



MOUNTAIN OPERATIONS

Lodestar Energy, Inc.
Horizon Mine
2000 Annual Report

ACT/007/020

File in:

- Confidential
- Shelf
- Expandable

Refer to Record No. 0012 Dat 032003rd
In C 100700012001 Inventory &
For additional information Confidential



*Lodestar Energy, Inc.
Mountain Operations
White Oak, Horizon, and Grand Valley Mines
HC35 Box 370
Helper, Utah 84526*

March 20, 2001

Ms. Pamela Grubaugh-Littig
Utah Coal Program
Utah Division of Oil, Gas and Mining
1594 West North Temple, Suite 1210
Salt Lake City, Utah 84114-5801

*Incoming
C/007/020*

SUBJECT: 2000 Annual Report

Dear Ms. Grubaugh-Littig:

Lodestar Energy, Inc. respectfully submits two (2) copies of its 2000 Annual Report for the Horizon Mine permit number C/007/020.

If there are any questions, please feel free to contact me at (435) 448-9455.

Sincerely,

David B. Miller
Business Manager

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MAR 23 2001

DIVISION OF
OIL, GAS AND MINING

C/007/0020, 2001, Incoming

- Refer to:
- Confidential
- Shelf
- Expandable

Date *03/20/01* For additional information

GENERAL INFORMATION

1. Permit Number	C/007/020
2. Mine Name	Horizon Mine
3. Permittee Name	Lodestar Energy, Inc.
4. Operator Name (if other than Permittee)	
5. Permit Expiration Date	October 11, 2000
6. Permit Number	C/007/020
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	dave.miller@lodestareng.com or millerdbnrj1@qwest.net
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)	42-02074	Horizon No. 1 Mine	N/A
	42-02075	Horizon No. 2 Mine (not started)	N/A
2. MSHA Impoundment(s)		None	

2000 ANNUAL REPORT	Horizon Mine	C/007/020	Page 2
3. NPDES/UPDES Permit(s) (water)	UTG04000 0-001	Sediment Pond	2003
	UTG04000 0-002	Pipe Discharge	2003
4. PSD (Air) Permit(s)	DAQE-700- 00	Modification of Approval Order BAQE-336-91	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			
2. Refuse Piles		X			
3. Impoundments	X		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					THE APPLICANT NEEDS TO COMPLETE THIS SECTION. A SECTION IS ALSO NEEDED
4. Raptor Survey	X		X		FOR THE CATEGORY OF REVEGETATION
5. Soils Monitoring Data		X			SUCCESS MONITORING.
6. Water Monitoring Data	X		X		

gob 4/13/01

2000 ANNUAL REPORT	Horizon Mine			C/007/020	Page 3
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			
9. Other Data					
Underground Discharge Pumping Data	X		X		
Deer/Elk Fatality Statistics	X		X		

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					

APPENDIX A

Certified Reports

Excess Spoil Piles
Refuse Piles
Impoundments

as required under R645-301-514

CONTENTS

Sedimentation Pond Reports

IMPOUNDMENT INSPECTION AND CERTIFIED REPORT		Page 1 of 1	
Permit Number	ACT 007/020	Report Date:	12-30-00
Mine Name	Horizon		
Company Name	Lodestar Energy, Inc		
Impoundment Identification	Impoundment Number	001	
	UPDES Permit Number	UTG040019	

IMPOUNDMENT INSPECTION

Inspection Date	10-30-00
Inspected By	David B. 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 noted at this incised pond. There is no evidence 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 – 7566.9
 100 % Sediment Storage – 7569.8
 The water level was 4 feet below the 60% clean out marker. (7562.9)

3. Principle and emergency spillway elevations.
 Spillway Elevation - 7573.9 Feet

4. Field Information
 The pond was not discharging at the time of inspection. Water was not flowing into the pond during the inspection, the inlets and outlet were stable. No instability was noted on the downstream embankment. Evidence of wildlife and cattle around and in the pond. The pond has small deltas of sediment near the inlets:



