

2000 ANNUAL REPORT	White Oak #1 Mine and White Oak #2 Mine	C/007/001	Page 1
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### GENERAL INFORMATION

1. Permit Number	C/007/001
2. Mine Name	White Oak #1 Mine and White Oak #2 Mine
3. Permittee Name	Lodestar Energy, Inc.
4. Operator Name (if other than Permittee)	
5. Permit Expiration Date	August 24, 2004
6. Permit Number	C/007/001
7. Company Representative, Title	David B. Miller, Business Manager
8. Phone Number	(435)448-9455
9. Fax Number	(435)448-9456
10. E-mail Address	<a href="mailto:dave.miller@lodestareng.com">dave.miller@lodestareng.com</a> or <a href="mailto:millerdbnrj1@qwest.net">millerdbnrj1@qwest.net</a>
11. Mailing Address	HC35 Box 370
	Helper, UT 84526
12. Resident Agent, Title	David B. Miller, Business Manager
13. Mailing Address	HC35 Box 370
	Helper, UT 84526
14. Number of Binders Submitted	2 copies (1 binder each)

### IDENTIFICATION OF OTHER PERMITS

Identify other permits which are required in conjunction with mining and reclamation activities.

Permit Type	ID Number	Description	Expires on
1. MSHA Mine ID(s)	42-01279	White Oak Mine #1 (Sealed)	N/A
	42-01280	White Oak Mine #2 and Loadout	N/A
2. MSHA Impoundment(s)		None	

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3. NPDES/UPDES Permit(s) (water)	UT0022985	Sediment Pond 001		2003	
	UT0022985	Sediment Pond 002		2003	
	UT0022985	Sediment Pond 003		2003	
	UT0022985	Sediment Pond 004		2003	
	UT0022985	Concrete Sediment Pond 005		2003	
4. PSD (Air ) Permit(s)	DAQE960-96	Approval Order		N/A	
5.					
6.					

### CERTIFIED REPORTS

List the certified inspection reports as required by the rules and under the approved plan which must be periodically submitted to the Division. Specify whether the information is included as APPENDIX A to this Annual Report or currently ON FILE with the Division.

Certified Reports:	Reports Required?		INCLUDED or ON FILE w/DOGM?		Comments
	YES	NO	Included	ON FILE	
1. Excess Spoil Piles	X		X		
2. Refuse Piles		X			
3. Impoundments		X			
4.					
5.					

### REPORTING OF OTHER TECHNICAL DATA

List other technical data and information as required under the approved plan which must be periodically submitted to the Division. Specify whether the information is included as APPENDIX B to this Annual Report or currently ON FILE with the Division.

Technical Data:	Reports Required?		INCLUDED or ON FILE w/DOGM?		Comments
	YES	NO	Included	ON FILE	
1. Climatological Data		X			
2. Subsidence Monitoring Data	X		X		
3. Vegetation Monitoring Data		X			
4. Raptor Survey		X			Survey new areas of planned subsidence or surface disturbance.
5. Soils Monitoring Data		X			
6. Water Monitoring Data	X			X	

<b>2000 ANNUAL REPORT</b>		<b>White Oak #1 Mine and White Oak #2 Mine</b>			<b>C/007/001</b>	<b>Page 3</b>
First Quarter Report	X			X		
Second Quarter Report	X			X		
Third Quarter Report	X			X		
Fourth Quarter Report	X			X		
7. Geological/Geophysical Data		X				
8. Engineering Data	X		X			Mining in 160 acre tract was discontinued in May '00 due to poor quality and conditions. Only 10 pillars were developed into this lease area on 90 x 90 centers
9. Other Data						

**LEGAL, FINANCIAL, COMPLIANCE AND RELATED INFORMATION**

Changes in administration or corporate structure can often bring about necessary changes to information found in the mining and reclamation plan. The Division is requesting that each permittee review and update the legal, financial, compliance and related information in the plan as part of the Annual Report. Provide the Department of Commerce, Annual Report of Officers, or other equivalent information as necessary to ensure that the information provided in the plan is current. Provide any other changes as necessary regarding land ownership, lease acquisitions, legal results from appeals of violations, or other changes as necessary to update information required in the mining and reclamation plan. Include any certified financial statements, audits or worksheets which may be required to meet bonding requirements. Specify whether the information is currently ON FILE with the Division or included as APPENDIX C to this Annual Report.

Legal/Financial Data:	Report Required?		INCLUDED or ON FILE w/DOGM?		Comments
	YES	NO	Included	ON FILE	
1. Department of Commerce, Annual Report of Officers		X	X		
2. Other					

**MINE MAPS**

Copies of mine maps, current and up-to-date through at least December 31, 1998, are to be provided to the Division as APPENDIX D to this Annual Report in accordance with the requirements of R645-301-525.270. These map copies shall be made in accordance with 30 CFR 75.1200, as required by MSHA. Upon request, mine maps shall be kept confidential by the Division.

Map Number(s)	Map Title / Description	Confidential?
	White Oak #2 Mine, End of Year Map	Yes



# APPENDIX A

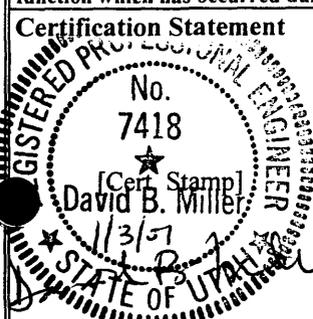
## Certified Reports

Excess Spoil Piles  
Refuse Piles  
Impoundments

as required under R645-301-514

## CONTENTS

Spoil Pile Reports  
Sedimentation Pond Reports

<b>ANNUAL INSPECTION AND CERTIFIED REPORT ON EXCESS SPOIL PILE OR REFUSE PILE</b>		<b>Page 1 of 1</b>	
<b>Permit Number</b>	C/007/001	<b>Report Date</b>	12-27-00
<b>Mine Name</b>	White Oak Mine		
<b>Company Name</b>	Lodestar Energy, Inc.		
<b>Excess Spoil Pile or Refuse Pile Identification</b>	<b>Pile Name</b>		
<b>Inspection Date</b>	10-25-00		
<b>Inspected By</b>	David Miller		
<b>Reason for Inspection</b> (Annual, Quarterly or Other Periodic Inspection, Critical Installation, or Completion of Construction)		Annual	
		<b>Attachments to Report?</b> <input type="checkbox"/> NO	
<b>Field Evaluation</b>			
1. <b>Foundation preparation, including the removal of all organic material and topsoil.</b> No placement of material 4th quarter. No foundation work done.			
2. <b>Placement of underdrains and protective filter systems.</b> No placement of material 4th quarter.			
3. <b>Installation of final surface drainage systems.</b> No placement of material 4th quarter. No new drainage structures constructed. The ditches associated with the spoil pile drain to Pond 004 and are in good shape.			
4. <b>Placement and compaction of fill materials.</b> No placement of material 4th quarter. The area appears stable. There was no movement of material noted during the inspection. No erosion is occurring on the slopes.			
5. <b>Final grading and revegetation of fill.</b> No placement of material 4th quarter. No revegetation was done during the year. Natural revegetation is growing well.			
6. <b>Appearances of instability, structural weakness, and other hazardous conditions.</b> No instability, structural weakness or other hazardous conditions were found during the inspection.			
7. <b>Other Comments. Describe any changes in the geometry of the Excess Spoil/Refuse Pile structure, instrumentation, average and maximum lifts of materials placed in the pile, elevations of active benches, total and remaining storage capacity of the structure, evidence of fires in the pile and abatement of such fires, volumes of materials placed in the structure during the year, and any other aspect of the structure affecting its stability or function which has occurred during the reporting period.</b>			
<b>Certification Statement</b>		I hereby certify that; I am experienced in the construction of earth and rock fills; I am qualified and authorized in the State of Utah to inspect and certify the condition and appearance of earth and rock fills in accordance with the certified and approved designs for this structure; that the fill structure has been maintained in accordance with approved design and meet or exceed the minimum design requirements under all applicable federal, state and local regulations; and, that inspections and inspection reports are made by myself and include any appearances of instability, structural weakness or other hazardous conditions of the structure affecting stability.	
		<b>By: David B. Miller; Business Manager</b> (Full Name and Title) <b>Signature:</b> <u>David B. Miller</u> <b>Date:</b> <u>1-3-01</u> <b>P.E. Number &amp; State:</b> <u>7418 - Utah</u>	

**QUARTERLY INSPECTION AND CERTIFIED REPORT  
ON EXCESS SPOIL PILE OR REFUSE PILE**

Page 1 of 1

Permit Number	ACT/007/001	Report Date	9-29-00
Mine Name	White Oak Mine		
Company Name	Lodestar Energy, Inc.		
Excess Spoil Pile or Refuse Pile Identification	Pile Name		
Inspection Date	9 -29 - 00		
Inspected By	John Walters		
Reason for Inspection (Annual, Quarterly or Other Periodic Inspection, Critical Installation, or Completion of Construction)	Quarterly		
QUARTERLY	Attachments to Report? - NO		

**Field Evaluation**

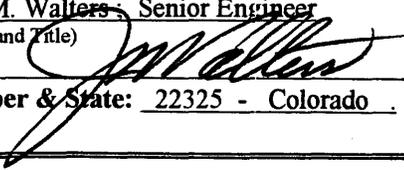
- 1. Foundation preparation, including the removal of all organic material and topsoil.**  
No placement of material this quarter. No foundation work done.
- 2. Placement of underdrains and protective filter systems.**  
No placement of material this quarter.
- 3. Installation of final surface drainage systems.**  
No placement of material this quarter. No new drainage structures constructed. The ditches associated with the spoil pile drain to Pond 004 and are in good shape.
- 4. Placement and compaction of fill materials.**  
No placement of material this quarter. The area appears stable. There was no movement of material noted during the inspection. No erosion is occurring on the slopes.
- 5. Final grading and revegetation of fill.**  
No placement of material this quarter. No revegetation was done during the quarter. Natural revegetation is growing well.
- 6. Appearances of instability, structural weakness, and other hazardous conditions.**  
No instability, structural weakness or other hazardous conditions were found during the inspection.
- 7. Other Comments. Describe any changes in the geometry of the Excess Spoil/Refuse Pile structure, instrumentation, average and maximum lifts of materials placed in the pile, elevations of active benches, total and remaining storage capacity of the structure, evidence of fires in the pile and abatement of such fires, volumes of materials placed in the structure during the year, and any other aspect of the structure affecting its stability or function which has occurred during the reporting period.**

**Certification Statement**

I hereby certify that; I am experienced in the construction of earth and rock fills; I am qualified and authorized in the State of Utah to inspect and certify the condition and appearance of earth and rock fills in accordance with the certified and approved designs for this structure; that the fill structure has been maintained in accordance with approved design and meet or exceed the minimum design requirements under all applicable federal, state and local regulations; and, that inspections and inspection reports are made by myself and include any appearances of instability, structural weakness or other hazardous conditions of the structure affecting stability.

[Cert. Stamp]

By: John M. Walters - Senior Engineer  
(Full Name and Title)

Signature:   
P. E. Number & State: 22325 - Colorado

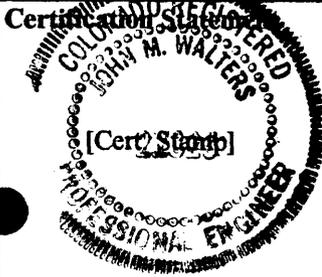
Date: 9 - 29 - 00

**QUARTERLY INSPECTION AND CERTIFIED REPORT  
ON EXCESS SPOIL PILE OR REFUSE PILE**

Permit Number	ACT/007/001	Report Date	7-3-00
Mine Name	White Oak Mine		
Company Name	Lodestar Energy, Inc.		
Excess Spoil Pile or Refuse Pile Identification	Pile Name		
Inspection Date	6-30-00		
Inspected By	John Walters		
Reason for Inspection (Annual, Quarterly or Other Periodic Inspection, Critical Installation, or Completion of Construction)	Quarterly		
	Attachments to Report? - NO		

**Field Evaluation**

- 1. Foundation preparation, including the removal of all organic material and topsoil.**  
No placement of material this quarter. No foundation work done.
- 2. Placement of underdrains and protective filter systems.**  
No placement of material this quarter.
- 3. Installation of final surface drainage systems.**  
No placement of material this quarter. No new drainage structures constructed. The ditches associated with the spoil pile drain to Pond 004 and are in good shape.
- 4. Placement and compaction of fill materials.**  
No placement of material this quarter. The area appears stable. There was no movement of material noted during the inspection. No erosion is occurring on the slopes.
- 5. Final grading and revegetation of fill.**  
No placement of material this quarter. No revegetation was done during the quarter. Natural revegetation is growing well.
- 6. Appearances of instability, structural weakness, and other hazardous conditions.**  
No instability, structural weakness or other hazardous conditions were found during the inspection.
- 7. Other Comments. Describe any changes in the geometry of the Excess Spoil/Refuse Pile structure, instrumentation, average and maximum lifts of materials placed in the pile, elevations of active benches, total and remaining storage capacity of the structure, evidence of fires in the pile and abatement of such fires, volumes of materials placed in the structure during the year, and any other aspect of the structure affecting its stability or function which has occurred during the reporting period.**



I hereby certify that; I am experienced in the construction of earth and rock fills; I am qualified and authorized in the State of Utah to inspect and certify the condition and appearance of earth and rock fills in accordance with the certified and approved designs for this structure; that the fill structure has been maintained in accordance with approved design and meet or exceed the minimum design requirements under all applicable federal, state and local regulations; and, that inspections and inspection reports are made by myself and include any appearances of instability, structural weakness or other hazardous conditions of the structure affecting stability.

By: John M. Walters : Senior Engineer  
(Full Name and Title)

Signature: *John M. Walters* Date: 7-3-00

P.E. Number & State: 22325 - Colorado

Permit Number	ACT/007/020	Report Date	3/28/00
Mine Name	White Oak		
Company Name	Lodestar Energy, Inc.		
Excess Spoil Pile or Refuse Pile Identification	File Name	-	
	File Number	-	
	MSHA ID Number	-	
Inspection Date	3/24/00		
Inspected By	Layne D. Jensen, P.E.		

Reason for Inspection (Annual, Quarterly or Other Periodic Inspection, Critical Installation, or Completion of Construction)	Quarterly
	Attachments to Report? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

**Field Evaluation**

1.     **Foundation preparation, including the removal of all organic material and topsoil.**  
No organic matter associated with the pile.
2.     **Placement of underdrains and protective filter systems.**  
N/A
3.     **Installation of final surface drainage systems.**  
Ditches associated with pile drain to Pond 004.
4.     **Placement and compaction of fill materials.**  
The storage area appears stable, although the pile was completely covered with snow. I observed no hazardous conditions.
5.     **Final grading and revegetation of fill.**  
Natural revegetation has begun.
6.     **Appearances of instability, structural weakness, and other hazardous conditions.**  
See #4.

7. Other Comments. Describe any changes in the geometry of the Excess Spoil/Refuse Pile structure, instrumentation, average and maximum lifts of materials placed in the pile, elevations of active benches, total and remaining storage capacity of the structure, evidence of fires in the pile and abatement of such fires, volumes of materials placed in the structure during the year, and any other aspect of the structure affecting its stability or function which has occurred during the reporting period.

N/A

**Certification Statement**

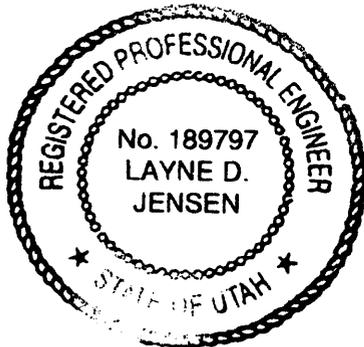
I hereby certify that; I am experienced in the construction of earth and rock fills; I am qualified and authorized in the State of Utah to inspect and certify the condition and appearance of earth and rock fills in accordance with the certified and approved designs for this structure; that the fill structure has been maintained in accordance with approved design and meet or exceed the minimum design requirements under all applicable federal, state and local regulations; and, that inspections and inspection reports are made by myself and include any appearances of instability, structural weakness or other hazardous conditions of the structure affecting stability.

[Cert. Stamp]

By: Layne D. Jensen, P.E. Environmental Engineer  
(Full Name and Title)

Signature: Layne D. Jensen Date: 3-28-00

P.E. Number & State: 189797 UTAH



<b>IMPOUNDMENT INSPECTION AND CERTIFIED REPORT</b>		<b>Page 1 of 1</b>
Permit Number	C/007/001	Report Date: 12-27-00
Mine Name	White Oak	
Company Name	Lodestar Energy, Inc	
Impoundment Identification	Impoundment Number	001
	UPDES Permit Number	UTG040021

**IMPOUNDMENT INSPECTION**

Inspection Date	10-23-00
Inspected By	David Miller
Reason for Inspection <small>(Annual, Quarterly or Other Periodic Inspection, Critical Installation, or Completion of Construction)</small>	Annual Inspection

1. Describe any appearance of any instability, structural weakness, or any other hazardous condition.  
 No signs of instability were noted in this incised pond. There are no signs of slumping in the pond or on the embankment.

Required for an impoundment which functions as a SEDIMENTATION POND.

