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-
   Subscribed and sworn to before me in my presence the ______ day
   of __________, 20____.

   Notary Public signature
   __________________________
   Commission expires: ________

   OR

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

   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 2/29/2024 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 ______
   a. MSHA number  d. Permittee name  g. Operator name
   b. County    Tribe  e. Address  h. Address
   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

      1. Total  _______  b. Total  _______  c. Total  _______
      1. %  _______  b. %  _______  c. %  _______
   2. Inherent  _______  2. Inherent  _______  2. Inherent  _______
      2. %  _______  2. %  _______  2. %  _______
      3. %  _______  3. %  _______  3. %  _______
   c. Reduced tons  ____________  d. Reduced tons  ____________  e. Reduced tons  ____________
   d. Net tons  ____________  e. Net tons  ____________  f. Net tons  ____________
   f. Rate  $. _______  g. Rate  $. _______  h. Rate  $. _______
   f. Calculated fee  $__________  g. Calculated fee  $__________  h. Calculated fee  $__________

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___

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<tr>
<th>Permit Number</th>
<th>Mine Name</th>
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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 2/29/2024

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