IMPOUNDMENT INSPECTION AND CERTIFIED REPORT		Page 1 of 1
Permit Number	ACT 007/020	Report Date: 9-28-00
Mine Name	Horizon	
Company Name	Lodestar Energy, Inc	
Impoundment Identification	Impoundment Number	001
	UPDES Permit Number	UTG040019

IMPOUNDMENT INSPECTION

Inspection Date	9-20-00
Inspected By	Dave Miller
Reason for Inspection (Annual, Quarterly or Other Periodic Inspection, Critical Installation, or Completion of Construction)	Quarterly Inspection

1. Describe any appearance of any instability, structural weakness, or any other hazardous condition.
 No signs of instability noted at this incised pond. There is no evidence 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 - 7566.9

100 % Sediment Storage - 7569.8

There was a small pool of water in the bottom of the pond, about 1 foot deep.

3. Principle and emergency spillway elevations.

Spillway Elevation - 7573.9 Feet

4. Field Information

The pond was not discharging at the time of inspection. Water was not flowing into the pond during the inspection, the inlets and outlet were stable. No instability was noted on the downstream embankment. Evidence of wildlife and cattle around and in the pond. The pond has small deltas of sediment near the inlets.

IMPOUNDMENT INSPECTION AND CERTIFIED REPORT		Page 1 of 1
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Permit Number	ACT 007/020	Report Date: 7-03-00	
Mine Name	Horizon		
Company Name	Lodestar Energy, Inc		
Impoundment Identification	Impoundment Number	001	
	UPDES Permit Number	UTG040019	

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
---	----------------------

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

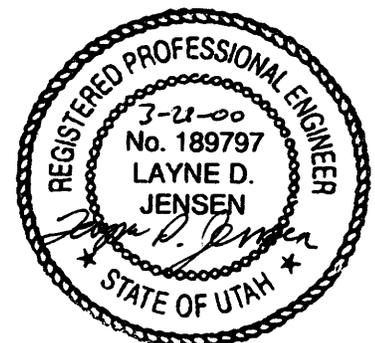
Required for an impoundment which functions as a SEDIMENTATION POND.

2. Sediment storage capacity, including elevation of 60% and 100% sediment storage volumes, and, estimated average elevation of existing sediment.
 60% Sediment Storage – 7566.9
 100 % Sediment Storage – 7569.8
 The water level was 4 feet below the 60% clean out marker. (7562.9)

3. Principle and emergency spillway elevations.
 Spillway Elevation - 7573.9 Feet

4. Field Information
 The pond was not discharging at the time of inspection. Water was not flowing into the pond during the inspection, the inlets and outlet were stable. No instability was noted on the downstream embankment. Evidence of wildlife and cattle around and in the pond. The pond has small deltas of sediment near the inlets.

IMPOUNDMENT INSPECTION AND CERTIFIED REPORT		Page 1 of 4	
Permit Number	ACT 007/020	Report Date	3/27/00
Mine Name	Horizon Mine		
Company Name	Lodestar Energy, Inc.		
	Impoundment Number	001	
	UPDES Permit Number	UTG040019	
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 Inspection		
<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 - 7566.9 feet 100% Sediment Storage Elevation - 7569.8 feet</p>		
	<p>3. Principle and emergency spillway elevations.</p> <p>Spillway elevation - 7573.9 feet</p>		
	<p>4. Field Information and Evaluation.</p> <p>-----</p> <p>The embankment was mostly covered with snow. However, no evidence of instability or hazardous conditions were observed. 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 2' below the decant and 5.5' below the spillway. 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.</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 Map
Subsidence Data
Confidential Raptor Survey Map
Quarterly Field Data
Underground Discharge Pumping Data
Deer/Elk Fatality Statistics

Horizon Mine - 28
 Water Monitoring Report
 Field Measurements
 First Quarter 2000

