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Certificate of Insurance

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THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES LISTED BELOW.

NAME AND ADDRESS OF AGENCY

Alexander & Alexander, Inc.
200 Charlois Boulevard
P. O. Box 2896
Winston-Salem, North Carolina 27102

NAME AND ADDRESS OF INSURED

Valley Camp of Utah, Inc.
Scofield Route
Helper, Utah 84526

COMPANIES AFFORDING COVERAGES

JIM

MAR 30 1984

COMPANY LETTER A	The Home Insurance Company
COMPANY LETTER B	U. S. Fire Insurance Company
COMPANY LETTER C	First State Insurance Company
COMPANY LETTER D	
COMPANY LETTER E	

This is to certify that policies of insurance listed below have been issued to the insured named above and are in force at this time. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate may be issued or may pertain, the insurance afforded by the policies described herein is subject to all the terms, exclusions and conditions of such policies.

COMPANY LETTER	TYPE OF INSURANCE	POLICY NUMBER	POLICY EXPIRATION DATE	Limits of Liability in Thousands (000)	EACH OCCURRENCE	AGGREGATE
A	GENERAL LIABILITY [X] COMPREHENSIVE FORM [X] PREMISES OPERATIONS [X] EXPLOSION AND COLLAPSE HAZARD [X] UNDERGROUND HAZARD [X] PRODUCTS/COMPLETED OPERATIONS HAZARD [X] CONTRACTUAL INSURANCE [X] BROAD FORM PROPERTY DAMAGE [X] INDEPENDENT CONTRACTORS [X] PERSONAL INJURY	GL994215	04/01/85	BODILY INJURY	$	$
				PROPERTY DAMAGE	$	$
				BODILY INJURY AND PROPERTY DAMAGE COMBINED	$ 1,000	$ 1,000
				PERSONAL INJURY		$ 1,000
A	AUTOMOBILE LIABILITY [X] COMPREHENSIVE FORM [X] OWNED [X] HIRED [X] NON OWNED	"All States" - BA991399 Texas - GA996828	04/01/85	BODILY INJURY (EACH PERSON)	$	
				BODILY INJURY (EACH OCCURRENCE)	$	
				PROPERTY DAMAGE	$	
				BODILY INJURY AND PROPERTY DAMAGE COMBINED	$ 1,000	
B C	EXCESS LIABILITY [X] UMBRELLA FORM [ ] OTHER THAN UMBRELLA FORM	523311965 917363	04/01/85	BODILY INJURY AND PROPERTY DAMAGE COMBINED	$ 1,000	$ 1,000
A	WORKERS' COMPENSATION and EMPLOYERS' LIABILITY	"All States" - WC998730 NJ & CA - WC1295232*	04/01/85	STATUTORY		
					$ 1,000	(EACH ACCIDENT)
	OTHER					

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES

All operations/Locations/Vehicles

Cancellation: Should any of the above described policies be cancelled or materially changed before the expiration date thereof, the issuing company will ~~XXXXXXXXX~~ mail 30 days written notice to the below named certificate holder, but failure to mail such notice shall impose no obligation or liability of any kind upon the company.

*Statutory requirements in some states will require replacement of these policy numbers.

NAME AND ADDRESS OF CERTIFICATE HOLDER

Division of Oil, Gas, and Mining
Department of Natural Resources
4241 State Office Building
Salt Lake City, Utah 84114
ATTN: Mr. Ron Daniels

DATE ISSUED April 1, 1984

John W. Hunt
AUTHORIZED REPRESENTATIVE

ALEXANDER & ALEXANDER, INC.

ACORD 25 (Ed. 12-83)