2. Sediment storage capacity, including elevation of 60% and 100% sediment storage volumes, and, estimated average elevation of existing sediment.  
 60% Sediment Storage – 7809.3  
 100 % Sediment Storage – 7816.1  
 Water level is 9.5 feet below the primary spillway invert. (7806.6)

3. Principle and emergency spillway elevations.  
 Principle Spillway – 7816.10 Feet  
 Emergency Spillway – 7818.8 Feet

4. Field Information  
 All embankments were well vegetated and stable. No evidence of discharge seen during the inspection. Evidence of wildlife around pond.



<b>IMPOUNDMENT INSPECTION AND CERTIFIED REPORT</b>		<b>Page 1 of 1</b>
Permit Number	C/007/001	Report Date: 12-27-00
Mine Name	White Oak	
Company Name	Lodestar Energy, Inc	
Impoundment Identification	Impoundment Number	002
	UPDES Permit Number	UTG040021

**IMPOUNDMENT INSPECTION**

Inspection Date	10-23-00
Inspected By	David Miller
Reason for Inspection (Annual, Quarterly or Other Periodic Inspection, Critical Installation, or Completion of Construction)	Annual Inspection

1. Describe any appearance of any instability, structural weakness, or any other hazardous condition.  
 No signs of instability were noted in this incised pond. There are no signs of slumping in the pond or on the embankment. The rip-rap protection on the embankment next to the creek was intact. No hazardous conditions were noted.

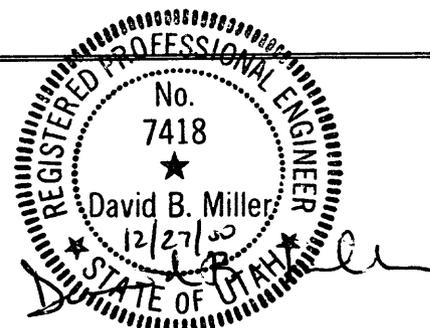
Required for an impoundment which functions as a SEDIMENTATION POND.	2. Sediment storage capacity, including elevation of 60% and 100% sediment storage volumes, and, estimated average elevation of existing sediment.  60% Sediment Storage – 7827.6 100 % Sediment Storage – 7835.4 Water level is 3.4 feet below the primary spillway invert. (7832.0 )
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3. Principle and emergency spillway elevations. Principle Spillway – 7835.4 Feet Emergency Spillway – 7836.3 Feet
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4. Field Information All embankments were well vegetated and stable. No evidence of discharge seen during the inspection. Evidence of wildlife around pond. Water in the pond prevented direct observation of the sediment level. NO water was being discharged.
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IMPOUNDMENT INSPECTION AND CERTIFIED REPORT		Page 1 of 1
Permit Number	C/007/001	Report Date: 12-27-00
Mine Name	White Oak	
Company Name	Lodestar Energy, Inc	
Impoundment Identification	Impoundment Number	003
	UPDES Permit Number	UTG040021
<b>IMPOUNDMENT INSPECTION</b>		
Inspection Date	10-23-00	
Inspected By	David Miller	
Reason for Inspection (Annual, Quarterly or Other Periodic Inspection, Critical Installation, or Completion of Construction)	Annual Inspection	
<p>1. Describe any appearance of any instability, structural weakness, or any other hazardous condition. No signs of instability were noted at this pond. There were no signs of slumping in the pond or on the embankment. No hazardous conditions were noted.</p>		
Required for an impoundment which functions as a SEDIMENTATION POND.	<p>2. Sediment storage capacity, including elevation of 60% and 100% sediment storage volumes, and, estimated average elevation of existing sediment. 60% Sediment Storage – 7858.2 100 % Sediment Storage – 7863.2 Sediment level is 5.4 feet below the primary spillway invert. (7857.8)</p>	
	<p>3. Principle and emergency spillway elevations. Principle Spillway – 7863.2 Feet Emergency Spillway – 7865.5 Feet</p>	
	<p>4. Field Information All embankments were well vegetated and stable. No evidence of discharge seen during the inspection. Evidence of wildlife around pond. There were only a few damp spots in the bottom of the pond. NO water was being discharged. Discharge culverts were clear and showed no sign of recent flows. No leaks through the embankment were observed.</p>	



<b>IMPOUNDMENT INSPECTION AND CERTIFIED REPORT</b>		<b>Page 1 of 1</b>
Permit Number	C/007/001	Report Date: 12-27-00
Mine Name	White Oak	
Company Name	Lodestar Energy, Inc	
Impoundment Identification	Impoundment Number	004
	UPDES Permit Number	UTG040021

**IMPOUNDMENT INSPECTION**

Inspection Date	10-23-00
Inspected By	David Miller
Reason for Inspection (Annual, Quarterly or Other Periodic Inspection, Critical Installation, or Completion of Construction)	Annual Inspection

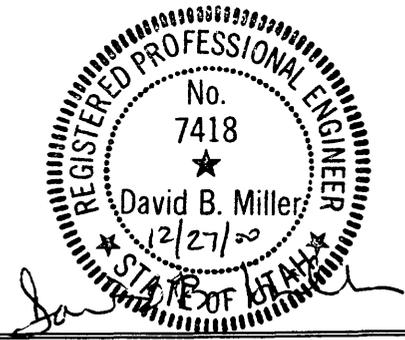
1. Describe any appearance of any instability, structural weakness, or any other hazardous condition.  
 No signs of instability were noted at this pond. There were no signs of slumping in the pond or on the embankment. No hazardous conditions were noted.

Required for an impoundment which functions as a SEDIMENTATION POND.

2. Sediment storage capacity, including elevation of 60% and 100% sediment storage volumes, and, estimated average elevation of existing sediment.  
 60% Sediment Storage – 8868.86  
 100 % Sediment Storage – 8874.43  
 Available sediment storage : Small delta of sediment at inlet to pond.  
 The water was clear and depth through balance of pond appears adequate.

3. Principle and emergency spillway elevations.  
 Principle Spillway – 8874.93Feet  
 Emergency Spillway – 8876 Feet

4. Field Information  
 The pond was not discharging at the time of inspection. No instability was noted on the downstream embankment. Evidence of wildlife around pond. The pond was cleaned two years ago. Trash that had blown off of the dumpsters located above the pond has been cleaned up throughout the quarter.



<b>IMPOUNDMENT INSPECTION AND CERTIFIED REPORT</b>		<b>Page 1 of 1</b>
Permit Number	C/007/001	Report Date: 12-27-00
Mine Name	White Oak	
Company Name	Lodestar Energy, Inc	
Impoundment Identification	Impoundment Number	005
	UPDES Permit Number	UTG040021

**IMPOUNDMENT INSPECTION**

Inspection Date	10-23-00
Inspected By	David Miller
Reason for Inspection (Annual, Quarterly or Other Periodic Inspection, Critical Installation, or Completion of Construction)	Annual Inspection

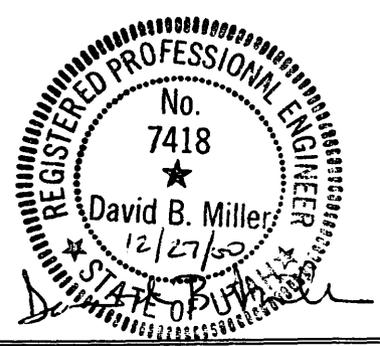
**1. Describe any appearance of any instability, structural weakness, or any other hazardous condition.**  
 Concrete pond structure. No longer in use no water has been pumped from underground to this structure during 2000 and there has been no discharge of this pond in 2000.

**Required for an impoundment which functions as a SEDIMENTATION POND.**

**2. Sediment storage capacity, including elevation of 60% and 100% sediment storage volumes, and, estimated average elevation of existing sediment.**  
 60% Sediment Storage –  
 100 % Sediment Storage –

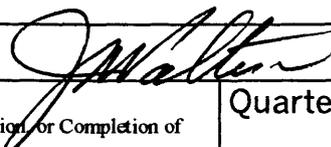
**3. Principle and emergency spillway elevations.**  
 Principle Spillway –  
 Emergency Spillway –

**4. Field Information**  
 No longer in use. Structure is still in good shape. Water has been left standing in this pond for at least a year and six months. The structure could be reactivated if necessary.



<b>IMPOUNDMENT INSPECTION AND CERTIFIED REPORT</b>		<b>Page 1 of 1</b>	
Permit Number	ACT 007/001	Report Date:	9-29-00
Mine Name	White Oak		
Company Name	Lodestar Energy, Inc		
Impoundment Identification	Impoundment Number	001	
	UPDES Permit Number	UTG040021	

**IMPOUNDMENT INSPECTION**

Inspection Date	9-29-00		
Inspected By	John Walters 		
Reason for Inspection <small>(Annual, Quarterly or Other Periodic Inspection, Critical Installation or Completion of Construction)</small>	Quarterly Inspection		

1. Describe any appearance of any instability, structural weakness, or any other hazardous condition.  
 No signs of instability noted in this incised pond. There is no evidence of slumping in the pond or on the embankment.

Required for an impoundment which functions as a SEDIMENTATION POND.

2. Sediment storage capacity, including elevation of 60% and 100% sediment storage volumes, and, estimated average elevation of existing sediment.

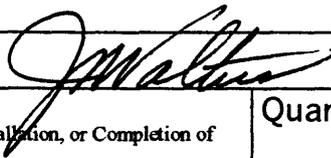
60% Sediment Storage – 7809.3  
 100 % Sediment Storage – 7816.1  
 Water level is 8.9 feet below the primary spillway invert. (7807.2)

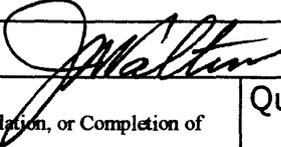
3. Principle and emergency spillway elevations.

Principle Spillway – 7816.10 Feet  
 Emergency Spillway – 7818.8 Feet

4. Field Information

All embankments were well vegetated and stable. No evidence of discharge seen during the inspection. Evidence of wildlife around pond. There were some minor soil damage grazing evident from sheep driven through the area.

IMPOUNDMENT INSPECTION AND CERTIFIED REPORT		Page 1 of 1
Permit Number	ACT 007/001	Report Date: 9-29 -00
Mine Name	White Oak	
Company Name	Lodestar Energy, Inc	
Impoundment Identification	Impoundment Number	003
	UPDES Permit Number	UTG040021
<b>IMPOUNDMENT INSPECTION</b>		
Inspection Date	9 - 29 -00	
Inspected By	John Walters 	
Reason for Inspection <small>(Annual, Quarterly or Other Periodic Inspection, Critical Installation, or Completion of Construction)</small>	Quarterly Inspection	
<p><b>1. Describe any appearance of any instability, structural weakness, or any other hazardous condition.</b>            No signs of instability noted at this pond. There is no evidence of slumping in the pond or on the embankment. No hazardous conditions were noted.</p>		
<b>Required for an impoundment which functions as a SEDIMENTATION POND.</b>	<p><b>2. Sediment storage capacity, including elevation of 60% and 100% sediment storage volumes, and, estimated average elevation of existing sediment.</b>            60% Sediment Storage – 7858.2            100 % Sediment Storage – 7863.2            Sediment level is 5.4 feet below the primary spillway invert. (7857.8)</p>	
	<p><b>3. Principle and emergency spillway elevations.</b>            Principle Spillway – 7863.2 Feet            Emergency Spillway – 7865.5 Feet</p>	
	<p><b>4. Field Information</b>            All embankments were well vegetated and stable. No evidence of discharge seen during the inspection. Evidence of wildlife around pond. There were only a few damp spots in the bottom of the pond. NO water was being discharged. Discharge culverts were clear and showed no sign of recent flows. The areas that had leaked water through the embankment about three years ago were dry and showed no evidence that there had been recent leaks.</p>	

IMPOUNDMENT INSPECTION AND CERTIFIED REPORT		Page 1 of 1
Permit Number	ACT 007/001	Report Date: 9-29-00
Mine Name	White Oak	
Company Name	Lodestar Energy, Inc	
Impoundment Identification	Impoundment Number	004
	UPDES Permit Number	UTG040021
<b>IMPOUNDMENT INSPECTION</b>		
Inspection Date	9-29-00	
Inspected By	John Walters 	
Reason for Inspection (Annual, Quarterly or Other Periodic Inspection, Critical Installation, or Completion of Construction)	Quarterly Inspection	
<p>1. Describe any appearance of any instability, structural weakness, or any other hazardous condition.</p> <p>No signs of instability noted at this pond. There is no evidence of slumping in the pond or on the embankment. No hazardous conditions were noted.</p>		
Required for an impoundment which functions as a SEDIMENTATION POND.	<p>2. Sediment storage capacity, including elevation of 60% and 100% sediment storage volumes, and, estimated average elevation of existing sediment.</p> <p>60% Sediment Storage – 8868.86            100 % Sediment Storage – 8874.43            Available sediment storage : Unable to determine. Small delta of sediment at inlet to pond. The water was clear and depth through balance of pond appears adequate.</p>	
	<p>3. Principle and emergency spillway elevations.</p> <p>Principle Spillway – 8874.93Feet            Emergency Spillway – 8876 Feet</p>	
	<p>4. Field Information</p> <p>The pond was discharging at the time of inspection. Samples are taken last week. Water was flowing into the pond during the inspection, the inlets and outlet were stable. No instability was noted on the downstream embankment. Evidence of wildlife around pond. The pond was cleaned two years ago. Trash that had blown off of the dumpsters located above the pond has been cleaned up throughout the quarter.</p>	

IMPOUNDMENT INSPECTION AND CERTIFIED REPORT		Page 1 of 1
Permit Number	ACT 007/001	Report Date: 7-03-00
Mine Name	White Oak	
Company Name	Lodestar Energy, Inc	
Impoundment Identification	Impoundment Number	001
	UPDES Permit Number	UTG040021
IMPOUNDMENT INSPECTION		
Inspection Date	6-30-00	
Inspected By	John Walters	
Reason for Inspection (Annual, Quarterly or Other Periodic Inspection, Critical Installation, or Completion of Construction)	Quarterly Inspection	
<p>1. Describe any appearance of any instability, structural weakness, or any other hazardous condition.</p> <p>No signs of instability noted in this incised pond. There is no evidence of slumping in the pond or on the embankment.</p>		
Required for an impoundment which functions as a SEDIMENTATION POND.	<p>2. Sediment storage capacity, including elevation of 60% and 100% sediment storage volumes, and, estimated average elevation of existing sediment.</p> <p>60% Sediment Storage – 7809.3  100 % Sediment Storage – 7816.1  Water level is 94 inches below primary spillway. (7808.3)</p>	
	<p>3. Principle and emergency spillway elevations.</p> <p>Principle Spillway – 7816.10 Feet  Emergency Spillway – 7818.8 Feet</p>	
	<p>4. Field Information</p> <p>All embankments were well vegetated and stable. No evidence of discharge seen during the inspection. Evidence of wildlife around pond. There were “water dogs” swimming in the standing pool of water in the pond.</p>	

IMPOUNDMENT INSPECTION AND CERTIFIED REPORT		Page 1 of 1
Permit Number	ACT 007/001	Report Date: 7-03-00
Mine Name	White Oak	
Company Name	Lodestar Energy, Inc	
Impoundment Identification	Impoundment Number	002
	UPDES Permit Number	UTG040021
IMPOUNDMENT INSPECTION		
Inspection Date	6-30-00	
Inspected By	John Walters	
Reason for Inspection <small>(Annual, Quarterly or Other Periodic Inspection, Critical Installation, or Completion of Construction)</small>	Quarterly Inspection	
<p>1. Describe any appearance of any instability, structural weakness, or any other hazardous condition.</p> <p>No signs of instability noted at this pond. There is no evidence of slumping in the pond or on the embankment. The rip-rap protection on the embankment next to the creek was intact. No hazardous conditions were noted.</p>		
Required for an impoundment which functions as a SEDIMENTATION POND.	<p>2. Sediment storage capacity, including elevation of 60% and 100% sediment storage volumes, and, estimated average elevation of existing sediment.</p> <p>60% Sediment Storage – 7827.6  100 % Sediment Storage – 7835.4  Water level is 24 inches below primary spillway. (7833.4)</p>	
	<p>3. Principle and emergency spillway elevations.</p> <p>Principle Spillway – 7835.4 Feet  Emergency Spillway – 7836.3 Feet</p>	
	<p>4. Field Information</p> <p>All embankments were well vegetated and stable. No evidence of discharge seen during the inspection. Evidence of wildlife around pond. Water in the pond prevented direct observation of the sediment level. NO water was being discharged. The 1<sup>ST</sup> quarter report indicated that the pond was discharging. This is suspected to be an error. The inspector must have seen flow from the 36" culvert and drain from the spring below the truck shop. There was no sign that the 18" primary spillway had discharged recently. The flow from the spring was diverted away from the discharge end of the two spillways to eliminate any possibility of mistake.</p>	