Parameters	Ground Water Site Number					
	SP-1	SP-2	SP-4	SP-9	GV-70	2-6-W
Flow (gpm)	1	2	3	4	5	6
pH	**	**	**	**/#	**	**
Sp. Conductivity (Umhos)						
Temp. (°C)						
Date	3/19	3/19	3/19	3/19	3/19	3/19

Parameters	Surface Water Site Number					
	SS-3	SS-5	SS-7	SS-8	SS-10	SS-11
Flow (gpm)	11	12	13	14	15	16
pH	480	**	**/#	**/#	**/#	**/#
Sp. Conductivity (Umhos)	8.2					
Temp. (°C)	7.68					
Dissolved Oxygen	9					
Date	3/19	3/19	3/19	3/19	3/19	3/19

Notes:
 Upper North Fork of Gordon Creek - Flow = 601 gpm
 Lower North Fork of Gordon Creek - Flow = 688 gpm

- * Stream Partially Frozen
- ** Water frozen, and/or snow covered, insufficient water to get sample or flow
- # Access for water monitoring denied by surface land owners

Horizon Mine - 28
Water Monitoring Report
Field Measurements
Second Quarter 2000

Parameters	Ground Water Site Number					
	SP-1	SP-2	SP-4	SP-9	GV-70	2-6-W
Flow (gpm)	15	0.75	2	75	22	5
pH	8.05	7.84	7.9	7.8	8.03	8.01
Sp. Conductivity (Umhos)	465	658	701	447	642	443
Temp. (°C)	14	9	9	3	9	5
Date	5/6	5/6	5/6	5/6	5/6	5/6

Parameters	Surface Water Site Number					
	SS-3	SS-5	SS-7	SS-8	SS-10	SS-12
Flow (gpm)	325	43	774	1631	85	63
pH	8.11	8.13	8.04	8.03	8.12	7.86
Sp. Conductivity (Umhos)	568	617	328	320	113	211
Temp. (°C)	11	12	10	8	4	8
Dissolved Oxygen	5	6	5	5	6	5
Date	5/6	5/6	5/6	5/6	5/6	5/6

Notes:

- * Stream Partially Frozen
- ** Water frozen, and/or snow covered, insufficient water to get sample or flow
- # Access for water monitoring denied by surface land owners

Horizon Mine - 28
Water Monitoring Report
Field Measurements
Third Quarter 2000

Parameters	Ground Water Site Number						
	SP-1	SP-2	SP-4	SP-9	GV-70	2-6-W	
	1	2	3	4	5	6	
Flow (gpm)	1.25	Seep	0.25	1.36	0.1	0.5	
pH	8.09	-	8.11	7.66	7.48	8.22	
Sp. Conductivity (Umhos)	433	-	406	516	895	506	
Temp. (°C)	5	-	5	5	3	7	
Date	9/27	9/19	9/27	9/27	9/27	9/19	

Parameters	Surface Water Site Number						
	SS-3	SS-5	SS-7	SS-8	SS-10	SS-11	SS-12
	11	12	13	14	15	16	18
Flow (gpm)	120	1.75	100	105	0.6	3.75	107
pH	7.51	8.2	7.85	8.26	8.36	8.3	XXXX
Sp. Conductivity (Umhos)	595	621	466	425	680	679	XXXX
Temp. (°C)	12	11	12	11	7	4	XXXX
Dissolved Oxygen	6.5	7	7	7	7	6	XXXX
Date	9/19	9/19	9/27	9/27	9/27	9/27	9/27

Notes:

- * Stream Partially Frozen
- ** Water frozen, and/or snow covered, insufficient water to get sample or flow
- # Access for water monitoring denied by surface land owners

Horizon Mine - 28
Water Monitoring Report
Field Measurements
Fourth Quarter 2000

Parameters	Ground Water Site Number					
	SP-1	SP-2	SP-4	SP-9	GV-70	2-6-W
Flow (gpm)	1	2	3	4	5	6
pH	2	NF	NF	NA	5	NA
Sp. Conductivity (Umhos)	7.99				7.94	
Temp. (°C)	530				546	
Date	7				6	
	11/19	11/19	11/19	11/19	11/19	11/19

