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FACSIMILE TRANSMISSION

*c/007/001
Incoming*

DATE: March 13, 2003

TIME IN:
TIME OUT:

TO:

Name	Fax Number	Phone Number
Pamela Grubaugh-Littig UDOGM	359-3940	

FROM: Denise A. Dragoo

PHONE: 801-257-1998

MESSAGE:

Pam:

Attached is the revised Certificate of Insurance for the Whiskey Creek Mine. We will provide 7 additional copies with the package tomorrow.

Thanks,

Denise

ORIGINAL DOCUMENT: Will not be sent NUMBER OF PAGES (Including Cover): 2

CONFIRMATION NO.: CLIENT MATTER NO.: 33999.0001

PLEASE RETURN TO: Julie McKenzie PERSONAL FAX: No

REQUESTOR: Denise A. Dragoo DIRECT LINE: 801-257-1998

**IF YOU HAVE NOT PROPERLY RECEIVED THIS TELECOPY, PLEASE CALL US AT (801) 257-1922.
OUR FACSIMILE NUMBER IS (801) 257-1800.**

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DIV. OF OIL, GAS & MINING

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03/13/2003 15:31 8045590069

RIVERPINE

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03/13/03 16:31 FAX 8624503889

MARSH ENERGY TN

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PRODUCER:		THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER OTHER THAN THOSE PROVIDED IN THE POLICY. THIS CERTIFICATE DOES NOT ALTER, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES LISTED BELOW.			
INSURED:		COMPANIES AFFORDING COVERAGE			
Marsh USA Inc. P.O. Box 36812 Knoxville, TN 37930-8012 865-788-7781		COMPANY LETTER A	Federal Insurance Company		
KTK Mining of Virginia, LLC P.O. Box 1916 Mechanicsville, VA 23118		COMPANY LETTER B	Kentucky Employees Mutual Insurance Co.		
		COMPANY LETTER C	Companion Property & Casualty Group - See "Date of Op" Below		
		COMPANY LETTER D	Great Northern Insurance Co. - See "Date of Op" Below		
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED HEREIN HAVE BEEN ISSUED TO THE INSURED NAMED HEREIN FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THE CERTIFICATE MAY BE ISSUED OR ANY PARTIAL, THE INSURANCE AFFORDED BY THE POLICIES LISTED HEREIN IS SUBJECT TO ALL THE TERMS, CONDITIONS AND EXCLUSIONS OF SUCH POLICIES. LIMITS HEREIN MAY HAVE BEEN REDUCED BY ENDORSEMENTS.					
DO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Includes Contracting <input checked="" type="checkbox"/> POLLUTION LIABILITY \$1,000,000 Ea Inc./Aggregate	2897-04-89 (GL) 8725-21-07 (POL)	7/1/02	7/1/03	GENERAL AGGREGATE \$ 2,000,000 PRODUCTS COMPLETION AGG \$ 1,000,000 CONTRACTORS POLLUTANT AGG \$ 1,000,000 EACH OCCURRENCE \$ 1,000,000 FIRE DAMAGED AUTO \$ 100,000 MED EXP (each auto person) \$ 10,000
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> UNLICENSED DRIVER	7350-24-01 (UA) 7801-08-77 (KY)	7/1/02	7/1/03	OCCURRED SINGLE LIMIT \$ 1,000,000 BODILY INJURY \$ - BODILY INJURY \$ - PROPERTY DAMAGE \$ - AUTO ONLY - B&A ACCIDENT \$ - OTHER THAN AUTO ONLY \$ - EACH ACCIDENT \$ - AGGREGATE \$ -
A	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - B&A ACCIDENT \$ - OTHER THAN AUTO ONLY \$ - EACH ACCIDENT \$ - AGGREGATE \$ -
A	ACCESS LIABILITY <input checked="" type="checkbox"/> UMBRELLA FORM OTHER THAN UMBRELLA FORM	7370-00-04	7/1/02	7/1/03	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000
B	WORKMAN'S COMPENSATION AND EMPLOYERS LIABILITY <input type="checkbox"/> THE PROPRIETOR/ PARTNER/INSURANCE <input type="checkbox"/> INCORPORATED	2801SR (CY)	7/1/02	7/1/03	<input checked="" type="checkbox"/> STATUTORY LIMITS \$ 1,000,000 \$ 1,000,000
A	OTHER PROPERTY EQUIPMENT	2577-04-00	7/1/02	7/1/03	\$250,000 Equipment Owned, Leased or Rented
DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / SPECIAL ITEMS * APPLICABLE TO THE WHOLESALE CHECK OPERATION Company C - Companion Property & Casualty Group (WV)AG000541-00 Workers' Compensation (VA) 11/28/02 - 11/28/03 Workers' Compensation Limits - Statutory \$1,000,000 BI by Acc - Ea Acc/\$1,000,000 BI by Disease - Ea Emp/\$1,000,000 BI by Disease - Policy Limit Company B - International Package Policy - Great Northern Ins. Co. 8725-21-03 03/13/02 - 03/13/03 \$1,000,000 BI/\$1,000,000 Auto-Owned, Fire & Workman's \$100,000 Medical Accident					
DIVISION OF OIL, GAS & MINING 1824 W. NORTH TEMPLE, SUITE 1210 SALT LAKE CITY, UT 84114		SHOULD ANY OF THE POLICIES LISTED HEREIN BE CANCELED BEFORE THE EXPIRATION DATE THEREOF, THE INSURER AFFORDING COVERAGE WILL endeavor to MAIL _____ DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER. FAILURE TO MAIL SUCH NOTICE SHALL NOT BE A WAIVER OF ANY RIGHT UPON THE INSURED FOR THE COVERAGE. NO AGENTS OR REPRESENTATIVES OF THE ISSUER OF THIS CERTIFICATE. MARSH USA, INC. BY: <i>Samuel J. Rowing</i>			

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 DIV. OF OIL, GAS & MINING