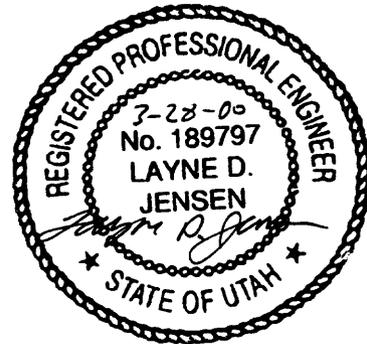
IMPOUNDMENT INSPECTION AND CERTIFIED REPORT		Page 1 of 1
Permit Number	ACT 007/001	Report Date: 7-03-00
Mine Name	White Oak	
Company Name	Lodestar Energy, Inc	
Impoundment Identification	Impoundment Number	003
	UPDES Permit Number	UTG040021
IMPOUNDMENT INSPECTION		
Inspection Date	6-21&30-00	
Inspected By	John Walters	
Reason for Inspection (Annual, Quarterly or Other Periodic Inspection, Critical Installation, or Completion of Construction)	Quarterly Inspection	
<p>1. Describe any appearance of any instability, structural weakness, or any other hazardous condition.</p> <p>No signs of instability noted at this pond. There is no evidence of slumping in the pond or on the embankment. No hazardous conditions were noted.</p>		
Required for an impoundment which functions as a SEDIMENTATION POND.	<p>2. Sediment storage capacity, including elevation of 60% and 100% sediment storage volumes, and, estimated average elevation of existing sediment.</p> <p>60% Sediment Storage – 7858.2            100 % Sediment Storage – 7863.2            Water level is 65 inches below primary spillway. (7857.9)</p>	
	<p>3. Principle and emergency spillway elevations.</p> <p>Principle Spillway – 7863.2 Feet            Emergency Spillway – 7865.5 Feet</p>	
	<p>4. Field Information</p> <p>All embankments were well vegetated and stable. No evidence of discharge seen during the inspection. Evidence of wildlife around pond. There was only a small pool of standing water in the pond about 4 inches deep. NO water was being discharged. Discharge culverts were clear and showed in sign of recent flows. The areas that had leaked water through the embankment about three years ago were dry and showed no evidence that there had been recent leaks.</p>	

IMPOUNDMENT INSPECTION AND CERTIFIED REPORT		Page 1 of 1
Permit Number	ACT 007/001	Report Date: 7-03-00
Mine Name	White Oak	
Company Name	Lodestar Energy, Inc	
Impoundment Identification	Impoundment Number	004
	UPDES Permit Number	UTG040021
IMPOUNDMENT INSPECTION		
Inspection Date	6-30-00	
Inspected By	John Walters	
Reason for Inspection (Annual, Quarterly or Other Periodic Inspection, Critical Installation, or Completion of Construction)	Quarterly Inspection	
<p>1. Describe any appearance of any instability, structural weakness, or any other hazardous condition.</p> <p>No signs of instability noted at this pond. There is no evidence of slumping in the pond or on the embankment. No hazardous conditions were noted.</p>		
Required for an impoundment which functions as a SEDIMENTATION POND.	<p>2. Sediment storage capacity, including elevation of 60% and 100% sediment storage volumes, and, estimated average elevation of existing sediment.</p> <p>60% Sediment Storage – 8868.86  100 % Sediment Storage – 8874.43  Available sediment storage : Unable to determine.</p>	
	<p>3. Principle and emergency spillway elevations.</p> <p>Principle Spillway – 8874.93Feet  Emergency Spillway – 8876 Feet</p>	
	<p>4. Field Information</p> <p>The pond was discharging at the time of inspection. Samples are taken at other times. Water was flowing into the pond during the inspection, the inlets and outlet were stable. No instability was noted on the downstream embankment. Evidence of wildlife around pond. There was only a small pool of standing water in the pond about 4 inches deep. The pond was cleaned two years ago and has a small delta of sediment near the inlets.</p>	

Lodestar Energy, Inc.  
White Oak Mines

Quarterly Pond Inspection  
First Quarter of 2000

I certify that I am a Registered Professional Engineer and certify that the following ponds have been inspected and to the best of my knowledge, Ponds 001, 002, 003, 004 and 005 have no apparent instability, structural weakness, or other hazardous conditions.



Date: 3/28/00

<b>Permit Number</b>	ACT 007/001	<b>Report Date</b>	3/27/00
<b>Mine Name</b>	WHITE OAK 1 & 2		
<b>Company Name</b>	Lodestar Energy, Inc.		
	<b>Impoundment Number</b>	001	
	<b>UPDES Permit Number</b>	UTG040021	

**IMPOUNDMENT INSPECTION**

<b>Inspection Date</b>	3/24/00
<b>Inspected By</b>	Layne D. Jensen, P.E.

<b>Reason for Inspection</b> (Annual, Quarterly or Other Periodic Inspection, Critical Installation, or Completion of Construction)	Quarterly Inspection
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1. Describe any appearance of any instability, structural weakness, or any other hazardous condition.

No appearance of instability, structural weakness, or hazardous conditions were observed during the inspection.

Required for an impoundment which functions as a **SEDIMENTATION POND.**

2. Sediment storage capacity, including elevation of 60% and 100% sediment storage volumes, and, estimated average elevation of existing sediment.

Available Sediment Storage: Unable to determine  
 60% Sediment Storage Elevation - 7809.3 feet  
 100% Sediment Storage Elevation - 7816.1 feet

3. Principle and emergency spillway elevations.

7816.10 feet Principle spillway      7818.8 feet Emergency spillway

4. Field Information and Evaluation.

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 The parts of the embankment not covered with snow appeared to be well vegetated and stable. No instability or hazardous conditions were observed. Evidence of wildlife all around the pond. Water was flowing into the pond from snow melt. However, there was no discharge at the time of the inspection. The ice level was approximately 1' below the decant and 5' below the primary spillway invert. Ice did not allow observation of sediment elevation. Inlets and outlets appeared stable. No samples taken at the time of the inspection since there was no discharge.

IMPOUNDMENT INSPECTION AND CERTIFIED REPORT		Page 5 of 20	
Permit Number	ACT 007/001	Report Date	3/27/00
Mine Name	WHITE OAK 1 & 2		
Company Name	Lodestar Energy, Inc.		
	Impoundment Number	002	
	UPDES Permit Number	UTG040021	
IMPOUNDMENT INSPECTION			
Inspection Date	3/24/00		
Inspected By	Layne D. Jensen, P.E.		
Reason for Inspection (Annual, Quarterly or Other Periodic Inspection, Critical Installation, or Completion of Construction)	Quarterly		
<p>1. Describe any appearance of any instability, structural weakness, or any other hazardous condition.</p> <p>No appearance of instability, structural weakness, or hazardous conditions were observed during the inspection.</p>			
Required for an impoundment which functions as a SEDIMENTATION POND.	<p>2. Sediment storage capacity, including elevation of 60% and 100% sediment storage volumes, and, estimated average elevation of existing sediment.</p> <p>Available Sediment Storage: Unable to determine            60% Sediment Storage Elevation: 7827.6 feet            100% Sediment Storage Elevation: 7835.4 feet</p>		
	<p>3. Principle and emergency spillway elevations.</p> <p>Principle spillway - 7835.4 feet            Emergency spillway - 7836.3 feet</p>		
	<p>4. Field Information and Evaluation.</p> <p>The pond was discharging 10 - 15 gallons per minute out of what is assumed to be the decant. Although, I could not see the water flowing into the decant. No samples taken at the time of the inspection. Samples taken by mine personnel at another time. The water elevation in the pond was about 1' below the invert to the primary spillway. Water in the pond prevented an observation of the sediment accumulation. Parts of the embankment were covered by snow. There was no evidence of structural instability.</p>		

Permit Number	ACT 007/001	Report Date	3/27/00
Mine Name	WHITE OAK 1 & 2		
Company Name	Lodestar Energy, Inc.		
	Impoundment Number	003	
	UPDES Permit Number	UTG040021	

## IMPOUNDMENT INSPECTION

Inspection Date	3/24/00
Inspected By	Layne D. Jensen

Reason for Inspection (Annual, Quarterly or Other Periodic Inspection, Critical Installation, or Completion of Construction)	Quarterly
--	-----------

1. Describe any appearance of any instability, structural weakness, or any other hazardous condition.

No appearance of instability, structural weakness, or hazardous conditions were observed during the inspection.

Required for an impoundment which functions as a SEDIMENTATION POND.

2. Sediment storage capacity, including elevation of 60% and 100% sediment storage volumes, and, estimated average elevation of existing sediment.

Available Sediment Storage: Unable to determine  
60% Sediment Storage Elevation: 7858.2 feet  
100% Sediment Storage Elevation: 7863.2 feet

3. Principle and emergency spillway elevations.

Principle Spillway Elevation: 7863.2 feet  
Emergency Spillway Elevation: 7865.5 feet

4. Field Information and Evaluation.

The pond was not discharging at the time of the inspection although runoff was flowing into the pond. No samples collected at the time of the inspection. The water level was about 1' below the decant and about 4' below the invert to the primary spillway. However, the decant had been capped to prevent discharge. Water in the pond prevented an observation of the sediment accumulation. The inlet and outlet appeared stable. The embankment was partially covered with snow. The portion of the embankment that was visible appeared well vegetated.

The pond had no appearance of instability or hazardous conditions

IMPOUNDMENT INSPECTION AND CERTIFIED REPORT		Page 11 of 20	
Permit Number	ACT 007/001	Report Date	3/27/00
Mine Name	WHITE OAK 1 & 2		
Company Name	Lodestar Energy, Inc.		
	Impoundment Number	004	
	UPDES Permit Number	UTG040021	
IMPOUNDMENT INSPECTION			
Inspection Date	3/24/00		
Inspected By	Layne D. Jensen, P.E.		
Reason for Inspection (Annual, Quarterly or Other Periodic Inspection, Critical Installation, or Completion of Construction)	Quarterly		
<p>1. Describe any appearance of any instability, structural weakness, or any other hazardous condition.</p> <p>No appearance of instability, structural weakness, or hazardous conditions were observed during the inspection.</p>			
Required for an impoundment which functions as a SEDIMENTATION POND.	<p>2. Sediment storage capacity, including elevation of 60% and 100% sediment storage volumes, and, estimated average elevation of existing sediment.</p> <p>Available Sediment Storage: Unable to determine            60% Sediment Storage Elevation: 8868.86 feet            100% Sediment Storage Elevation: 8874.43 feet</p>		
	<p>3. Principle and emergency spillway elevations.</p> <p>Principle Spillway Elevation: 8874.93 feet            Emergency Spillway Elevation: 8876 feet</p>		
	<p>4. Field Information and Evaluation.</p>		
	<p>The pond was full at the time of the inspection and discharging at 20 to 30 gallons per minute. Samples were not taken at the time of the inspection. Water was flowing into the pond at the time of the inspection. The inlet and outlet appeared stable. The embankment was completely covered with snow at the time of the inspection. No instability or hazardous conditions were observed although the snow prevented a good inspection. Ice and water in the pond prevented inspection of the sediment accumulation.</p>		

IMPOUNDMENT INSPECTION AND CERTIFIED REPORT		Page 14 of 20	
Permit Number	ACT 007/001	Report Date	3/27/00
Mine Name	WHITE OAK 1 & 2		
Company Name	Lodestar Energy, Inc.		
	Impoundment Number	005	
	UPDES Permit Number	UTG040021	
IMPOUNDMENT INSPECTION			
Inspection Date	3/24/00		
Inspected By	Layne D. Jensen, P.E.		
Reason for Inspection (Annual, Quarterly or Other Periodic Inspection, Critical Installation, or Completion of Construction)	Quarterly		
<p>1. Describe any appearance of any instability, structural weakness, or any other hazardous condition.</p> <p>No appearance of instability, structural weakness, or hazardous conditions were observed during the inspection. No discharge. Pond is not currently in use for sediment control.</p>			
Required for an impoundment which functions as a SEDIMENTATION POND.	<p>2. Sediment storage capacity, including elevation of 60% and 100% sediment storage volumes, and, estimated average elevation of existing sediment.</p> <p>Pond Capacity: 117,810 gallons Depth of Concrete Pond: 6 feet</p>		
	<p>3. Principle and emergency spillway elevations.</p> <p>Principle spillway: 9029 feet (approximate)</p>		
	<p>4. Field Information and Evaluation</p>		
	<p>Pond was completely covered with snow at the time of the inspection. Some water had accumulated in the pond from snow melting within the pond. The pond was not discharging at the time of the inspection. Snow and ice prevented an inspection of sediment accumulation. No sign of instability, structural weakness or hazardous condition.</p>		

# **APPENDIX B**

## **Reporting of Technical Data**

including monitoring data, reports, maps, and other information  
as required under the approved plan  
or as required by the Division

in accordance with the requirements of R645-301-130 and R645-301-140.

## **CONTENTS**

Subsidence Report  
Subsidence Map  
Quarterly Field Data  
Engineering Data

**SUBSIDENCE SURVEY LOG  
TAGGED SITES**

TAG NO.	DESCRIPTION	Year Surveyed	Year Healed <sup>(1)</sup>	LAT	LONG
1	Sinkhole	1986		39'52.726"	11'54.631"
2	Sinkhole with surrounding cracks	1983		40'01.650"	11'54.159"
3	Sinkhole	1987		39'43"	11'20"
4	Crack/Fracture	1987		39'42.616"	11'10.749"
5	Fractures	1984	1998	39'47"	11'22"
6	Long cracks	1985		39'22.445"	11'20.087"
7	Crack	1993	1998	NA	NA
8	Hole created by tree uprooting - not subsidence related	1994	NA	38'58"	11'26"
9, 10, 11	Unable to locate description of the subsidence features with these tag numbers	NA	NA	NA	NA
12	Cracks	1993	1998	39'39.38"	11'11.19"
13	Crack/Fracture	1993		39'42.539"	11'25.167"
14, 15	Unable to locate description of the subsidence features with these tag numbers	NA	NA	NA	NA
16	Cracks	1985	1998	39'46.527"	11'46.804"
17	Cracks	1985	1992	39'47.441"	11'48.210"
18	Cracks	1982	1998	40'00"	11'50"
19	Sinkhole	1982		39'05.618"	11'46.506"
20	Sinkholes	1983		39'49"	11'15"
21	Fracture	1983		39'47"	11'15"
22	Slope Failure	1986	2000	39'08"	11'48"
23	Sinkhole	1988		39'03.614"	11'32.964"
24	Sinkhole	1987		39'02.788"	11'14.970"
25	Cracks/Fractures	1991		39'35.307"	11'10.981"
26	Crack/Fracture	1991		39'35.794"	11'17.138"
27	Cracks/Fractures	1991		39'40.614"	11'24.120"
28	Crack/Fracture	1991	1998	39'39.304"	11'09.672"
29	Crack	1991	1998	39'42.356"	11'09.083"
30	Ground Depression	1991	1998	39'45"	11'09"

**SUBSIDENCE SURVEY LOG  
TAGGED SITES**

TAG NO.	DESCRIPTION	Year Surveyed	Year Healed <sup>(1)</sup>	LAT	LONG
31	Cracks	1991	1998/1999	39'47"	11'09"
32	Cracks	1991	1998	39'47.184"	11'25.196"
33	Cracks	1991	1998	39'42.539"	11'25.167"
34	Cracks	1991	1998	39'39.189"	11'21.319"
35	Crack/Fracture	1987		39'44"	11'11"
36	Crack/Fracture	1987		39'44"	11'09"
37	Crack/Fracture	1991		39'48"	11'17"
38	Sinkhole	1991	1995	39'49.256"	11'21.361"
39	Crack/Fracture	1987		39'27.855"	11'22.084"
40	Fracture	1986	1998	39'11.679"	11'32.604"
41	Depression, not subsidence related	1986	1998	39'03"	12'23"
42	Crack not related to subsidence	1991	1998	40'01"	11'52"
43	Crack	1992	1998	39'55.119"	11'49.401"
44	Cracks	1985	1998	39'52.959"	11'48.144"
45	Crack	1994	1997	39'41"	11'09"
46	See note with Tag No. 9	NA	NA	NA	NA
47	Cracks	1984	1997	39'40"	11'11.44"
48	See note with Tag No. 9	NA	NA	NA	NA
49	Crack not caused by subsidence, hillside pulling away.	1992	1998	39'48"	11'08"
50	Crack/Fracture	1995		39'35"	11'15"
51	Hole/fracture, not subsidence related	1993	NA	NA	NA
52	Crack	1991	1998	39'38"	11'22"
53	Fracture/Cracks	1994	2000	39'15"	11'39"
54	Fracture/Crack	1994	NA	39'40"	11'13"
55	Slope Failure	1996	1998	NA	NA
56	Slope Failure	1996	1998	NA	NA
57, 58, 59	See note with Tag No. 9	NA	NA	NA	NA
60	Sinkhole	1994		38'51"	11'17"

**SUBSIDENCE SURVEY LOG  
UNTAGGED SITES**

TAG NO.	DESCRIPTION	Year Surveyed	Year Healed <sup>(1)</sup>	LAT	LONG
A	Crack, same as Tag No. 19	1985	1997	NA	NA
B	Crack - 1' deep, 50' long	1988	1997/1999	NA	NA
G	Crack/Fracture	1987	1994	NA	NA
J	Crack/Fracture	1985	1992	NA	NA
M	Cracks/Fractures	1985	1994	NA	NA
P	Crack, believed natural	1986	1998	NA	NA
Q	Slope - not subsidence related	1996	NA	NA	NA

Latitudes (lat) are at 39 degrees, longitudes (long) are at 111 degrees.