Parameters	Surface Water Site Number					
	SS-3	SS-5	SS-7	SS-8	SS-10	SS-11
Flow (gpm)	11	12	13	14	15	16
pH	155	6	NA	NA	NA	NA
Sp. Conductivity (Umhos)	7.81	7.01				
Temp. (°C)	469	584				
Dissolved Oxygen	10	5				
Date	5	5				
	11/19	11/19	11/19	11/19	11/19	11/19

Notes:

- * Stream Partially Frozen
- ** Water frozen, and/or snow covered, insufficient water to get sample or flow
- # Access for water monitoring denied by surface land owners
- NF - No Flow
- NA - Not Accessible

TABLE 7-1 (Continued)

WATER-LEVEL DATA OBTAINED FROM
LOCAL MONITORING WELLS

Date	HZ-95-1		HZ-95-1S		HZ-95-2		HZ-95-3	
	Depth (ft)*	Elevation (ft)	Depth (ft)*	Elevation (ft)	Depth (ft)*	Elevation (ft)	Depth (ft)*	Elevation (ft)
12/5/95	--	--	135.0	8221.5	828.0	7519.6	--	--
12/13/95	786.0	7570.7	--	--	--	--	--	--
12/21/95	--	--	--	--	--	--	378.8	7522.7
7/9-10/96	711.3	7585.4	133.8	8222.7	830.0	7517.6	380.8	7520.7
8/5/96	770.8	7585.9	133.5	8223.0	829.4	7518.2	387.8	7513.7
9/11/96	769.4	7587.3	132.5	8224.0	829.4	7518.2	387.7	7513.8
10/23/96	776.4	7580.3	132.5	8224.0	829.2	7518.4	380.7	7520.8
11/1/96	776.4	7580.3	132.5	8224.0	829.2	7518.4	380.8	7520.7
12/13/96	#		#		829.5	7518.1	379.5	7522.0
1/6/97	771.05	7584.75	133.0	8223.5				
2/10/97	+		+		+		+	
3/25/97	+		+		+		+	
4/1/97	+		+		+		+	
5/28/97	770.95	7584.9	131.5	8225.1	828.05	7519.55	379.9	7522.4
6/30/97	770.2	7585.6	132.14	8224.36	827.72	7519.88	379.9	7522.4
9/16/97	773.5	7583.9	132.5	8224.0	827.2	7520.4	379.9	7522.4
10/17/97	773.7	7583.7	132.5	8224.0	827.2	7520.4	379.9	7522.4
6/30/98	817.8	7538.9	133.1	8223.4	836.6	7511.0	395.1	7506.4
9/1/98	745.0	7611.7	134.5	8222.0	840.9	7506.7	398.0	7503.5
6/1/99	758.8	7597.9	133.7	8222.8	847.8	7499.8	399.5	7502.0
7/1/99	758.1	7598.6	134.4	8222.1	845.9	7501.7		
11/1/99	+		+		+		397.0	7504.5
5/20/00	862.7	7494.0	132.8	8223.7	849.8	7497.8	401.5	7500.0
9/8/00							402.1	7499.4
9/26/00	875	7481.7	134.4	8222.1	863.8	7483.8		
10-12/31/0	\$		\$		\$		\$	
12/12/00	+		+		+		+	

* Depth measured from top of 2" tubing

Well site inaccessible 12/16/96, access attempted with Bill Malencik, UDOGM

+ Mine site declared inaccessible by Bill Malencik

\$ Landowner refused access until pending agreement was completed.

