

C007/039 Incoming

#4048
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Canyon Fuel Company, LLC
Dugout Canyon Mine
P.O. Box 1029
Wellington, Utah 84542

March 14, 2012

Attn: Coal Regulatory Program
Utah Division of Oil, Gas and Mining
1594 West North Temple, Suite 1210
Salt Lake City, UT 84114-5801

RE: Submittal of Revisions to General Chapter 1, for all Canyon Fuel Operations,
Dugout Canyon Mine, Canyon Fuel Company, LLC, C/007/039, Carbon County, Utah

Dear Sirs:

Attached please find five copies of information revised in General Chapter 1 for review. Upon approval a copy of this information should be incorporated into the General Chapter 1 stand-alone binder for the operations listed. A copy of this stand-alone binder should be with each of the following mining operation's M&RP: Banning Loadout (C007/034), Dugout Canyon Mine (C007/039), Skyline Mine (C007/005), Soldier Canyon Mine (C007/018), SUFCO Mine (C041/002).

When the information is approved for incorporation into the permit, we will provide thirteen copies for distribution. The planned distribution for the fourteen copies of the revised information follows: five copies, one each for the mining operation's binders at UDOGM, three to be stamped and returned to Dugout (a copy of this will be send to each of the other operations), one for OSM and four copies to be circulated as UDOGM sees fit.

Thank you for your assistance and if you have any questions please call me at (435) 636-2869.

Sincerely yours,

Vicky S. Miller

cc: Dave Spillman
Price Field Office

File in:

- Confidential
- Shelf
- Expandable

Date Folder 03/15/12 C0070039

Incoming

RECEIVED

MAR 15 2012

DIV. OF OIL, GAS & MINING

SUFCO Mine

□

Skyline Mines

□

Dugout / Soldier Canyon Mines

APPLICATION FOR COAL PERMIT PROCESSING

Permit Change New Permit Renewal Exploration Bond Release Transfer

Permittee: Canyon Fuel Company, LLC

Mine: Dugout Canyon Mine

Permit Number: C/007/039

Title: Submittal of Revisions to General Chapter 1, for Canyon Fuel Operations

Description, Include reason for application and timing required to implement:

Instructions: If you answer yes to any of the first eight (gray) questions, this application may require Public Notice publication.

- Yes No 1. Change in the size of the Permit Area? Acres: _____ Disturbed Area: _____ increase decrease.
- Yes No 2. Is the application submitted as a result of a Division Order? DO# _____
- Yes No 3. Does the application include operations outside a previously identified Cumulative Hydrologic Impact Area?
- Yes No 4. Does the application include operations in hydrologic basins other than as currently approved?
- Yes No 5. Does the application result from cancellation, reduction or increase of insurance or reclamation bond?
- Yes No 6. Does the application require or include public notice publication?
- Yes No 7. Does the application require or include ownership, control, right-of-entry, or compliance information?
- Yes No 8. Is proposed activity within 100 feet of a public road or cemetery or 300 feet of an occupied dwelling?
- Yes No 9. Is the application submitted as a result of a Violation? NOV # _____
- Yes No 10. Is the application submitted as a result of other laws or regulations or policies?

Explain: _____

- Yes No 11. Does the application affect the surface landowner or change the post mining land use?
- Yes No 12. Does the application require or include underground design or mine sequence and timing? (Modification of R2P2)
- Yes No 13. Does the application require or include collection and reporting of any baseline information?
- Yes No 14. Could the application have any effect on wildlife or vegetation outside the current disturbed area?
- Yes No 15. Does the application require or include soil removal, storage or placement?
- Yes No 16. Does the application require or include vegetation monitoring, removal or revegetation activities?
- Yes No 17. Does the application require or include construction, modification, or removal of surface facilities?
- Yes No 18. Does the application require or include water monitoring, sediment or drainage control measures?
- Yes No 19. Does the application require or include certified designs, maps or calculation?
- Yes No 20. Does the application require or include subsidence control or monitoring?
- Yes No 21. Have reclamation costs for bonding been provided?
- Yes No 22. Does the application involve a perennial stream, a stream buffer zone or discharges to a stream?
- Yes No 23. Does the application affect permits issued by other agencies or permits issued to other entities?

Please attach four (4) review copies of the application. If the mine is on or adjacent to Forest Service land please submit five (5) copies, thank you. (These numbers include a copy for the Price Field Office)

I hereby certify that I am a responsible official of the applicant and that the information contained in this application is true and correct to the best of my information and belief in all respects with the laws of Utah in reference to commitments, undertakings, and obligations, herein.