(1) Designates the year the feature appeared healed, sufficiently healed to blend into the surrounding terrain, or the year the site was eliminated due to a determination that the feature was not subsidence related.

**2000 WALKING SUBSIDENCE SURVEY LOG  
TAGGED SITES**

TAG NO.	DESCRIPTION	LAT	LONG
1	Sinkhole, continuing to heal, vegetated interior/exterior - Refer to written report.	39°52.726"	11°54.631"
2	Sinkhole, continuing to vegetate - Refer to written report.	40°01.650"	11°54.159"
3	Sinkhole, vegetated & healing	39°43"	11°20"
4	Crack/Fracture, primarily healed	39°42.616"	11°10.749"
6	Long cracks, continuing to heal, weathered and well vegetated	39°22.445"	11°20.087"
13	Crack/Fracture, primarily healed, weathered and vegetated	39°42.539"	11°25.167"
19	Sinkhole, weathered and vegetated interior/exterior	39°05.618"	11°46.506"
20	Sinkhole, vegetated, healing	39°49"	11°15"
21	Fracture, weathered, vegetated	39°47"	11°15"
22	Slope Failure, blends with the surrounding terrain, well vegetated	39°08"	11°48"
23	Sinkhole, well vegetated, standing water in bottom - Refer to written report.	39°03.614"	11°32.964"
24	Sinkhole, not located	39°02.788"	11°14.970"
25	Cracks/Fractures, continuing to weather and heal	39°35.307"	11°10.981"
26	Crack/Fracture, continuing to weather and heal	39°35.794"	11°17.138"
27	Cracks/Fractures, healing, vegetated	39°40.614"	11°24.120"
35	Crack/Fracture, primarily healed, well vegetated	39°44"	11°11"
36	Crack/Fracture, primarily healed, well vegetated	39°44"	11°09"
37	Crack/Fracture, primarily healed, well vegetated	39°48"	11°17"
39	Crack/Fracture, continuing to heal, weathered and well vegetated	39°27.855"	11°22.084"
50	Crack/Fracture, continuing to weather and heal	39°35"	11°15"
53	Crack/Fracture, blends with surrounding terrain	39°15"	11°39"
60	Sinkhole, not located	38°51"	11°17"

## 2000 WALKING SUBSIDENCE SURVEY REPORT

### BLM, UDOGM, and USFS Survey

During October of 2000 two areas were surveyed by regulatory agencies and John Walters a representative of Lodestar Energy. The Bureau of Land Management (BLM) was represented by George Tetreault and Jay Marshall. The Division of Oil, Gas and Mining (UDOGM) was represented by Pete Hess. The U.S. Forest Service (USFS) was invited to the survey/meeting but did not attend.

Tagged sites 1, 2, and 23 were considered to have the most significant subsidence features by the BLM, UDOGM and USFS. The tagged sites are all sinkholes. Sinkhole Site #23 located in Boardinghouse canyon is approximately 45' by 30' and approximately 20' deep. The sinkhole is filled with water. The sinkhole does not present any apparent safety hazard because the hole is surrounded by a two/three foot high fence, vegetation is dense and the entire area is behind locked gates.

Sites 1 and 2 are at the bottom of a drainage in the South Fork of Eccles Canyon. The ground at the sites has lowered from 4 to 12 feet. Sites are well vegetated and are healing. There was no water in these depressions. These sites are also behind locked gates

A report of the survey was compiled by both the BLM (Inspection Report, Dated 10/12/00) and UDOGM (Inspection Report, Dated 10/6/00). Photographs of the sites were taken by the BLM and copies are attached to each report.

### Walking Survey

No new subsidence features were noted during the survey of the tagged sites listed on Table 1. All areas were vegetated and healing. We were unable to locate Tagged Sites 24 and 60 during the first survey and the snow prevented a second search for the sites.

Several new areas were surveyed during September and October of 2000. Subsidence surveys were halted due to extensive snow in the latter part of October. The surveyed areas provided no evidence of subsidence.

### New Areas Surveyed in 2000

Township 13 South Range 6 East  
Section 36, Portions of S1/2 SE1/4 and Portions of S1/2 SW1/4  
Section 24, Portions of SE1/4

Township 14 South Range 6 East  
Section 1, Portions of NW1/4 NE1/4 and Portions of N1/2 NW1/4  
Section 2, Portions of E1/2 NE1/4

### Survey of Coal and Cox Canyon Area

The sites were checked in September and the station elevations were unchanged. Station 1 - 9,570.86, Station 2 - 9,801.24 and Station 3 - 9,675.86. Mining on the 160 acre lease extension was stopped due to quality problems in early May of 2000. Very little coal was mined on development in the Lower O'Conner seam.

Map(s) is kept with this Annual Report located in the Public Information Center of our Salt Lake City office.

White Oak - 22  
 Water Monitoring Report  
 Field Measurements  
 Fourth Quarter 2000

Parameters	Ground Water Site Number								
	SCOAL-1 43	SCOAL-2 44	SCOAL-3 45	SCOAL-4 46	SCOAL-5 47	SCOAL-6 48	SCOAL-7 49	SCOAL-8 50	SCOAL-9 51
Flow (gpm)									
pH									
Sp. Conductivity (Umhos)									
Temp. (°C)									
Date									

Parameters	Ground Water Site Number					Surface Water Site Number		
							COAL 53	
Flow (gpm)							NOF	
pH								
Sp. Conductivity (Umhos)								
Temp. (°C)								
Disolved Oxygen								
Date								

Notes: 10/22 - Air Temp. 38 degrees - Snowing today and it rained and snowed the previous day.

NS = SITE NOT SAMPLED ON THIS DAY  
 NF = NO FLOW  
 DF = FLOW TOO DIFFUSED TO SAMPLE

White Oak - 22  
Water Monitoring Report  
Field Measurements  
Fourth Quarter 2000

Parameters	Ground Water Site Number								
	SCOX - 1	SCOX - 2	SCOX - 3	SCOX - 4	SCOX - 5	SCOX - 6	SCOX - 7	SCOX - 8	SCOX - 9
	27	28	29	30	31	32	33	34	35
Flow (gpm)	NOF	NOF	NOF	NOF	NOF	NOF	0.1	NOF	0.5
pH									
Sp. Conductivity (Umhos)									
Temp. (°C)									
Date	10/14	10/14	10/14	10/14	10/14	10/14	10/14	10/14	10/14

Parameters	Ground Water Site Number							Surface Water Site Number	
	SCOX - 10	SCOX - 11	SCOX - 12	SCOX - 13	SCOX - 14	SCOX - 15	SCOX - 16	COX	
	36	37	38	39	40	41	42	52	
Flow (gpm)	0.25	0.25	NOF	0.5	0.4	NOF	NOF	NOF	
pH									
Sp. Conductivity (Umhos)									
Temp. (°C)									
Disolved Oxygen									
Date	10/14	10/14	10/14	10/14	10/14	10/14	10/14	10/14	

Notes: 10/22 - Air Temp. 38 degrees - Snowing today and it rained and snowed the previous day.

NS = SITE NOT SAMPLED ON THIS DAY  
 NF = NO FLOW  
 DF = FLOW TOO DIFFUSED TO SAMPLE

**White Oak - 22  
Water Monitoring Report  
Field Measurements  
Fourth Quarter 2000**

Parameters	Ground Water Site Number							
	S7-11	S24-12	S25-13	S31-13	S36-7	S36-17	S36-19	S36-23
	8	9	10	11	12	13	14	15
Flow (gpm)	0.6	NF	NF	NF	NF	NF**	NF	1.1
pH	7.95	-	-	-	-	-	-	7.75
Sp. Conductivity (Umhos)	273	-	-	-	-	-	-	286
Temp. (°C)	4	-	-	-	-	-	-	3
Date	10/22	10/22	10/22	10/22	10/22	10/27	10/22	10/22

Parameters	Surface Water Site Number							
	VC-1	VC-2	VC-4	VC-5	VC-10	VC-11	VC-12	
	1	2	3	4	5	6	7	
Flow (gpm)	4202	4377	NF	9.5	15	721	7.5	
pH	8.18	7.86		8.08	7.91	7.85	7.71	
Sp. Conductivity (Umhos)	488	560		911	303	345	373	
Temp. (°C)	8	9		5	5	5	6	
Disolved Oxygen	6	6		5	6	6	5	
Date	10/22	10/22	10/27	10/22	10/22	10/22	10/22	

Notes: 10/22 - Air Temp. 38 degrees - Snowing today and it rained and snowed the previous day.

\*\* Water frozen and/or snow covered

NS = SITE NOT SAMPLED ON THIS DAY

NF = NO FLOW

DF = FLOW TOO DIFFUSED TO SAMPLE

**White Oak - 22  
Water Monitoring Report  
Field Measurements  
Third Quarter 2000**

Parameters	Ground Water Site Number								
	SCOAL-1	SCOAL-2	SCOAL-3	SCOAL-4	SCOAL-5	SCOAL-6	SCOAL-7	SCOAL-8	SCOAL-9
	43	44	45	46	47	48	49	50	51
Flow (gpm)	SEEP	NF	NF	SEEP	2.5	0.1	NF	1.5	2
pH					8.1				
Sp. Conductivity (Umhos)					227				
Temp. (°C)					11				
Date	9/17	9/17	9/17	9/17	9/17	9/17	9/17	9/17	9/17

Parameters	Ground Water Site Number					Surface Water Site Number		
						COAL		
						53		
Flow (gpm)						3		
pH						8.12		
Sp. Conductivity (Umhos)						240		
Temp. (°C)						9		
Disolved Oxygen						6		
Date						9/17		

Notes: 9/17 - Air Temp. 55 degrees - Windy and light rain. 9/30 - Air Temp. 68 degrees - Windy, sunny and dry.

NS = SITE NOT SAMPLED ON THIS DAY  
 NF = NO FLOW  
 DF = FLOW TOO DIFFUSED TO SAMPLE

White Oak - 22  
Water Monitoring Report  
Field Measurements  
Third Quarter 2000

Parameters	Ground Water Site Number								
	SCOX - 1	SCOX - 2	SCOX - 3	SCOX - 4	SCOX - 5	SCOX - 6	SCOX - 7	SCOX - 8	SCOX - 9
	27	28	29	30	31	32	33	34	35
Flow (gpm)	SEEP	SEEP	NF	NF	0.1	NF	0.2	NF	0.75
pH									
Sp. Conductivity (Umhos)									
Temp. (°C)									
Date	9/30	9/30	9/30	9/30	9/30	9/30	9/30	9/30	9/30

Parameters	Ground Water Site Number							Surface Water Site Number	
	SCOX - 10	SCOX - 11	SCOX - 12	SCOX - 13	SCOX - 14	SCOX - 15	SCOX - 16	COX	
	36	37	38	39	40	41	42	52	
Flow (gpm)	1	0.4	NF	0.5	0.5	NF	NF	1.1	
pH								8.16	
Sp. Conductivity (Umhos)								267	
Temp. (°C)								8	
Disolved Oxygen								6	
Date	9/30	9/30	9/30	9/30	9/17	9/30	9/30	9/17	

Notes: 9/17 - Air Temp. 55 degrees - Windy and light rain. 9/30 - Air Temp. 68 degrees - Windy, sunny and dry.

NS = SITE NOT SAMPLED ON THIS DAY  
NF = NO FLOW  
DF = FLOW TOO DIFFUSED TO SAMPLE

**White Oak - 22  
Water Monitoring Report  
Field Measurements  
Third Quarter 2000**

Parameters	Ground Water Site Number							
	S7-11	S24-12	S25-13	S31-13	S36-7	S36-17	S36-19	S36-23
	8	9	10	11	12	13	14	15
Flow (gpm)	0.17	Seep	0.1	Seep	Seep	1.25	NF	1
pH	7.84	-	8.33	-	-	8.03	-	7.65
Sp. Conductivity (Umhos)	242	-	249	-	-	381	-	246
Temp. (°C)	5	-	5	-	-	6	-	5
Date	9/17	9/19	9/19	9/17	9/17	9/19	9/17	9/17

Parameters	Surface Water Site Number							
	VC-1	VC-2	VC-4	VC-5	VC-10	VC-11	VC-12	
	1	2	3	4	5	6	7	
Flow (gpm)	5206	5184	NF	45	18	9	898	
pH	8.16	8.06	-	7.45	7.81	8.13	7.89	
Sp. Conductivity (Umhos)	424	436	-	820	259	306	343	
Temp. (°C)	12	12	-	11	9	9	10	
Disolved Oxygen	6	6	-	7	7	7	6	
Date	9/17	9/17	9/19	9/17	9/17	9/17	9/17	

Notes:

NF = NO FLOW

DF = FLOW TOO DIFFUSED TO SAMPLE

**White Oak - 22  
Water Monitoring Report  
Field Measurements  
Second Quarter 2000**

Parameters	Ground Water Site Number								
	SCOAL-1	SCOAL-2	SCOAL-3	SCOAL-4	SCOAL-5	SCOAL-6	SCOAL-7	SCOAL-8	SCOAL-9
	43	44	45	46	47	48	49	50	51
Flow (gpm)	2.19	1.07	8.9	0.71	2.55	0.39	2.19	12.4	NF
pH	7.8	8.4	7.5	8.3	7.4	7	8.1	7.7	
Sp. Conductivity (Umhos)	420	440	320	270	350	190	480	480	
Temp. (°C)	6	7	5	14	8	6	5	7	
Date	6/15	6/15	6/25	6/15	6/15	6/15	6/25	6/25	

Parameters	Ground Water Site Number						Surface Water Site Number	
							COAL	
							53	
Flow (gpm)							70	
pH							8.5	
Sp. Conductivity (Umhos)							220	
Temp. (°C)							22	
Dissolved Oxygen							6	
Date							6/29	

Notes: 10/22 - Air Temp. 38 degrees - Snowing today and it rained and snowed the previous day.

NS = SITE NOT SAMPLED ON THIS DAY  
 NF = NO FLOW  
 DF = FLOW TOO DIFFUSED TO SAMPLE

White Oak - 22  
Water Monitoring Report  
Field Measurements  
Second Quarter 2000

Parameters	Ground Water Site Number								
	SCOX - 1	SCOX - 2	SCOX - 3	SCOX - 4	SCOX - 5	SCOX - 6	SCOX - 7	SCOX - 8	SCOX - 9
	27	28	29	30	31	32	33	34	35
Flow (gpm)	6.05	1.07	3.8	5.26	5.56	12.4	6.05	0.65	3.83
pH	7.6	7.2	7.9	7.6	7.4	7.2	7.3	7.4	7.3
Sp. Conductivity (Umhos)	290	205	190	390	420	330	340	460	320
Temp. (°C)	7	6	5	5	5	5	6	7	6
Date	6/14	6/15	6/26	6/14	6/14	6/14	6/26	6/26	6/14

Parameters	Ground Water Site Number							Surface Water Site Number	
	SCOX -10	SCOX -11	SCOX -12	SCOX -13	SCOX -14	SCOX -15	SCOX -16	COX	
	36	37	38	39	40	41	42	52	
Flow (gpm)	1.25	0.22	8.9	2.2	2.2	NF	NF	35	
pH	7.6	7.7	7.8	7.7	7.7			8.4	
Sp. Conductivity (Umhos)	315	420	400	440	420			320	
Temp. (°C)	12	7	5	7	6			18	
Disolved Oxygen								6	
Date	6/14	6/26	6/26	6/26	6/26	6/26	6/26	6/29	

Notes: 10/22 - Air Temp. 38 degrees - Snowing today and it rained and snowed the previous day.