Surface Elevations

	Top of 6" Casing	Top of 2" Tubing	Ground Elevation
HZ-95-1	8357.1	8356.7	8352.6
HZ-95-1S	8357.6	8356.5	8352.6
HZ-95-2	8348.1	8347.6	8346.3
HZ-95-3	7902.2	7901.5	7897.6

HORIZON MINE DISCHARGE

<u>DATE</u>	<u>GALLONS PUMPED</u>	<u>MINUTES</u>	<u>AVERAGE G.P.M.</u>			
28-Jan-00						
31-Jan-00						
01-Feb-00	1366400	3995	342.03			
01-Feb-00	112300	1870	60.05			
03-Feb-00	2148500	2437	881.62			
04-Feb-00	1038500	1403	740.20			
07-Feb-00	2612500	4345	601.27			
08-Feb-00	1090200	1565	696.61			
09-Feb-00	698100	1305	534.94			
14-Feb-00	4352600	7170	607.06			
17-Feb-00	3046900	4770	638.76			
18-Feb-00	904700	1440	628.26			
21-Feb-00	1468000	3870	379.33			
22-Feb-00	1639000	1459	1123.37			
23-Feb-00	549600	1436	382.73			
24-Feb-00	549100	1875	292.85			
25-Feb-00	720300	1125	640.27			
28-Feb-00	2552700	4635	550.74			
29-Feb-00	616300	1046	589.20	25465700	45746	556.676 *
01-Mar-00	607000	1744	348.05			
06-Mar-00	4325500	6960	621.48			
07-Mar-00	1170500	1380	848.19			
08-Mar-00	452500	1560	290.06			
09-Mar-00	1605500	1290	1244.57			
10-Mar-00	850000	1380	615.94			
11-Mar-00	1471000	1470	1000.68			
18-Mar-00	1219000	10065	121.11			
19-Mar-00	1580000	1425	1108.77			
20-Mar-00	1310000	1440	909.72			
31-Mar-00	2260000	15840	142.68	16851000	44554	378.2152 *
07-Apr-00	13519000	24780	545.56			
10-Apr-00	2649300	4260	621.90			
11-Apr-00	860700	1385	621.44			
12-Apr-00	804000	1393	577.17			
13-Apr-00	275000	1497	183.70			
17-Apr-00	1452000	5625	258.13			
18-Apr-00	1193000	1480	806.08			
19-Apr-00	989000	1580	625.95			
24-Apr-00	3990000	7200	554.17			
25-Apr-00	1207400	1620	745.31			
26-Apr-00	798400	1170	682.39			
27-Apr-00	989400	1560	634.23	28727200	53550	536.4556 *
01-May-00	3514800	5650	622.09			
02-May-00	674800	1360	496.18			
03-May-00	991800	1690	586.86			
04-May-00	722500	1260	573.41			
08-May-00	3498700	6000	583.12			
09-May-00	658400	1230	535.28			
10-May-00	826900	1415	584.38			
11-May-00	363600	1415	256.96			
12-May-00	977300	1685	580.00			
15-May-00	2399900	3975	603.75			
19-May-00	3310500	5810	569.79			
23-May-00	3261600	5860	556.59			
24-May-00	683800	1340	510.30			
25-May-00	532400	1480	359.73			
26-May-00	1033500	1475	700.68			
30-May-00	2612400	5675	460.33			
31-May-00	1216800	1635	744.22	27279700	48955	557.2403 *
01-Jun-00	837100	1480	565.61			
02-Jun-00	749500	1320	567.80			
05-Jun-00	2392900	4315	554.55			
06-Jun-00	759700	1325	573.36			
07-Jun-00	1025400	1795	571.25			
08-Jun-00	638700	1135	562.73			
09-Jun-00	782800	1420	551.27			

