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Fire proof
E00710070
CC: Pam G. ^{SW}

June 27, 2005

Ms. Pamela Grubaugh-Littig
Permit Supervisor
UTAH DEPARTMENT OF NATIONAL RESOURCES
Division of Oil, Gas and Mining
Mined Land Reclamation Program
1594 West North Temple, Suite 1210
Box 145801
Salt Lake City, Utah 84114-5801

VIA FACSIMILE - 359-3940

Re: Hidden Splendor Resources, Inc. General Liability Policy

Dear Pam:

I received your e-mail regarding the effective dates of Hidden Splendor's general liability policy. I believe the certificate of insurance you have in your possession is not current. Attached you will find the Declarations page from the current policy which indicates that the policy period runs from September 17, 2004, to September 17, 2005. Also attached is a copy of the Endorsement naming the Utah Department of Natural Resources as an additional insured.

Please feel free to contact me if you have any questions or comments.

Sincerely,



Alexander H. Walker III

AHWIII:rr
Encls.

RECEIVED

JUL 06 2005

DIV. OF OIL, GAS & MINING

LEXINGTON INSURANCE COMPANY

Administrative Offices: 100 Summer Street, Boston, Massachusetts 02110-2103
(hereinafter called the Company)

**COMMERCIAL GENERAL LIABILITY POLICY
OCCURRENCE FORM**

Declarations

No Flat Cancellation

Policy Number: _____

Renewal of: **NEW**

Item 1. **Named Insured and Address:**

HIDDEN SPLENDOR RESOURCES, INC.

27 W 200 SOUTH, SUITE 400

SALT LAKE CITY

UT 84104

The Named Insured is:

Individual Partnership Joint Venture

Organization (other than a Partnership or Joint Venture)

The Business of the Named Insured is: **MINING OPERATIONS**

Item 2. **Policy Period: From: 09/17/04 To: 09/17/05**

12:01 A.M., standard time at the address of the Named Insured as stated herein.

Item 3. **Limits of Insurance:**

Each Occurrence Limit	\$ 1,000,000	
Damage to Premises Rented to you Limit	\$ 50,000	- Any one premises
Personal & Advertising Injury Limit	\$ 1,000,000	- Any one person or organization
General Aggregate Limit	\$ 2,000,000	
Products-Completed Operations Aggregate Limit	\$ 2,000,000	

Item 4. **Premium:**

A. Total Advance Premium:	\$ 33,000
B. Annual Minimum Premium:	\$ 33,000
C. Minimum Earned Premium at Inception:	\$ 11,550

Item 5. **Audit Period: ANNUAL**

The policy is comprised of this Declarations page, the policy form and the schedules and endorsements, if any, attached at inception or during the Policy Period.



**Authorized Representative OR
Countersignature (In states where applicable)**

POLICY NUMBER: _____

ENDORSEMENT # 009

COMMERCIAL GENERAL LIABILITY

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED - DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART.

SCHEDULE

Name of Person or Organization:

UTAH DEPARTMENT OF NATURAL RESOURCES

(If no entry appears above, information required to complete this endorsement will be shown in the Declarations as applicable to this endorsement.)

WHO IS AN INSURED (Section II) is amended to include as an insured the person or organization shown in the Schedule as an insured but only with respect to liability arising out of your operations or premises owned by or rented to you.