NS = SITE NOT SAMPLED ON THIS DAY

NF = NO FLOW

DF = FLOW TOO DIFFUSED TO SAMPLE

**White Oak - 22  
Water Monitoring Report  
Field Measurements  
Second Quarter 2000**

Parameters	Ground Water Site Number							
	S7-11	S24-12	S25-13	S31-13	S36-7	S36-17	S36-19	S36-23
	8	9	10	11	12	13	14	15
Flow (gpm)	0.4	0.5	12.5	0.1	0.25	6.25	0.15	0.75
pH	8.6	7.2	7.2	8.4	8.4	7.8	8.3	7.3
Sp. Conductivity (Umhos)	246	355	50	425	355	390	295	350
Temp. (°C)	7	4	10	12	9	10	13	5
Date	6/12	6/12	6/13	6/12	6/12	6/13	6/12	6/12

Parameters	Surface Water Site Number							
	VC-1	VC-2	VC-4	VC-5	VC-10	VC-11	VC-12	
	1	2	3	4	5	6	7	
Flow (gpm)	1015	1240	15	185	750	680	280	
pH	8.4	8.3	8	8.5	8.3	8.2	7.8	
Sp. Conductivity (Umhos)	475	455	215	805	430	410	278	
Temp. (°C)	17	16	13	14	13	13	12	
Disolved Oxygen	6	4	5.5	5	6	4	5	
Date	6/6	6/6	6/6	6/6	6/6	6/6	6/6	

Notes:

NF = NO FLOW

DF = FLOW TOO DIFFUSED TO SAMPLE

**White Oak - 22  
Water Monitoring Report  
Field Measurements  
First Quarter 2000**

Parameters	Ground Water Site Number							
	S7-11	S24-12	S25-13	S31-13	S36-7	S36-17	S36-19	S36-23
	8	9	10	11	12	13	14	15
Flow (gpm)	Frozen**	Frozen**	Frozen**	Frozen**	Frozen**	Frozen**	Frozen**	Frozen**
pH								
Sp. Conductivity (Umhos)								
Temp. (°C)								
Date	3/19	3/19	3/19	3/19	3/19	3/19	3/19	3/19

Parameters	Surface Water Site Number								
	VC-1	VC-2	VC-4	VC-5	VC-10	VC-11	VC-12	Cox	Coal
	1	2	3	4	5	6	7	52	53
Flow (gpm)	2962	3366	Frozen**	Frozen**	Frozen**	701	Frozen**	Frozen**	Frozen**
pH	8.18	8.21				8.18			
Sp. Conductivity (Umhos)	604	1088				1136			
Temp. (°C)	3	3				3			
Disolved Oxygen	6	6				5			
Date	3/19	3/19	3/19	3/19	3/19	3/19	3/19	3/19	3/19

Notes:

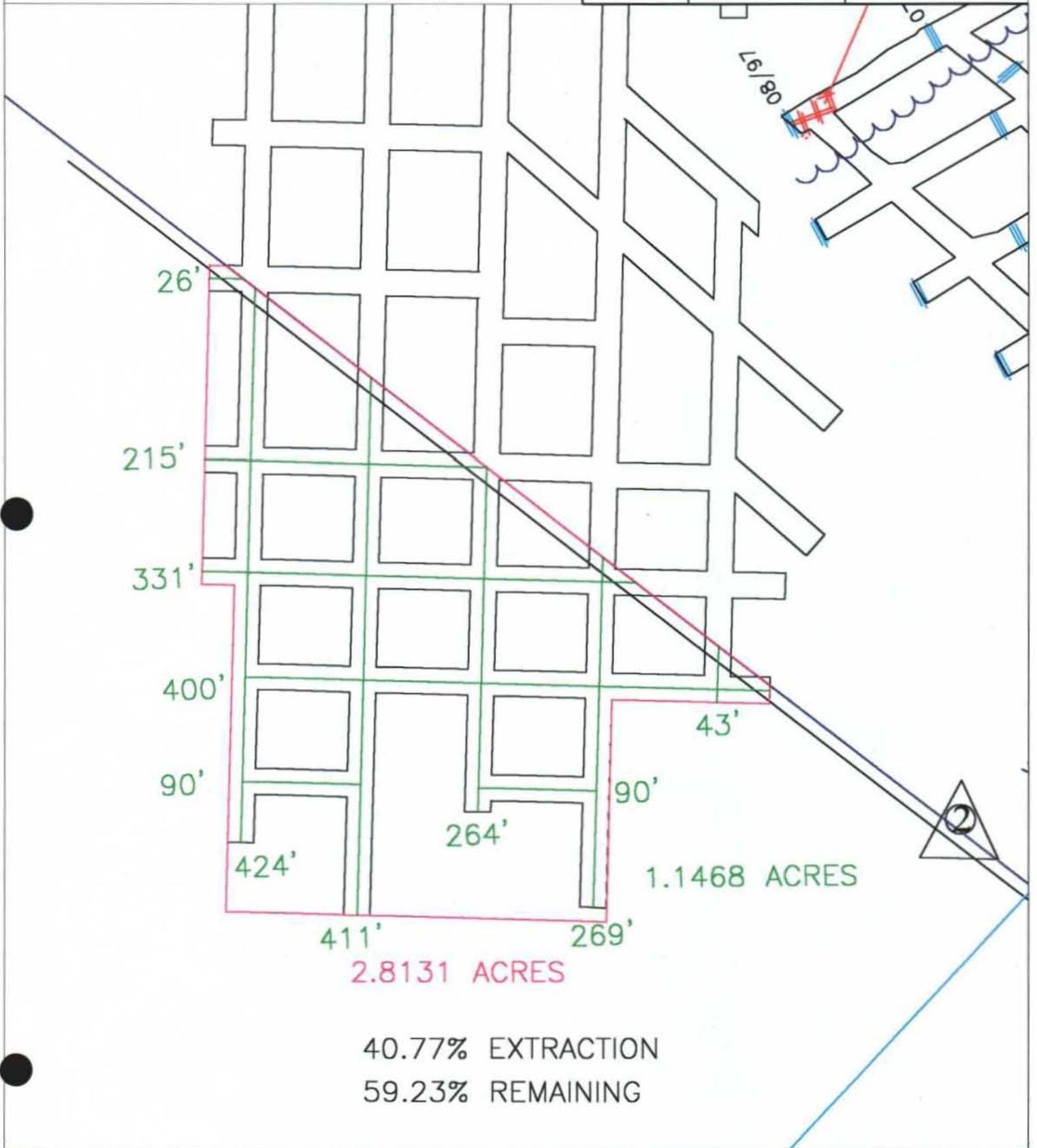
- Air Temp - 40 degrees
- \* Stream partially frozen
- \*\* Water frozen or snow covered, insufficient water to get sample or flow

Lodestar Energy, Inc.

Title: Mountain Operations, White Oak Mine  
Phone: (435) 637-9200 Fax: (435) 448-9468  
HC 35, Box 370 Helper, Utah 84526

Size: A PERCENT EXTRACTION

Scale: Drawn by: Drawing Number: Rev:  
lp  
1" = 100' Date: March 5, 2001 Sheet:



# **APPENDIX C**

## **Legal, Financial, Compliance and Related Information**

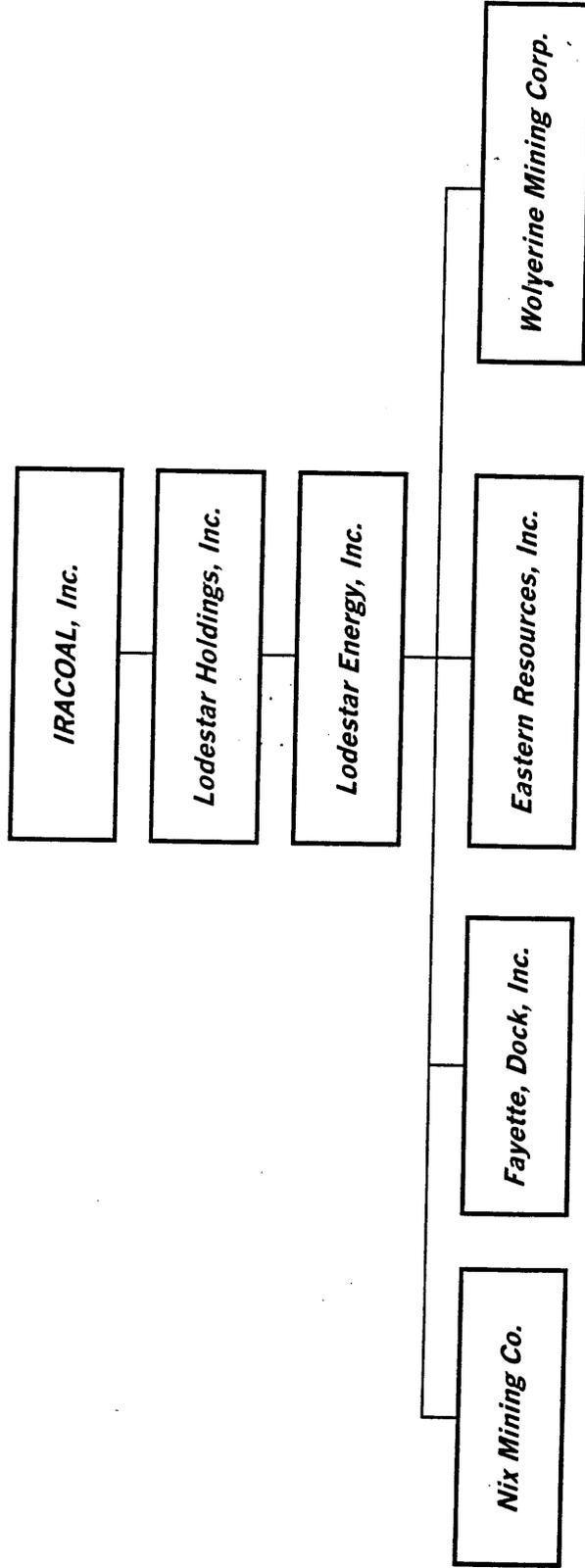
Annual Report of Officers  
as submitted to the Utah Department of Commerce

and other changes in ownership and control information  
as required under R645-301-110.

### **CONTENTS**

2000 Annual Report w/ officer updates

**Lodestar Energy, Inc.**  
**Corporate Structure Diagram**





Utah Department of Commerce  
Division of Corporations & Commercial Code  
160 East 300 South, 2nd Floor, Box 146705  
Salt Lake City, UT 84114-6705  
Phone: (801) 530-4849  
Toll Free: (877)526-3994 Utah Residents  
Fax: (801) 530-6438  
Web site: <http://www.commerce.state.ut.us>

Registration Number: 1452725-0143  
Business Name: LODESTAR ENERGY, INC.  
Registered Date: MAY 27, 1999

11/06/00

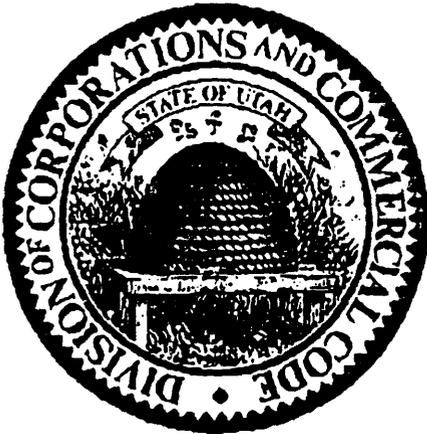
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## CERTIFIED COPY OF THE ENTIRE FILE

THE UTAH DIVISION OF CORPORATIONS AND COMMERCIAL CODE ("DIVISION") HEREBY CERTIFIES THAT THE ATTACHED IS TRUE, CORRECT, AND COMPLETE COPY OF THE ENTIRE FILE OF

LODESTAR ENERGY, INC.

AS APPEARS OF RECORD IN THE OFFICE OF THE DIVISION.



Lorena Riffo-Jenson  
Division Director of  
Corporations and Commercial Code

---

Dept. of Professional Licensing  
(801)530-6628

Real Estate  
(801)530-6747

Public Utilities  
(801)530-6651

Securities  
(801)530-6600

Consumer Protection  
(801)530-6601



20221071  
RECEIVED SAH  
MAY 27 1999

**EXPEDITE**

Lodestar Energy, Inc.  
(exact corporate name)

FILING FEE: \$50.00/SEND COMPLETED FORMS IN DUPLICATE

UTAH DIV. OF CORP. AND COMM. CODE

Must be typewritten:

1. A corporation of the state of Delaware, incorporated 19th day of December, 19 73.
2. The corporations period of duration is Perpetual (usually perpetual).
3. The address of the corporation's principal office is:

333 West Vine Street, Lexington, Kentucky 40507  
street address city state zip

4. The registered agent in Utah is: C T Corporation System  
The street address of the registered office in Utah is:

c/o C T Corporation System, 50 West Broadway, Salt Lake City, Utah 84101  
street address city state zip

5. The business purposes to be pursued in Utah are: The Corporation is organized to engage in any lawful purpose or purposes for which a corporation may be organized under the Utah Revised Business Corporation Act.
6. The corporation commenced or intends to commence business in Utah on: upon qualification
7. The names and addresses of the corporation's directors and officers are:

	Name	Address	City	State	Zip
Director	<u>See attached list of directors</u>				
Director	<u>State of Utah</u>				
Director	<u>Department of Commerce</u>				
Director	<u>Division of Corporations and Commercial Code</u>				
Director	<u>I hereby certify that the foregoing has been filed and approved on the 25th day of May 1999 in the office of this Division and hereby issue this Certificate thereof.</u>				
President	<u>See attached list of officers</u>				
Vice-President					
Secretary					
Treasurer					

91481100140

Signature: [Signature] Date: 5-25-99

LORENA W. WYTO  
DIVISION DIRECTOR

8. A certification of Good Standing from the State of Incorporation dated no earlier than ninety (90) days prior to filing with this office is attached to this application.
9. The corporation shall use as its name in Utah \_\_\_\_\_  
(The corporation shall use its name as set forth at the top of this form unless this name is not available for use in Utah.)

*Under penalties of perjury, I declare that this application for Certificate of Authority has been examined by me and is, to the best of my knowledge and belief, true, correct and complete.*

The undersigned hereby accepts appointment as Registered Agent for the above named corporation.

By: [Signature]  
CORPORATION SYSTEM  
Registered Agent

STATE OF UTAH  
DIVISION OF CORPORATIONS  
AND COMMERCIAL CODE  
160 East 300 South 2nd Fl  
BOX 146705  
Salt Lake City UT 84114-6705

BY: [Signature] VP  
R. Eberley Davis  
TITLE: Vice President

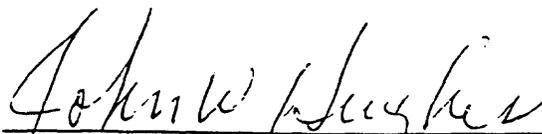
DATED: 5-25-99

**Utah Notice of Violation/Cessation Order Listing  
for Horizon (ACT 007/020) and White Oak (ACT 007/001) Mines**

Mine Name	NOV No.	Nature of Violation	Date of NOV	Termination Date
Horizon	96-26-4-3 1of 3	Park vehicles in designated area	10/31/96	11/1/96
	96-26-4-3 2of 3	Store material in approved area	10/31/96	11/1/96
	96-26-4-3 3of 3	Store and protect topsoil	10/31/96	11/1/96
White Oak	96-39-7-1	Missing parameters in water sampling 3rd Quarter	12/10/96	12/10/96
	97-39-1-1	Place and store waste in controlled manner	4/1/97	4/11/97
	97-39-2-1	Certify annual impoundment inspection	6/3/97	6/18/97
	97-39-4-1	Minimize erosion of main haul road	6/26/97	8/1/97
	98-39-2-1	4th Quarter water data	6/22/98	7/15/98
	2000-46-1-2 1of 2	Failure to maintain diversion and minimize erosion	4/12/00	6/6/00
	2000-46-1-2 2of 2	Failure to repair damage to surface lands	4/12/00	6/6/00
Horizon	97-26-5-1	Maintain undisturbed diversions/culverts	6/26/97	9/16/97
	97-26-7-1	Receive approval prior to modifying undisturbed diversions	8/21/97	3/4/98
	98-26-1-1	Cessation order - Culvert installation	1/13/98	Vacated 2/25/98
	98-26-1-1	Store mine materials only in designated areas	2/13/98	3/9/98
	98-26-2-1	Receive approval on culvert installation	2/23/98	5/15/98
	98-26-3-1	Maintain coal mine waste	5/29/98	6/10/98
	98-26-4-1	Riparian topsoil placement	8/26/98	11/3/98
	99-26-1-1	Failure to comply with Division Order	4/6/99	12/10/99
	99-26-1-1	Cessation Order - Mining Outside Permit Area	4/8/99	Vacated 6/1/99
99-26-2-1	Water Monitoring	5/19/99	6/28/99	

## DISCLAIMER

This is to certify that the MPA-06 form in Entity File No. #02 for Lodestar Holdings, Inc., DSMRE ID Number 012950, was digitized and reproduced by a computer and is intended to be identical in content to the Commonwealth of Kentucky Department for Surface Mining Reclamation & Enforcement's form MPA-06. If any omissions, errors, or changes are found in this form, the Department for Surface Mining Reclamation & Enforcement form will prevail.



---

John W. Hughes  
President; Chief Executive Officer

Name \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
If P.O. Box, indicate Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Telephone No. \_\_\_\_\_ Social Security No. \_\_\_\_\_  
Employer ID No. \_\_\_\_\_  
Ownership/Control relationship to applicant \_\_\_\_\_  
Location in organizational structure \_\_\_\_\_  
Official title within corporation \_\_\_\_\_  
Percent of ownership \_\_\_\_\_  
Beginning date of ownership \_\_\_\_\_  
Beginning date of affiliation \_\_\_\_\_

**CHANGE OF CORPORATION OWNERS, OFFICERS OR DIRECTORS**

This form is used to report new owners, officers, or directors within a corporation. Similar changes on a Single Proprietorship or Partnership must be reported on MPA-07 (Application to Transfer a Mining Permit).	DSMRE ID NUMBER <u>012950</u>
--	-------------------------------

1. Applicant Name Lodestar Holdings, Inc.  
 Mailing Address 30 Rockefeller Center, Suite 4225  
 If P.O. Box, indicate street address N/A  
 City New York State New York Zip 10112  
 Telephone No. (212) 541-6000  
 Employer ID No. 13-3903875  
 Coal Severance Tax No. N/A

2. List below the name and ending date of all individuals or business entities no longer affiliated with the corporation.

NAME	ENDING DATE
The Renco Group, Inc.	10/31/00

3. Complete this item for any new person, not previously listed in the most recent item 1.10 of MPA-01 who are: Stockholders (SH) owning ten (10) percent or more of any class of voting stock; Officers [President (PRS), Vice President (VP), Secretary (SEC), Treasurer (TRS)], Directors (DIR), and any other person performing a function similar to a Director. If any person listed below is a business entity and not an individual, also complete item 5 for that entity.