HORIZON MINE DISCHARGE

<u>DATE</u>	<u>GALLONS PUMPED</u>	<u>MINUTES</u>	<u>AVERAGE G.P.M.</u>			
12-Jun-00	2591400	4605	562.74			
14-Jun-00	849500	2800	303.39			
15-Jun-00	1049500	1565	670.61			
16-Jun-00	524300	1255	417.77			
19-Jun-00	2402300	4220	569.27			
20-Jun-00	1029400	1405	732.67			
21-Jun-00	990400	1395	709.96			
23-Jun-00	1579400	3140	502.99			
26-Jun-00	2243800	4035	556.08			
27-Jun-00	962300	1600	601.44			
28-Jun-00	750500	1365	549.82			
29-Jun-00	803500	1435	559.93			
30-Jun-00	757200	1345	562.97	23719600	42955	552.1965 *
05-Jul-00	4163900	7205	577.92			
06-Jul-00	846600	1435	589.97			
07-Jul-00	861300	1445	596.06			
10-Jul-00	1779800	4755	374.30			
11-Jul-00	1226400	1105	1109.86			
12-Jul-00	918000	1475	622.37			
13-Jul-00	256400	1310	195.73			
14-Jul-00	412300	1740	236.95			
17-Jul-00	863200	4030	214.19			
18-Jul-00	291300	1430	203.71			
19-Jul-00	253300	1450	174.69			
20-Jul-00	286500	1430	200.35			
21-Jul-00	314100	1650	190.36			
24-Jul-00	574900	4110	139.88			
25-Jul-00	263900	1460	180.75			
26-Jul-00	455000	1420	320.42			
27-Jul-00	213200	1440	148.06			
28-Jul-00	563800	1455	387.49			
31-Jul-00	1434000	4300	333.49	15977900	44645	357.8878
01-Aug-00	290400	1475	196.88			
02-Aug-00	420600	1420	296.20			
03-Aug-00	527100	1480	356.15			
04-Aug-00	388800	1400	277.71			
07-Aug-00	1203300	4325	278.22			
08-Aug-00	441000	1500	294.00			
09-Aug-00	429100	1365	314.36			
10-Aug-00	325400	1450	224.41			
11-Aug-00	467000	1430	326.57			
14-Aug-00	905100	4335	208.79			
15-Aug-00	524600	1425	368.14			
16-Aug-00	713500	1480	482.09			
17-Aug-00	407200	1430	284.76			
18-Aug-00	470500	1420	331.34			
21-Aug-00	1308500	4325	302.54			
22-Aug-00	445100	1430	311.26			
23-Aug-00	435100	1415	307.49			
24-Aug-00	469900	1480	317.50			
25-Aug-00	448400	1420	315.77			
28-Aug-00	268300	4305	62.32			
29-Aug-00	768600	1465	524.64			
30-Aug-00	566100	1470	385.10			
31-Aug-00	207700	1440	144.24	12431300	44685	278.1985
05-Sep-00	2094200	7150	292.90			
06-Sep-00	627900	1510	415.83			
07-Sep-00	464000	1455	318.90			
08-Sep-00	593900	1455	408.18			
11-Sep-00	1418900	4290	330.75			
12-Sep-00	442000	1440	306.94			
13-Sep-00	407800	1410	289.22			
14-Sep-00	383400	1590	241.13			
15-Sep-00	380500	1260	301.98			
18-Sep-00	1272200	4380	290.46			

