Amended OSM-1 Coal Reclamation Fee Report

Use this form to change an OSM-1 report already submitted. Send this form with any supporting documentation along with a check or wire transfer for applicable fees to: Office of Surface Mining Reclamation and Enforcement, P.O. Box 979068, St. Louis, MO 63197-9000

1. 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.

<table>
<thead>
<tr>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
</table>

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

<table>
<thead>
<tr>
<th>Entity Number</th>
<th>Permit</th>
<th>MSHA Number</th>
<th>Mine Name</th>
<th>State</th>
<th>Contact Name</th>
<th>Telephone Number</th>
</tr>
</thead>
</table>

3. Block A
   Enter originally reported tonnage below:
   
   a. Gross Tons ________
   b. Moisture
      (1) Total _______%
      (2) Inherent _______%
      (3) Excess _______%
   c. Reduced Tons ________
   d. Net Tons ________
   e. Rate $__________
   f. Calculated Fee $__________

   Block B
   Enter amended tonnage below:
   
   a. Gross Tons ________
   b. Moisture
      (1) Total _______%
      (2) Inherent _______%
      (3) Excess _______%
   c. Reduced Tons ________
   d. Net Tons ________
   e. Rate $__________
   f. Calculated Fee $__________

   Block C
   Enter the difference between A and B below:
   
   a. Gross Tons ________
   b. Moisture
      (1) Total _______%
      (2) Inherent _______%
      (3) Excess _______%
   c. Reduced Tons ________
   d. Net Tons ________
   e. Rate $__________
   f. Calculated Fee $__________

   - Submit a properly notarized copy of the OSM-1 form
   - Sign an unsworn statement

   OR

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

   Notary Public signature  Commission expires:_______

   Signature

4. Please explain the changes to your original filing on the back of this form.

Approved by OMB, no. 1029-0063. Expires 2/29/2024