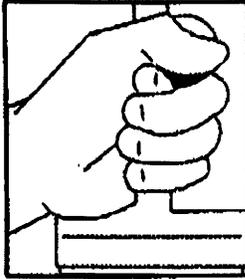




MT. NEBO SCIENTIFIC, INC.
research & consulting

OK

P.O. Box 337, Springville, Utah 84663
(801) 489-6937; (fax) 489-6779



J. Manning
c/007/012

FAX TRANSMISSION

TO: Pamela Grubaugh-Littig
 FROM: Patrick
 DATE: 10/5/01
 SUBJECT: Wellington
 NO. OF PAGES (including this pg.): 2

ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)
02/09/2001

PRODUCER
PRICE INSURANCE AGENCY
 W. MAIN ST. PO BOX 871
 PRICE, UT 84501-0871

INSURED
NEVADA ELECTRIC INVESTMENT CO. & SIERRA PACIFIC/NEVADA POWER CO.
 PO BOX 30069
 RENO, NV 89520

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

INSURERS AFFORDING COVERAGE

INSURER A: **SCOTTSDALE INSURANCE COMPANY**
 INSURER B:
 INSURER C:
 INSURER D:
 INSURER E:

COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	BINDER #BW/RN229	02/09/01	02/09/02	EACH OCCURRENCE \$300,000 FIRE DAMAGE (Any one fire) \$EXCLUDED MED EXP (Any one person) \$EXCLUDED PERSONAL & ADV INJURY \$EXCLUDED GENERAL AGGREGATE \$600,000 PRODUCTS - COMP/OP AGG \$EXCLUDED
AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EA ACC \$ AGG \$
EXCESS LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
OTHER				

DESCRIPTION OF OPERATION/LOCATIONS/VEHICLE/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS
 XCU COVERAGES ARE INCLUDED IN FORM
 \$1000 DEDUCTIBLE BODILY INJURY/PROPERTY DAMAGE
 LOCATION: WELLINGTON PREPARATION PLANT, PERMIT # C/007/012

CERTIFICATE HOLDER	ADDITIONAL INSURED; INSURER LETTER:	CANCELLATION
STATE OF UTAH, DIVISION OF OIL, GAS & MINING 1594 W. NORTH TEMPLE, SUITE #1210 SALT LAKE CITY, UTAH 84114-5801		SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL SEND BY MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT. AUTHORIZED REPRESENTATIVE <i>Roy A. Nelson</i>