HORIZON MINE DISCHARGE

<u>DATE</u>	<u>GALLONS PUMPED</u>	<u>MINUTES</u>	<u>AVERAGE G.P.M.</u>			
19-Sep-00	414700	1425	291.02			
20-Sep-00	451400	1545	292.17			
21-Sep-00	390800	1340	291.64			
22-Sep-00	349500	1435	243.55			
25-Sep-00	1082700	4305	251.50			
26-Sep-00	368000	1440	255.56			
27-Sep-00	399700	1485	269.16			
28-Sep-00	393800	1455	270.65			
29-Sep-00	343500	1380	248.91	12278900	41750	294.1054
02-Oct-00	1085700	4320	251.32			
03-Oct-00	368300	1440	255.76			
04-Oct-00	366600	1440	254.58			
05-Oct-00	345800	1440	240.14			
06-Oct-00	356800	1440	247.78			
10-Oct-00	1352000	5775	234.11			
11-Oct-00	348100	1515	229.77			
12-Oct-00	389600	1425	273.40			
13-Oct-00	337900	1380	244.86			
16-Oct-00	980800	4315	227.30			
17-Oct-00	343300	1460	235.14			
18-Oct-00	389600	1550	251.35			
19-Oct-00	326200	1480	220.41			
20-Oct-00	318100	1320	240.98			
23-Oct-00	1005100	4305	233.47			
24-Oct-00	291000	1395	208.60			
25-Oct-00	312800	1500	208.53			
26-Oct-00	270700	1410	191.99			
27-Oct-00	192400	1425	135.02			
30-Oct-00	1124900	4305	261.30			
31-Oct-00	299900	1470	204.01	10805600	46110	234.344
01-Nov-00	357500	1440	248.26			
02-Nov-00	408900	1500	272.60			
03-Nov-00	552900	1440	383.96			
06-Nov-00	1142500	4230	270.09			
09-Nov-00	1235400	4365	283.02			
13-Nov-00	1639600	5745	285.40			
14-Nov-00	377300	1470	256.67			
15-Nov-00	356400	1440	247.50			
16-Nov-00	461500	1470	313.95			
17-Nov-00	434000	1440	301.39			
20-Nov-00	1043700	4230	246.74			
22-Nov-00	1041700	3000	347.23			
28-Nov-00	2202600	8535	258.07	11254000	40305	279.2209
01-Dec-00	1209800	4320	280.05			
04-Dec-00	1298700	4335	299.58			
05-Dec-00	411500	1440	285.76			
07-Dec-00	990200	2880	343.82			
08-Dec-00	576600	1620	355.93			
11-Dec-00	1299600	4170	311.65			
12-Dec-00	471400	1410	334.33			
13-Dec-00	439700	1440	305.35			
14-Dec-00	562700	1725	326.20			
15-Dec-00	423600	1185	357.47			
18-Dec-00	1349700	4290	314.62			
19-Dec-00	506800	1530	331.24			
20-Dec-00	473500	1485	318.86			
21-Dec-00	420000	1290	325.58			
22-Dec-00	490100	1530	320.33			
27-Dec-00	2093600	7125	293.84			
28-Dec-00	462300	1440	321.04			
29-Dec-00	402600	1440	279.58	13882400	44655	310.881
Total	198673300	497910	399.01			

Note: * Denotes incorrect flow meter installation. Values are approximately one half value shown.

Big Game Road Kill Fatality Report

Year	1st Quarter		2nd Quarter		3rd Quarter		4th Quarter		Total
	Employee Killed	Other Killed							
1997									
Deer	0	0	0	0	0	0	0	0	0
Elk	0	0	0	0	0	0	0	0	0
1998									
Deer	0	0	0	0	0	0	0	0	0
Elk	0	0	0	0	0	0	0	0	0
1999									
Deer	0	0	0	0	0	0	0	0	0
Elk	0	0	0	0	0	0	0	0	0
2000									
Deer	0	0	0	0	0	0	0	2	2
Elk	0	0	0	0	0	0	0	0	0

*
*
*
*
*

* - Totals verified by Derris Jones - DWR (Habitat Manager) 11/08/00



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

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

Application for
CERTIFICATE OF AUTHORITY

0221071
RECEIVED
MAY 27 1999

EXPEDITE

Lodestar Energy, Inc.
(exact corporate name)

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

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

- 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

- 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	_____			
Director	_____			

President See attached list of officers

Vice-President _____

Secretary _____

Treasurer _____

State of Utah
Department of Commerce
Division of Corporations and Commercial Code

I hereby certify that the foregoing has been filed and approved on this 18 day of May 1999 in the office of this Division and hereby issue this Certificate thereof.