Name IRACOAL, INC.  
 Mailing Address 30 ROCKEFELLER CENTER, SUITE 4225  
 If P.O. Box, indicate Street Address N/A  
 City NEW YORK State NEW YORK Zip 10112  
 Telephone No. (212) 541-6000 Social Security No. \_\_\_\_\_  
 Employer ID No. pending  
 Ownership/Control relationship to applicant STOCKHOLDER  
 Location in organizational structure STOCKHOLDER  
 Official title within corporation N/A  
 Percent of ownership 100%  
 Beginning date of ownership 11/1/00  
 Beginning date of affiliation 11/1/00

4. Identify each new person, not listed in the most recent item 1.11 of MPA-01, owning or controlling the coal to be mined under a lease, sublease, or other contract, and having the right to receive the coal after mining or having authority to determine the manner in which the surface coal mining operation is conducted. If none, check box: [X]. If any person listed below is a business entity and not an individual, also complete item 5 for that entity.

Name \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
If P.O. Box, indicate Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Telephone No. (\_\_\_\_) \_\_\_\_\_ Social Security No. \_\_\_\_\_  
Employer ID No. \_\_\_\_\_  
Ownership/Control relationship to applicant \_\_\_\_\_  
Beginning date of affiliation \_\_\_\_\_

Name \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
If P.O. Box, indicate Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Telephone No. (\_\_\_\_) \_\_\_\_\_ Social Security No. \_\_\_\_\_  
Employer ID No. \_\_\_\_\_  
Ownership/Control relationship to applicant \_\_\_\_\_  
Beginning date of affiliation \_\_\_\_\_

Name \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
If P.O. Box, indicate Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Telephone No. (\_\_\_\_) \_\_\_\_\_ Social Security No. \_\_\_\_\_  
Employer ID No. \_\_\_\_\_  
Ownership/Control relationship to applicant \_\_\_\_\_  
Beginning date of affiliation \_\_\_\_\_

Name \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
If P.O. Box, indicate Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Telephone No. (\_\_\_\_) \_\_\_\_\_ Social Security No. \_\_\_\_\_  
Employer ID No. \_\_\_\_\_  
Ownership/Control relationship to applicant \_\_\_\_\_  
Beginning date of affiliation \_\_\_\_\_

5. (continued)

Name DENNIS A. SADLOWSKI  
 Mailing Address 30 ROCKEFELLER CENTER, SUITE 4225  
 If P.O. Box, indicate Street Address \_\_\_\_\_  
 City NEW YORK State NEW YORK Zip 10112  
 Telephone No. (212) 541-6000 Social Security No. 317-38-5988  
 Employer ID No. \_\_\_\_\_  
 Ownership/Control relationship to applicant SECRETARY  
 Location in organizational structure SECRETARY  
 Official title within corporation SECRETARY  
 Percent of ownership N/A  
 Beginning date of ownership N/A  
 Beginning date of affiliation 10/31/00

6. Violation Information

(a) Has the applicant or any person listed in items 3, 4, or 5, and including any subsidiary, affiliate, or person controlled by or under common control with the applicant:

(1) Had a federal or state coal mining permit suspended or revoked in the five (5) years preceding the date of this application?  
[ ] YES [ X ] NO. If "YES" complete the following:

Name of Applicant or Person \_\_\_\_\_  
Permittee \_\_\_\_\_  
Permit No. \_\_\_\_\_ Date of Issuance \_\_\_\_\_  
Regulatory authority suspending or revoking the permit \_\_\_\_\_  
State \_\_\_\_\_  
Stated reason for action \_\_\_\_\_

Current status of permit \_\_\_\_\_  
(If administrative or judicial proceedings initiated, provide the following:)  
Date \_\_\_\_\_ Location \_\_\_\_\_  
Type \_\_\_\_\_  
Current status of proceedings: \_\_\_\_\_

Name of Applicant or Person \_\_\_\_\_  
Permittee \_\_\_\_\_  
Permit No. \_\_\_\_\_ Date of Issuance \_\_\_\_\_  
Regulatory authority suspending or revoking the permit \_\_\_\_\_  
State \_\_\_\_\_  
Stated reason for action \_\_\_\_\_

Current status of permit \_\_\_\_\_  
(If administrative or judicial proceedings initiated, provide the following:)  
Date \_\_\_\_\_ Location \_\_\_\_\_  
Type \_\_\_\_\_  
Current status of proceedings: \_\_\_\_\_

Name of Applicant or Person \_\_\_\_\_  
Permittee \_\_\_\_\_  
Permit No. \_\_\_\_\_ Date of Issuance \_\_\_\_\_  
Regulatory authority suspending or revoking the permit \_\_\_\_\_  
State \_\_\_\_\_  
Stated reason for action \_\_\_\_\_

Current status of permit \_\_\_\_\_  
(If administrative or judicial proceedings initiated, provide the following:)  
Date \_\_\_\_\_ Location \_\_\_\_\_  
Type \_\_\_\_\_  
Current status of proceedings: \_\_\_\_\_

6. (a) (continued)

- (2) Forfeited a reclamation performance bond or a security deposited in lieu of a bond? [ ] YES [X] NO.  
If YES, complete the following:

Name of Applicant or Person \_\_\_\_\_  
 Permittee \_\_\_\_\_  
 Permit No. \_\_\_\_\_ Date of Issuance \_\_\_\_\_  
 Regulatory authority forfeiting bond or security \_\_\_\_\_  
 \_\_\_\_\_ State \_\_\_\_\_

Stated reason for action \_\_\_\_\_

Current status of bond or security \_\_\_\_\_  
 (If administrative or judicial proceedings initiated, provide the following:)  
 Date \_\_\_\_\_ Location \_\_\_\_\_  
 Type \_\_\_\_\_  
 Current status of proceedings: \_\_\_\_\_

Name of Applicant or Person \_\_\_\_\_  
 Permittee \_\_\_\_\_  
 Permit No. \_\_\_\_\_ Date of Issuance \_\_\_\_\_  
 Regulatory authority forfeiting bond or security \_\_\_\_\_  
 \_\_\_\_\_ State \_\_\_\_\_

Stated reason for action \_\_\_\_\_

Current status of bond or security \_\_\_\_\_  
 (If administrative or judicial proceedings initiated, provide the following:)  
 Date \_\_\_\_\_ Location \_\_\_\_\_  
 Type \_\_\_\_\_  
 Current status of proceedings: \_\_\_\_\_

Name of Applicant or Person \_\_\_\_\_  
 Permittee \_\_\_\_\_  
 Permit No. \_\_\_\_\_ Date of Issuance \_\_\_\_\_  
 Regulatory authority forfeiting bond or security \_\_\_\_\_  
 \_\_\_\_\_ State \_\_\_\_\_

Stated reason for action \_\_\_\_\_

Current status of bond or security \_\_\_\_\_  
 (If administrative or judicial proceedings initiated, provide the following:)  
 Date \_\_\_\_\_ Location \_\_\_\_\_  
 Type \_\_\_\_\_  
 Current status of proceedings: \_\_\_\_\_

6. (continued)

- (b) List all unabated cessation orders, and all unabated air and water quality notice of violation, received prior to the date of this application by any surface coal mining and reclamation operation owned or controlled by either the applicant or by any person identified in items 3, 4, or 5. If none, check box: [X].

Name of Applicant or Person \_\_\_\_\_  
 Name to whom violation was issued \_\_\_\_\_  
 Permit (or other identifying) No. \_\_\_\_\_  
 MSHA No. \_\_\_\_\_ Date MSHA No. Issued \_\_\_\_\_  
 Violation ID No. \_\_\_\_\_ State \_\_\_\_\_  
 Issuing regulatory authority \_\_\_\_\_  
 Date violation issued \_\_\_\_\_  
 Description of alleged violation \_\_\_\_\_

Abatement actions taken \_\_\_\_\_  
 \_\_\_\_\_  
 Date of abatement actions \_\_\_\_\_  
 Type of proceedings (administrative or judicial) \_\_\_\_\_  
 Date of proceedings \_\_\_\_\_  
 Status of proceedings \_\_\_\_\_  
 Location of proceedings \_\_\_\_\_

Name of Applicant or Person \_\_\_\_\_  
 Name to whom violation was issued \_\_\_\_\_  
 Permit (or other identify). No. \_\_\_\_\_  
 MSHA No. \_\_\_\_\_ Date MSHA No. Issued \_\_\_\_\_  
 Violation ID No. \_\_\_\_\_ State \_\_\_\_\_  
 Issuing regulatory authority \_\_\_\_\_  
 Date violation issued \_\_\_\_\_  
 Description of alleged violation \_\_\_\_\_

Abatement actions taken \_\_\_\_\_  
 \_\_\_\_\_  
 Date of abatement actions \_\_\_\_\_  
 Type of proceedings (administrative or judicial) \_\_\_\_\_  
 Date of proceedings \_\_\_\_\_  
 Status of proceedings \_\_\_\_\_  
 Location of proceedings \_\_\_\_\_

7. If any individual previously reported in the most recent MPA-01, has changed their title, relationship, or position in the corporate structure, complete the item below:

JOHN W. HUGHES, who was previously reported on MPA-01 as holding the title PRESIDENT; CHIEF OPERATING OFFICER, now holds the new title of PRESIDENT; CHIEF EXECUTIVE OFFICER. This change was effective on the date of 1/7/00.

\_\_\_\_\_, who was previously reported on MPA-01 as holding the title \_\_\_\_\_, now holds the new title of \_\_\_\_\_. This change was effective on the date of \_\_\_\_\_.

\_\_\_\_\_, who was previously reported on MPA-01 as holding the title \_\_\_\_\_, now holds the new title of \_\_\_\_\_. This change was effective on the date of \_\_\_\_\_.

8. List below the permit number of all issued permits held by this corporation and all permits for which the corporation is an Operator. Permit Numbers on which the applicant is only an operator, and not the permittee, should be enclosed within parenthesis ( ).

N/A

9. Signature of Applicant or Authorized Agent

The undersigned, being first duly sworn, states that he/she has read all the information provided in Form MPA-06, Change of Corporate Owners, Officers, or Directors, of this application and has found it to be true and correct. The undersigned further acknowledges that any information provided or omitted herein for the purpose of defrauding or misleading the Natural Resources and Environmental Protection Cabinet may result in criminal charges being instituted pursuant to applicable state laws.

Applicant Company Name LODESTAR HOLDINGS, INC.

Name of Applicant or Agent Whose Signature Appears Below JOHN W. HUGHES

Title PRESIDENT; CHIEF EXECUTIVE OFFICER, Telephone ( 859 ) 255-4006

Signature of Applicant or Agent\* *John W. Hughes*

Date of signature 11/15/00

Subscribed and sworn to before me by JOHN W. HUGHES

This the 15<sup>th</sup> Day of November, 2000.

Notary Public *Connie G. Shank*

My Commission Expires 6-29-2002 State in which Commissioned KENTUCKY

\*NOTE: If signer is other than president or secretary of a corporation, attach a notarized copy of power of attorney, or resolution of board of directors which grants signer the legal authority to represent the applicant in this application. (Does not apply to a single proprietorship or partnership.)

## DISCLAIMER

This is to certify that the MPA-01 form in Entity File No. #02 for Lodestar Energy, Inc., DSMRE ID Number 012777, was digitized and reproduced by a computer and is intended to be identical in content to the Commonwealth of Kentucky Department for Surface Mining Reclamation & Enforcement's form MPA-01. If any omissions, errors, or changes are found in this form, the Department for Surface Mining Reclamation & Enforcement form will prevail.



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John W. Hughes  
President; Chief Executive Officer

# PERMITTEE INFORMATION FOR A MINING PERMIT

This form clearly identifies the applicant for a mining permit. This form must be filed in conjunction with MPA-03 for all Original and Amendment permit applications.

PERMIT NUMBER \_\_\_\_\_ ENTITY \_\_\_\_\_

DSMRE ID NUMBER 012777

## 1. Identification of Applicant and Owners' Interests

1.1 Applicant Name LODESTAR ENERGY, INC.  
Mailing Address 251 Tollage Creek  
If P.O. Box, indicate Street Address N/A  
City Pikeville State KENTUCKY Zip 41501  
Telephone No. (606) 432-9071  
Employer ID No. 95-2623858  
Coal Severance Tax No. 62513

### 1.2 Identify resident agent, in Kentucky, for service of process:

Name C. T. CORPORATION SYSTEM  
Mailing Address KY HOME LIFE BLDG., ROOM 1102  
If P.O. Box, indicate Street Address N/A  
City LOUISVILLE State KENTUCKY Zip 40202  
Telephone No. (502) 587-5960  
Employer ID No. 51-0006522 Social Security No. N/A

### 1.3 Identify individual who will pay the federal abandoned mine land reclamation fees:

Name MARILYN ADAMSON  
Mailing Address 333 WEST VINE STREET, SUITE 1700  
If P.O. Box, indicate Street Address N/A  
City LEXINGTON State KENTUCKY Zip 40507  
Telephone No. (859) 255-4006  
Employer ID No. N/A Social Security No. 400-96-5514

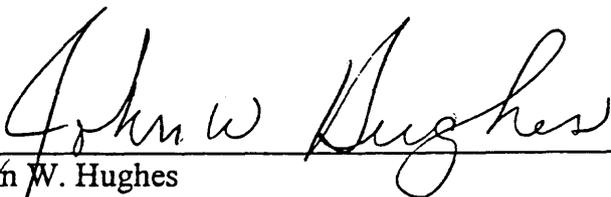
1.4 Type of Application:  Original  Amendment No. \_\_\_\_\_  
 Entity

### 1.5 Indicate legal structure of applicant:

Single Proprietorship (I)  
 Partnership (P)  
Is applicant a Limited Partnership?  YES  NO  
 Corporation <sup>o</sup> List State of Incorporation Delaware  
 Association (A) \_\_\_\_\_  
 Other (O) \_\_\_\_\_

## DISCLAIMER

This is to certify that the MPA-01 form in Entity File No. #02 for Lodestar Energy, Inc., DSMRE ID Number 012778, was digitized and reproduced by a computer and is intended to be identical in content to the Commonwealth of Kentucky Department for Surface Mining Reclamation & Enforcement's form MPA-01. If any omissions, errors, or changes are found in this form, the Department for Surface Mining Reclamation & Enforcement form will prevail.

  
\_\_\_\_\_  
John W. Hughes  
President; Chief Executive Officer

# PERMITTEE INFORMATION FOR A MINING PERMIT

This form clearly identifies the applicant for a mining permit. This form must be filed in conjunction with MPA-03 for all Original and Amendment permit applications.

PERMIT NUMBER \_\_\_\_\_ ENTITY \_\_\_\_\_

DSMRE ID NUMBER 012778

## 1. Identification of Applicant and Owners' Interests

1.1 Applicant Name LODESTAR ENERGY, INC.  
Mailing Address P.O. BOX 448  
If P.O. Box, indicate Street Address 11713 STATE ROAD 270 W  
City CLAY State KENTUCKY Zip 42404  
Telephone No. (502) 667-7025  
Employer ID No. 95-2623858  
Coal Severance Tax No. 62514

### 1.2 Identify resident agent, in Kentucky, for service of process:

Name C. T. CORPORATION SYSTEM  
Mailing Address KY HOME LIFE BLDG., ROOM 1102  
If P.O. Box, indicate Street Address N/A  
City LOUISVILLE State KENTUCKY Zip 40202  
Telephone No. (502) 587-5960  
Employer ID No. 51-0006522 Social Security No. N/A

### 1.3 Identify individual who will pay the federal abandoned mine land reclamation fees:

Name MARILYN ADAMSON  
Mailing Address 333 WEST VINE STREET, SUITE 1700  
If P.O. Box, indicate Street Address N/A  
City LEXINGTON State KENTUCKY Zip 40507  
Telephone No. (859) 255-4006  
Employer ID No. N/A Social Security No. 400-96-5514

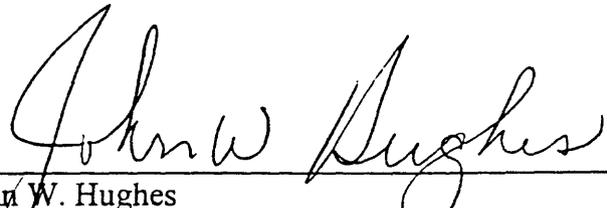
1.4 Type of Application: [ ] Original [ ] Amendment No. \_\_\_\_\_  
[x] Entity

### 1.5 Indicate legal structure of applicant:

[ ] Single Proprietorship (I)  
[ ] Partnership (P)  
Is applicant a Limited Partnership? [ ] YES [ ] NO  
[ X ] Corporation • List State of Incorporation Delaware  
[ ] Association (A) \_\_\_\_\_  
[ ] Other (O) \_\_\_\_\_

**DISCLAIMER**

This is to certify that the MPA-01 form in Entity File No. #02 for Lodestar Energy, Inc., DSMRE ID Number 012779, was digitized and reproduced by a computer and is intended to be identical in content to the Commonwealth of Kentucky Department for Surface Mining Reclamation & Enforcement's form MPA-01. If any omissions, errors, or changes are found in this form, the Department for Surface Mining Reclamation & Enforcement form will prevail.



