sold, used or ownership transferred during the applicable calendar quarter. Response to this request is mandatory in accordance with Section 402(a) of the Surface Mining Control and Reclamation Act of 1977, 30 USC 1232.

Burden Estimate
Public reporting burden for the OSM-1 form based on one permit is 4 minutes to complete the electronic form and 7 minutes to complete the paper form. The burden estimates include the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the form. Approved by OMB, no.1029-0063. Expires 2/28/2027