LOREN R. HAYES
DIVISION DIRECTOR

9148100040

- 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 _____

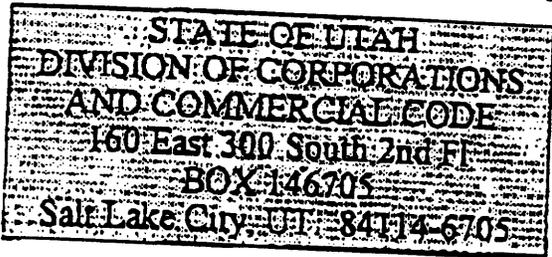
(The corporation shall use its name as set forth at the top of this form unless this name is not available for use in Utah.)

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]
Registered Agent

BY: [Signature]
R. Ebbelley Davis
TITLE: Vice President

DATED: 5-25-99



(UTAH - 142 - 7/11/96)CRM

Received Time

May 25 7:52AM

Print Time

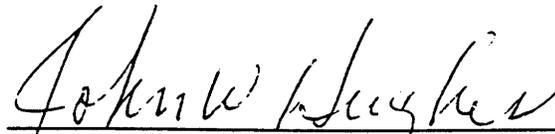
May 25 7:54AM P.06

**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. This item is completed whenever a new business entity (rather than an individual) is listed in items 3, 4, or 5. N/A

Check appropriate box 3 4 5

Name of parent 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. _____
 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. _____
 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 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. _____
 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

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. _____
 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 15th Day of November, 2000.

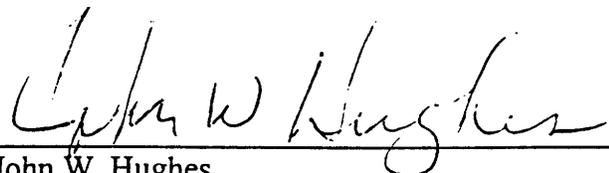
Notary Public Connie G. Schank

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.



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. _____

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)

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 <u>012778</u>

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

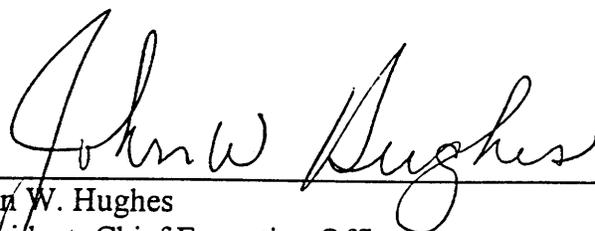
1.3 Identify individual who will pay the federal abandoned mine land reclamation fees:
 Name MARILYN ADAMSON
 Mailing Address 333 WEST VINE STREET, SUITE 1700
 If P.O. Box, indicate Street Address N/A
 City LEXINGTON State KENTUCKY Zip 40507
 Telephone No. (859) 255-4006
 Employer ID No. N/A Social Security No. _____

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) _____

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.

A handwritten signature in cursive script that reads "John W. Hughes". The signature is written in black ink and is positioned above a horizontal line.

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 012779

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. _____

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) _____

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

COMMONWEALTH OF KENTUCKY



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.



Handwritten signature of Edward J. Freel in cursive.

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.

Connie 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	Engene O. Solaway	Address
Secretary	Justin W Datri	Address
(SEE ATTACHMENT)		Address
		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. [Signature]
Signature of Officer or Chairman of the Board

VP

TITLE

Uma President

DATED

6/29/00

Attachment to Record #0293324

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. _____
 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. _____
 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. _____
 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. _____
 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. _____
 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. _____
 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. _____
 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. _____
 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. _____
 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. _____
 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. _____
 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. _____
 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. _____
 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

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. _____
 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. _____
 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. _____
 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. _____
 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. _____
 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. _____
 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.
 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.
 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 [X] 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. _____
 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. _____
 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. _____
 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. _____
 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

Horizon Mine - Current Mine Map

APPENDIX E

Other Information

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

CONTENTS

Not Applicable