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John W. Hughes  
President; Chief Executive Officer

**PERMITTEE INFORMATION FOR A MINING PERMIT**

This form clearly identifies the applicant for a mining permit. This form must be filed in conjunction with MPA-03 for all Original and Amendment permit applications.	PERMIT NUMBER _____ ENTITY _____
	DSMRE ID NUMBER <u>012779</u>

**1. Identification of Applicant and Owners' Interests**

1.1 Applicant Name LODESTAR ENERGY, INC.  
Mailing Address P.O. BOX 38  
If P.O. Box, indicate Street Address Highway 670  
City Providence State KENTUCKY Zip 42450  
Telephone No. (502) 667-7025  
Employer ID No. 95-2623858  
Coal Severance Tax No. 62524

1.2 Identify resident agent, in Kentucky, for service of process:

Name C. T. CORPORATION SYSTEM  
Mailing Address KY HOME LIFE BLDG., ROOM 1102  
If P.O. Box, indicate Street Address N/A  
City LOUISVILLE State KENTUCKY Zip 40202  
Telephone No. (502) 587-5960  
Employer ID No. 51-0006522 Social Security No. N/A

1.3 Identify individual who will pay the federal abandoned mine land reclamation fees:

Name MARILYN ADAMSON  
Mailing Address 333 WEST VINE STREET, SUITE 1700  
If P.O. Box, indicate Street Address N/A  
City LEXINGTON State KENTUCKY Zip 40507  
Telephone No. (859) 255-4006  
Employer ID No. N/A Social Security No. 400-96-5514

1.4 Type of Application:  Original  Amendment No. \_\_\_\_\_  
 Entity

1.5 Indicate legal structure of applicant:

Single Proprietorship (I)  
 Partnership (P)  
Is applicant a Limited Partnership?  YES  NO  
 Corporation • List State of Incorporation Delaware  
 Association (A) \_\_\_\_\_  
 Other (O) \_\_\_\_\_

PERMIT NUMBER ENTITY

1.6 Attach notarized copies of the documents which establish the legal structure of the applicant and check below the type of documents submitted.

[ ] Notarized copy of "Certificate of Existence Domestic Corporation" or other appropriate document from the Secretary of State. Also attach a notarized copy of the most recently filed annual report (In-State Corporation).

[ x ] Notarized copy of "Certificate of Authorization Foreign Corporation" and a notarized copy of most recently filed annual report (out of State Corporation).

[ ] Notarized copy of Partnership Agreement (Partnership).

[ ] Notarized copy of "Certificate of Limited Partnership" (Limited partnership).

1.7 If business is to be conducted under an assumed name, attach a copy of the "Certificate of Assumed Name" and list the county where that name is registered.  
\_\_\_\_\_ N/A \_\_\_\_\_ Identify attached certificate as "Attachment 1.7A".

1.8 If applicant is a single proprietorship, list owner:

Name \_\_\_\_\_ N/A \_\_\_\_\_

Mailing Address \_\_\_\_\_

If P.O. Box, indicate Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone No. (\_\_\_\_) \_\_\_\_\_ Social Security No. \_\_\_\_\_

Employer ID No. \_\_\_\_\_

Beginning date of ownership \_\_\_\_\_

1.9 If applicant is a partnership, list all partners. If any partner listed below is a business entity and not an individual, also complete item 1.13 for that entity.

Name \_\_\_\_\_ N/A \_\_\_\_\_

Mailing Address \_\_\_\_\_

If P.O. Box, indicate Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone No. (\_\_\_\_) \_\_\_\_\_ Social Security No. \_\_\_\_\_

Employer ID No. \_\_\_\_\_

Ownership/Control relationship to applicant \_\_\_\_\_

Location in organizational structure \_\_\_\_\_

Percent of ownership \_\_\_\_\_

Official title within partnership \_\_\_\_\_

Beginning date of ownership \_\_\_\_\_



JOHN Y. BROWN III  
SECRETARY OF STATE

**CERTIFICATE**

I, JOHN Y. BROWN III, Secretary of State for the Commonwealth of Kentucky, do certify that the foregoing writing has been carefully compared by me with the original record thereof, now in my official custody as Secretary of State and remaining on file in my office, and found to be a true and correct copy of APPLICATION FOR AMENDED CERTIFICATE OF AUTHORITY OF COSTAIN COAL INC. CHANGING NAME TO LODESTAR ENERGY, INC. FILED JULY 24, 1997.

I, the undersigned, hereby certify this document is a true and exact copy of the original.

Connie G. Shanks                      11/15/00  
Notary    Date  
My Commission Expires: June 29, 2002

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal.

Done at Frankfort this 24TH day of

JULY, 19 97  
John Y. Brown III  
Secretary of State, Commonwealth of Kentucky

9/14/97



JOHN Y. BROWN III

SECRETARY OF STATE

APPLICATION FOR AMENDED CERTIFICATE OF AUTHORITY OF

Costain Coal Inc.

(Exact Corporate Name)

RECEIVED & FILED  
JUL 24 11 50 AM '97  
JOHN Y. BROWN III  
SECRETARY OF STATE  
COMMONWEALTH OF KENTUCKY

Pursuant to the provisions of Chapters 271B and 273 of the Kentucky Revised Statutes, the undersigned hereby applies, on behalf of said corporation, for an Amended Certificate of Authority to transact business in Kentucky and for that purpose submits the following statement:

A Certificate of Authority was issued to the above named corporation by the Secretary of State of Kentucky on November 20, 19 91, authorizing said corporation to transact business in the State of Kentucky under the name of Costain Coal Inc.

The corporation's name in its state or country of incorporation has been changed to Lodestar Energy, Inc.

The name of the corporation to be used in Kentucky is Lodestar Energy, Inc.

(if "real name" is unavailable for use)

The corporation's period of duration has been changed to NA

The corporation's state or country of incorporation has been change to NA

This application is accompanied by a Certificate of Existence (or document of similar import) *Duly Authenticated* by the Secretary of State or other official having custody of corporate records in the state or country under whose law it is incorporated.

Dated July 21, 19 97

R. Eberley Davis

Signature and Title

R. Eberley Davis, Assistant Secretary

Type or Print Name & Title

## State of Delaware

## Office of the Secretary of State

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "LODESTAR ENERGY, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-THIRD DAY OF JULY, A.D. 1997.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.



A handwritten signature in cursive script, reading "Edward J. Freel".

Edward J. Freel, Secretary of State

0797184 8300

971244106

AUTHENTICATION:

8571056

DATE:

07-23-97

ORD #

0293324

DUE JUNE 30,

2000

(4) FILING FEE

\$15.00

(1) EXACT CORPORATE NAME AND CURRENT PRINCIPAL OFFICE ADDRESS

LODESTAR ENERGY, INC.  
333 W VINE ST  
SUITE 1700  
LEXINGTON, KY 40507

I, the undersigned, hereby certify this document is a  
true and exact copy of the original.  
*Corrie A. Shanks* 11/15/00  
Notary Date  
My Commission Expires: June 29, 2002

(5) STATE OR COUNTRY OF INCORPORATION

DE

(2) THE PRINCIPAL OFFICE ADDRESS IS HEREBY CHANGED TO

[Empty box for principal office address change]

(6) DATE OF INCORPORATION OR DATE  
AUTHORIZED TO TRANSACT BUSINESS

11/20/1991

(3) CURRENT REGISTERED AGENT AND REGISTERED OFFICE ADDRESS

Changes made to the registered agent or registered office cannot be made on this form.  
Complete (7) to request a form to be mailed or download form from web site.

C. T. CORP. SYSTEM  
KY. HOME LIFE BLDG., RM. 1102  
LOUISVILLE, KY 40202

(7) MAIL A STATEMENT OF CHANGE OF AGENT OR OFFICE TO

[Empty lines for mailing statement of change of agent or office to]

(8) PRINCIPAL OFFICERS If the corporation has previously filed an annual report, verify the names & titles of officers listed below. Please note any additions to or changes in the principal officers and give the address for each person listed. If (8) is blank, type or print the names & business addresses the current principal officers. If sole officer, please note.

President	John W Hughes	Address
Vice President	<del>Engeneer C. K. ...</del>	Address
Secretary	Justin W Datri	Address
		Address
(SEE ATTACHMENT)		Address

(9) DIRECTORS Type or print the names and business addresses of the corporation's directors. No listing of directors is verification that the corporation has dispensed with directors. Nonprofit corporations must list three (3) or more directors.

Ira Leon Rennert	30 Rockefeller Plaza, Ste. 4225, NY, NY 10112
Name	Address

I VERIFY THAT INFORMATION IN THIS ANNUAL REPORT IS CURRENT AS OF THE DATE THIS REPORT IS EXECUTED.

*R. E. ...* VP TITLE Vice President DATED 6/29/00  
Signature of Officer or Chairman of the Board

LODESTAR ENERGY, INC.

(8) PRINCIPAL OFFICERS

ADDRESS

John W. Hughes - President and CEO	333 W. Vine St., Ste. 1700, Lexington, KY 40507
Troy L. Francisco, VP of Marketing & Business Development	333 W. Vine St., Ste. 1700, Lexington, KY 40507
William M. Potter, Vice President of Operations	333 W. Vine St., Ste. 1700, Lexington, KY 40507
Dennis W. Bryant, VP - Western KY Operations	P. O. Box 38, Providence, KY 42450
R. Blake Hall, VP - Eastern KY Operations	251 Tollage Creek Rd., Pikeville, KY 41501
John A. Siegel, Jr. - Vice President	30 Rockefeller Plaza, Ste. 4225, NY, NY 10112
Roger L. Fay - Vice President	30 Rockefeller Plaza, Ste. 4225, NY, NY 10112
Michael E. Donohue - Vice President and CFO	333 W. Vine St., Ste. 1700, Lexington, KY 40507
R. Eberley Davis - Vice President and Assistant Secretary	333 W. Vine St., Ste. 1700, Lexington, KY 40507
Justin W. D'Atri - Secretary	30 Rockefeller Plaza, Ste. 4225, NY, NY 10112
Dennis A. Sadlowski - Assistant Secretary	30 Rockefeller Plaza, Ste. 4225, NY, NY 10112
Michael C. Ryan - Assistant Secretary	100 Maiden Lane, New York, NY 10038

**PERMIT NUMBER ENTITY**

1.9 (continued)

Name N/A  
Mailing Address \_\_\_\_\_  
If P.O. Box, indicate Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Telephone No. ( ) \_\_\_\_\_ Social Security No. \_\_\_\_\_  
Employer ID No. \_\_\_\_\_  
Ownership/Control relationship to applicant \_\_\_\_\_  
Location in organizational structure \_\_\_\_\_  
Percent of ownership \_\_\_\_\_  
Official title within partnership \_\_\_\_\_  
Beginning date of ownership \_\_\_\_\_

Name N/A  
Mailing Address \_\_\_\_\_  
If P.O. Box, indicate Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Telephone No. ( ) \_\_\_\_\_ Social Security No. \_\_\_\_\_  
Employer ID No. \_\_\_\_\_  
Ownership/Control relationship to applicant \_\_\_\_\_  
Location in organizational structure \_\_\_\_\_  
Percent of ownership \_\_\_\_\_  
Official title within partnership \_\_\_\_\_  
Beginning date of ownership \_\_\_\_\_

Name N/A  
Mailing Address \_\_\_\_\_  
If P.O. Box, indicate Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Telephone No. ( ) \_\_\_\_\_ Social Security No. \_\_\_\_\_  
Employer ID No. \_\_\_\_\_  
Ownership/Control relationship to applicant \_\_\_\_\_  
Location in organizational structure \_\_\_\_\_  
Percent of ownership \_\_\_\_\_  
Official title within partnership \_\_\_\_\_  
Beginning date of ownership \_\_\_\_\_

Name N/A  
Mailing Address \_\_\_\_\_  
If P.O. Box, indicate Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Telephone No. ( ) \_\_\_\_\_ Social Security No. \_\_\_\_\_  
Employer ID No. \_\_\_\_\_  
Ownership/Control relationship to applicant \_\_\_\_\_  
Location in organizational structure \_\_\_\_\_  
Percent of ownership \_\_\_\_\_  
Official title within partnership \_\_\_\_\_  
Beginning date of ownership \_\_\_\_\_

PERMIT NUMBER ENTITY

1.10 If the applicant's legal structure is other than a single proprietorship or a partnership, provide all the information set forth below for: Stockholders (SH) owning ten (10) percent or more of any class of voting stock; Officers [President (PRS), Vice President (VP), Secretary (SEC), Treasurer (TRS)], Directors (DIR), and any other person performing a function similar to a Director. If any person listed below is a business entity and not an individual, also complete item 1.13 for that entity.

Name JOHN A. SIEGEL, JR.  
Mailing Address 30 ROCKEFELLER CENTER, SUITE 4225  
If P.O. Box, indicate Street Address \_\_\_\_\_  
City NEW YORK State NEW YORK Zip 10112  
Telephone No. (212) 541-6000 Social Security No. 084-40-0870  
Employer ID No. \_\_\_\_\_  
Ownership/Control relationship to applicant VICE PRESIDENT  
Location in organizational structure VICE PRESIDENT  
Official title within corporation VICE PRESIDENT  
Percent of ownership N/A  
Beginning date of ownership N/A  
Beginning date of affiliation 03/14/97

Name ROGER L. FAY  
Mailing Address 30 ROCKEFELLER CENTER, SUITE 4225  
If P.O. Box, indicate Street Address \_\_\_\_\_  
City NEW YORK State NEW YORK Zip 10112  
Telephone No. (212) 541-6000 Social Security No. 056-36-6402  
Employer ID No. \_\_\_\_\_  
Ownership/Control relationship to applicant VICE PRESIDENT  
Location in organizational structure VICE PRESIDENT  
Official title within corporation VICE PRESIDENT  
Percent of ownership N/A  
Beginning date of ownership N/A  
Beginning date of affiliation 03/14/97

Name JUSTIN W. D'ATRI  
Mailing Address 30 ROCKEFELLER CENTER, SUITE 4225  
If P.O. Box, indicate Street Address \_\_\_\_\_  
City NEW YORK State NEW YORK Zip 10112  
Telephone No. (212) 541-6000 Social Security No. 054-22-0273  
Employer ID No. \_\_\_\_\_  
Ownership/Control relationship to applicant SECRETARY  
Location in organizational structure SECRETARY  
Official title within corporation SECRETARY  
Percent of ownership N/A  
Beginning date of ownership N/A  
Beginning date of affiliation 03/14/97

1.10 (continued)

Name DENNIS A. SADLOWSKI  
 Mailing Address 30 ROCKEFELLER CENTER, SUITE 4225  
 If P.O. Box, indicate Street Address \_\_\_\_\_  
 City NEW YORK State NEW YORK Zip 10112  
 Telephone No. (212) 541-6000 Social Security No. 317-38-5988  
 Employer ID No. \_\_\_\_\_  
 Ownership/Control relationship to applicant ASSISTANT SECRETARY  
 Location in organizational structure ASSISTANT SECRETARY  
 Official title within corporation ASSISTANT SECRETARY  
 Percent of ownership N/A  
 Beginning date of ownership N/A  
 Beginning date of affiliation 03/14/97

Name MICHAEL C. RYAN  
 Mailing Address 100 MAIDEN LANE  
 If P.O. Box, indicate Street Address \_\_\_\_\_  
 City NEW YORK State NEW YORK Zip 10038  
 Telephone No. (212) 504-6000 Social Security No. 061-38-1877  
 Employer ID No. \_\_\_\_\_  
 Ownership/Control relationship to applicant ASSISTANT SECRETARY  
 Location in organizational structure ASSISTANT SECRETARY  
 Official title within corporation ASSISTANT SECRETARY  
 Percent of ownership N/A  
 Beginning date of ownership N/A  
 Beginning date of affiliation 03/14/97

Name R. EBERLEY DAVIS  
 Mailing Address 333 WEST VINE STREET, SUITE 1700  
 If P.O. Box, indicate Street Address N/A  
 City LEXINGTON State KENTUCKY Zip 40507  
 Telephone No. (859) 255-4006 Social Security No. 402-88-1655  
 Employer ID No. N/A  
 Ownership/Control relationship to applicant VICE PRESIDENT; ASSISTANT SECRETARY  
 Location in organizational structure VICE PRESIDENT; ASSISTANT SECRETARY  
 Official title within corporation VICE PRESIDENT; ASSISTANT SECRETARY  
 Percent of ownership NONE  
 Beginning date of ownership N/A  
 Beginning date of affiliation 09/02/95

Name JOHN W. HUGHES  
 Mailing Address 333 WEST VINE STREET, SUITE 1700  
 If P.O. Box, indicate Street Address N/A  
 City LEXINGTON State KENTUCKY Zip 40507  
 Telephone No. (859) 255-4006 Social Security No. 516-40-0571  
 Employer ID No. N/A  
 Ownership/Control relationship to applicant PRESIDENT; CHIEF EXECUTIVE OFFICER  
 Location in organizational structure PRESIDENT; CHIEF EXECUTIVE OFFICER  
 Official title within corporation PRESIDENT; CHIEF EXECUTIVE OFFICER  
 Percent of ownership NONE  
 Beginning date of ownership N/A  
 Beginning date of affiliation 07/17/95

PERMIT NUMBER ENTITY

1.10 (continued)

Name MICHAEL E. DONOHUE  
 Mailing Address 333 WEST VINE STREET, SUITE 1700  
 If P.O. Box, indicate Street Address N/A  
 City LEXINGTON State KENTUCKY Zip 40507  
 Telephone No. (859) 255-4006 Social Security No. 498-58-6637  
 Employer ID No. N/A  
 Ownership/Control relationship to applicant VICE PRESIDENT - CFO  
 Location in organizational structure VICE PRESIDENT - CFO  
 Official title within corporation VICE PRESIDENT - CFO  
 Percent of ownership NONE  
 Beginning date of ownership N/A  
 Beginning date of affiliation 04/15/98

Name TROY L. FRANCISCO  
 Mailing Address 333 WEST VINE STREET, SUITE 1700  
 If P.O. Box, indicate Street Address \_\_\_\_\_  
 City LEXINGTON State KENTUCKY Zip 40507  
 Telephone No. (859) 255-4006 Social Security No. 402-66-4729  
 Employer ID No. \_\_\_\_\_  
 Ownership/Control relationship to applicant VP OF MARKETING & BUSINESS DEVELOPMENT  
 Location in organizational structure VP OF MARKETING & BUSINESS DEVELOPMENT  
 Official title within corporation VP OF MARKETING & BUSINESS DEVELOPMENT  
 Percent of ownership N/A  
 Beginning date of ownership N/A  
 Beginning date of affiliation 08/16/99

Name WILLIAM M. POTTER  
 Mailing Address 333 WEST VINE STREET, SUITE 1700  
 If P.O. Box, indicate Street Address \_\_\_\_\_  
 City LEXINGTON State KENTUCKY Zip 40507  
 Telephone No. (859) 255-4006 Social Security No. 401-76-6644  
 Employer ID No. \_\_\_\_\_  
 Ownership/Control relationship to applicant VICE PRESIDENT OF OPERATIONS  
 Location in organizational structure VICE PRESIDENT OF OPERATIONS  
 Official title within corporation VICE PRESIDENT OF OPERATIONS  
 Percent of ownership N/A  
 Beginning date of ownership N/A  
 Beginning date of affiliation 10/1/99

Name DENNIS W. BRYANT  
 Mailing Address P. O. BOX 38  
 If P.O. Box, indicate Street Address 301 HIGHWAY 670  
 City PROVIDENCE State KENTUCKY Zip 42450  
 Telephone No. (270) 667-7025 Social Security No. 404-66-6975  
 Employer ID No. \_\_\_\_\_  
 Ownership/Control relationship to applicant VP - WESTERN KENTUCKY OPERATIONS  
 Location in organizational structure VP - WESTERN KENTUCKY OPERATIONS  
 Official title within corporation VP - WESTERN KENTUCKY OPERATIONS  
 Percent of ownership N/A  
 Beginning date of ownership N/A  
 Beginning date of affiliation 10/1/99

**PERMIT NUMBER ENTITY**

1.10 (continued)

Name R. BLAKE HALL  
 Mailing Address 251 TOLLAGE CREEK  
 If P.O. Box, indicate Street Address \_\_\_\_\_  
 City PIKEVILLE State KENTUCKY Zip 41501  
 Telephone No. (606) 432-9071 Social Security No. 359-60-1334  
 Employer ID No. \_\_\_\_\_  
 Ownership/Control relationship to applicant VP - EASTERN KENTUCKY OPERATIONS  
 Location in organizational structure VP - EASTERN KENTUCKY OPERATIONS  
 Official title within corporation VP - EASTERN KENTUCKY OPERATIONS  
 Percent of ownership N/A  
 Beginning date of ownership N/A  
 Beginning date of affiliation 08/16/99

Name IRA LEON RENNERT  
 Mailing Address 30 ROCKEFELLER CENTER, SUITE 4225  
 If P.O. Box, indicate Street Address \_\_\_\_\_  
 City NEW YORK State NEW YORK Zip 10112  
 Telephone No. (212) 541-6000 Social Security No. 122-26-3075  
 Employer ID No. \_\_\_\_\_  
 Ownership/Control relationship to applicant DIRECTOR  
 Location in organizational structure DIRECTOR  
 Official title within corporation DIRECTOR  
 Percent of ownership N/A  
 Beginning date of ownership N/A  
 Beginning date of affiliation 03/14/97

Name LODESTAR HOLDINGS, INC.  
 Mailing Address 30 ROCKEFELLER CENTER, SUITE 4225  
 If P.O. Box, indicate Street Address \_\_\_\_\_  
 City NEW YORK State NEW YORK Zip 10112  
 Telephone No. (212) 541-6000 Social Security No. \_\_\_\_\_  
 Employer ID No. 13-3903875  
 Ownership/Control relationship to applicant STOCKHOLDER  
 Location in organizational structure STOCKHOLDER  
 Official title within corporation N/A  
 Percent of ownership 100%  
 Beginning date of ownership 01/31/97  
 Beginning date of affiliation 01/31/97

PERMIT NUMBER ENTITY

1.11 Identify every person owning or controlling the coal to be mined under a lease, sublease, or other contract, and having the right to receive the coal after mining. Also, identify every person owning or controlling the coal to be mined under lease, sublease, or other contract and having authority to determine the manner in which the surface coal mining operation is conducted. If none, check box: [ X ] . If any person listed below is a business entity and not an individual, also complete item 1.13 for that entity.

Name N/A

Mailing Address

If P.O. Box, indicate Street Address

City State Zip

Telephone No. ( ) Social Security No.

Employer ID No.

Ownership/Control relationship to applicant

Beginning date of affiliation

Name N/A

Mailing Address

If P.O. Box, indicate Street Address

City State Zip

Telephone No. ( ) Social Security No.

Employer ID No.

Ownership/Control relationship to applicant

Beginning date of affiliation

Name N/A

Mailing Address

If P.O. Box, indicate Street Address

City State Zip

Telephone No. ( ) Social Security No.

Employer ID No.

Ownership/Control relationship to applicant

Beginning date of affiliation

Name N/A

Mailing Address

If P.O. Box, indicate Street Address

City State Zip

Telephone No. ( ) Social Security No.

Employer ID No.

Ownership/Control relationship to applicant

Beginning date of affiliation

PERMIT NUMBER ENTITY

1.12 Identify below all persons who have the authority or ability to commit the [ X ]. If any person listed below is a business entity and not an individual, also complete item 1.13 for that entity.

Name N/A
Mailing Address
If P.O. Box, indicate Street Address
City State Zip
Telephone No. ( ) Social Security No.
Employer ID No.
Ownership/Control relationship to applicant
Beginning date of affiliation

Name N/A
Mailing Address
If P.O. Box, indicate Street Address
City State Zip
Telephone No. ( ) Social Security No.
Employer ID No.
Ownership/Control relationship to applicant
Beginning date of affiliation

Name N/A
Mailing Address
If P.O. Box, indicate Street Address
City State Zip
Telephone No. ( ) Social Security No.
Employer ID No.
Ownership/Control relationship to applicant
Beginning date of affiliation

Name N/A
Mailing Address
If P.O. Box, indicate Street Address
City State Zip
Telephone No. ( ) Social Security No.
Employer ID No.
Ownership/Control relationship to applicant
Beginning date of affiliation

Name N/A
Mailing Address
If P.O. Box, indicate Street Address
City State Zip
Telephone No. ( ) Social Security No.
Employer ID No.
Ownership/Control relationship to applicant
Beginning date of affiliation

Item 1.13

Complete this item whenever a business entity (rather than an individual) is listed in items 1.9, 1.10, 1.11, 1.12, or 1.13. Check the box below which corresponds to the item number in which the entity is found.

Check appropriate box [ ] 1.9 [ X ] 1.10 [ ] 1.11 [ ] 1.12 [ ] 1.13

Name of entity LODESTAR HOLDINGS, INC.

List below the owners and controllers of parent entity. If any person listed is a business entity and not an individual, also complete an item 1.13 for that entity.

Name IRACOAL, INC.  
 Mailing Address 30 ROCKEFELLER CENTER, SUITE 4225  
 If P.O. Box, indicate Street Address N/A  
 City NEW YORK State NEW YORK Zip 10112  
 Telephone No. (212) 541-6000 Social Security No. \_\_\_\_\_  
 Employer ID No. pending  
 Ownership/Control relationship to parent entity Stockholder  
 Location in organizational structure Stockholder  
 Percent of ownership 100%  
 Official title within organization N/A  
 Beginning date of ownership 11/1/00  
 Beginning date of affiliation 11/1/00

Name JOHN A. SIEGEL, JR.  
 Mailing Address 30 ROCKEFELLER CENTER, SUITE 4225  
 If P.O. Box, indicate Street Address \_\_\_\_\_  
 City NEW YORK State NEW YORK Zip 10112  
 Telephone No. (212) 541-6000 Social Security No. 084-40-0870  
 Employer ID No. \_\_\_\_\_  
 Ownership/Control relationship to applicant VICE PRESIDENT  
 Location in organizational structure VICE PRESIDENT  
 Official title within corporation VICE PRESIDENT  
 Percent of ownership N/A  
 Beginning date of ownership N/A  
 Beginning date of affiliation 08/15/96

Name ROGER L. FAY  
 Mailing Address 30 ROCKEFELLER CENTER, SUITE 4225  
 If P.O. Box, indicate Street Address \_\_\_\_\_  
 City NEW YORK State NEW YORK Zip 10112  
 Telephone No. (212) 541-6000 Social Security No. 056-36-6402  
 Employer ID No. \_\_\_\_\_  
 Ownership/Control relationship to applicant VICE PRESIDENT & TREASURER  
 Location in organizational structure VICE PRESIDENT & TREASURER  
 Official title within corporation VICE PRESIDENT & TREASURER  
 Percent of ownership N/A  
 Beginning date of ownership N/A  
 Beginning date of affiliation 08/15/96

1.13 (continued)

Name JUSTIN W. D'ATRI  
 Mailing Address 30 ROCKEFELLER CENTER, SUITE 4225  
 If P.O. Box, indicate Street Address \_\_\_\_\_  
 City NEW YORK State NEW YORK Zip 10112  
 Telephone No. (212) 541-6000 Social Security No. 054-22-0273  
 Employer ID No. \_\_\_\_\_  
 Ownership/Control relationship to applicant SECRETARY  
 Location in organizational structure SECRETARY  
 Official title within corporation SECRETARY  
 Percent of ownership N/A  
 Beginning date of ownership N/A  
 Beginning date of affiliation 08/15/96

Name DENNIS A. SADLOWSKI  
 Mailing Address 30 ROCKEFELLER CENTER, SUITE 4225  
 If P.O. Box, indicate Street Address \_\_\_\_\_  
 City NEW YORK State NEW YORK Zip 10112  
 Telephone No. (212) 541-6000 Social Security No. 317-38-5988  
 Employer ID No. \_\_\_\_\_  
 Ownership/Control relationship to applicant ASSISTANT SECRETARY  
 Location in organizational structure ASSISTANT SECRETARY  
 Official title within corporation ASSISTANT SECRETARY  
 Percent of ownership N/A  
 Beginning date of ownership N/A  
 Beginning date of affiliation 08/15/96

Name MICHAEL C. RYAN  
 Mailing Address 100 MAIDEN LANE  
 If P.O. Box, indicate Street Address \_\_\_\_\_  
 City NEW YORK State NEW YORK Zip 10038  
 Telephone No. (212) 504-6000 Social Security No. 061-38-1877  
 Employer ID No. \_\_\_\_\_  
 Ownership/Control relationship to applicant ASSISTANT SECRETARY  
 Location in organizational structure ASSISTANT SECRETARY  
 Official title within corporation ASSISTANT SECRETARY  
 Percent of ownership N/A  
 Beginning date of ownership N/A  
 Beginning date of affiliation 08/15/96

Name IRA LEON RENNERT  
 Mailing Address 30 ROCKEFELLER CENTER, SUITE 4225  
 If P.O. Box, indicate Street Address \_\_\_\_\_  
 City NEW YORK State NEW YORK Zip 10112  
 Telephone No. (212) 541-6000 Social Security No. 122-26-3075  
 Employer ID No. \_\_\_\_\_  
 Ownership/Control relationship to applicant DIRECTOR  
 Location in organizational structure DIRECTOR  
 Official title within corporation DIRECTOR  
 Percent of ownership N/A  
 Beginning date of ownership N/A  
 Beginning date of affiliation 08/15/96

1.13 (continued)

Name JOHN W. HUGHES  
 Mailing Address 333 WEST VINE STREET, SUITE 1700  
 If P.O. Box, indicate Street Address N/A  
 City LEXINGTON State KENTUCKY Zip 40507  
 Telephone No. (859) 255-4006 Social Security No. 516-40-0571  
 Employer ID No. N/A  
 Ownership/Control relationship to applicant PRESIDENT; CHIEF EXECUTIVE OFFICER  
 Location in organizational structure PRESIDENT; CHIEF EXECUTIVE OFFICER  
 Official title within corporation PRESIDENT; CHIEF EXECUTIVE OFFICER  
 Percent of ownership NONE  
 Beginning date of ownership N/A  
 Beginning date of affiliation 04/24/98

Name MICHAEL E. DONOHUE  
 Mailing Address 333 WEST VINE STREET, SUITE 1700  
 If P.O. Box, indicate Street Address N/A  
 City LEXINGTON State KENTUCKY Zip 40507  
 Telephone No. (859) 255-4006 Social Security No. 498-58-6637  
 Employer ID No. N/A  
 Ownership/Control relationship to applicant CHIEF FINANCIAL OFFICER  
 Location in organizational structure CHIEF FINANCIAL OFFICER  
 Official title within corporation CHIEF FINANCIAL OFFICER  
 Percent of ownership NONE  
 Beginning date of ownership N/A  
 Beginning date of affiliation 04/24/98

1.13 (continued)

Complete this item whenever a business entity (rather than an individual) is listed in items 1.9, 1.10, 1.11, 1.12, or 1.13. Check the box below which corresponds to the item number in which the entity is found.

Check appropriate box  1.9  1.10  1.11  1.12  1.13

Name of entity IRACOAL, INC.

List below the owners and controllers of parent entity. If any person listed is a business entity and not an individual, also complete an item 1.13 for that entity.

Name IRA LEON RENNERT  
 Mailing Address 30 ROCKEFELLER CENTER, SUITE 4225  
 If P.O. Box, indicate Street Address \_\_\_\_\_  
 City NEW YORK State NEW YORK Zip 10112  
 Telephone No. (212) 541-6000 Social Security No. 122-26-3075  
 Employer ID No. \_\_\_\_\_  
 Ownership/Control relationship to applicant PRESIDENT; CHAIRMAN & DIRECTOR  
 Location in organizational structure PRESIDENT; CHAIRMAN & DIRECTOR  
 Official title within corporation PRESIDENT; CHAIRMAN & DIRECTOR  
 Percent of ownership 100%  
 Beginning date of ownership 10/31/00  
 Beginning date of affiliation 10/31/00

Name ROGER L. FAY  
 Mailing Address 30 ROCKEFELLER CENTER, SUITE 4225  
 If P.O. Box, indicate Street Address \_\_\_\_\_  
 City NEW YORK State NEW YORK Zip 10112  
 Telephone No. (212) 541-6000 Social Security No. 056-36-6402  
 Employer ID No. \_\_\_\_\_  
 Ownership/Control relationship to applicant VICE PRESIDENT  
 Location in organizational structure VICE PRESIDENT  
 Official title within corporation VICE PRESIDENT  
 Percent of ownership N/A  
 Beginning date of ownership N/A  
 Beginning date of affiliation 10/31/00

1.13 (continued)

Name JOHN A. SIEGEL, JR.  
 Mailing Address 30 ROCKEFELLER CENTER, SUITE 4225  
 If P.O. Box, indicate Street Address \_\_\_\_\_  
 City NEW YORK State NEW YORK Zip 10112  
 Telephone No. (212) 541-6000 Social Security No. 084-40-0870  
 Employer ID No. \_\_\_\_\_  
 Ownership/Control relationship to applicant VICE PRESIDENT  
 Location in organizational structure VICE PRESIDENT  
 Official title within corporation VICE PRESIDENT  
 Percent of ownership N/A  
 Beginning date of ownership N/A  
 Beginning date of affiliation 10/31/00

Name DENNIS A. SADLOWSKI  
 Mailing Address 30 ROCKEFELLER CENTER, SUITE 4225  
 If P.O. Box, indicate Street Address \_\_\_\_\_  
 City NEW YORK State NEW YORK Zip 10112  
 Telephone No. (212) 541-6000 Social Security No. 317-38-5988  
 Employer ID No. \_\_\_\_\_  
 Ownership/Control relationship to applicant SECRETARY  
 Location in organizational structure SECRETARY  
 Official title within corporation SECRETARY  
 Percent of ownership N/A  
 Beginning date of ownership N/A  
 Beginning date of affiliation 10/31/00

# **APPENDIX D**

## **Mine Maps**

as required under R645-301-525.270.

## **CONTENTS**

White Oak #2 Mine - End of year Map

Map(s) is kept with this Annual Report located in the Public Information Center of our Salt Lake City office.

# APPENDIX E

## Other Information

in accordance with the requirements of R645-301 and R645-302.

### CONTENTS

Not Applicable