David Spillman
Print Name

David Spillman, Engineering Manager
Sign Name, Position, Date

3/13/12

Subscribed and sworn to before me this 13th day of March, 2012

Kathleen Atwood
Notary Public

My commission Expires: 12/02, 2015 }
Attest: State of Utah } ss:
County of Carbon



<p>For Office Use Only:</p>	<p>Assigned Tracking Number:</p>	<p>Received by Oil, Gas & Mining</p> <p style="font-size: 24px; color: red; font-weight: bold;">RECEIVED</p> <p style="font-size: 24px; color: black; font-weight: bold;">MAR 15 2012</p> <p style="color: red; font-weight: bold;">DIV. OF OIL, GAS & MINING</p>
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CANYON FUEL COMPANY, LLC

GENERAL CHAPTER 1

BANNING LOADOUT - C/007/034

DUGOUT CANYON MINE - C/007/039

SKYLINE MINE - C/007/005

SOLDIER CANYON MINE - C/007/018

SUFCO MINE - C/041/002

MARCH 2012

**TABLE 1-2
THREE YEAR VIOLATION HISTORY June 2009 - February 2012
MINING AND RECLAMATION OPERATIONS**

Facility	Permit Number	Date	Violation Description
Coal Mac Inc. Mailing Address: P. O. Box 1050 Holden, WV 25625	S-5013-01	12/8/09	Debris in ditch and down the slope
	S-5013-01	12/2010	Failure to maintain sediment control
	S-5013-01	3/10/11	Sediment control failure
	S-5006-07	4/16/11	Failure to maintain sediment control
	S-5023-99	5/27/11	Cast flyrock off permit area
	S-5006-07	7/19/11	Improper placement of spoil and debris
	S-5066-92	1/31/12	Improper reclamation procedures, water impacts

Facility	Permit Number	Date	Violation Description
Eastern Mailing Address: P. O. Box 1019 Cowen, WV 26206	S-2006-03	2/15/12	Exceeded manganese in water sample
	S-2006-03	9/27/11	Failure to meet effluent limits

TABLE 1-2 (Continued)

Facility	Permit Number	Date	Violation Description
Cumberland River Coal Company Mailing Address: P.O. Box 109 Appalachia, VA 24216	867-0434	6/11/09	Impact off permit area
	1101623	3/10/10	Impact off permit area slide
	897-9004/867-5136	4/12/10	Failure to follow approved design
	867-0382	4/27/10	Disturbance outside permit boundary. Failure to follow approved plan
	867-0433	5/18/10	Failure to complete contemporaneous reclamation
	867-0434	5/26/10	Off permit disturbance
	867-9004	8/11/10	Incorrect use of explosives
	867-5139	2/01/11	Mud tracked off permit area
	1601486	3/21/11	Embankment failure
	867-5292	4/29/11	Failure to meet effluent limits
	867-0433	8/29/11	Failure to construct according to approved designs
	867-5139	10/13/11	Failure to maintain diversion ditch

TABLE 1-2 (Continued)

Facility	Permit Number	Date	Violation Description
Vindex Energy Corp Mailing Address: 265-A Class Drive Mt. Lake Park, MD 21550	O-96-83	8/04/11	Failed to meet effluent limits in pH & aluminum
	SM-99-432	8/8/11	Non-compliant turbidity and TSS
	SM-84-393	1/26/12	Exceeded pH limit and failed to report

Facility	Permit Number	Date	Violation Description
Ark Land Company Mailing Address: P.O. Box 520 Benham, KY 40807	P-2041-11	2/23/12	Failed to protect hydrologic balance

Facility	Permit Number	Date	Violation Description
Tygart Valley Mailing Address: 1200 ICG Tygart Drive Grafton, WV 26354	O-2017-06	10/21/11	Failure to meet effluent limits

TABLE 1-2 (Continued)

Facility	Permit Number	Date	Violation Description
Wolf Run Mailing Address: 99 Edmiston way Buckhannon, WV 26202	U-15-83	8/31/11	Impact to creek and milky coloration
	S0-091-83	10/28/11	Failed to meet effluent limits

Facility	Permit Number	Date	Violation Description
Patriot Mining Company Mailing Address: 2708 Cranberry Square Morgantown, WV 26202	58-76	1/18/12	Failed to protect hydrologic balance and discoloration
	30030101	6/29/11	Elevated manganese in pond sample
	30010101	6/30/11	Elevated iron and manganese in discharge water
	R-728	11/17/11	Failure to meet effluent limits

Facility	Permit Number	Date	Violation Description
Flint Ridge Mailing Address: P.O. Box 145 Lost Creek, KY 41348	813-0293	7/8/11	Disturbance between hollow fill and embankments
	813-8018	9/26/11	Failure to maintain drainage controls
	813-0294	11/17/11	Failure to maintain sediment structure

TABLE 1-2 (Continued)

Facility	Permit Number	Date	Violation Description
Mingo Logan Complex Mailing Address: Mingo Logan Coal Company State Route 17 Sharples, WV 25183	S-5081-87	6/15/09	Failure to maintain hydrologic balance
	S-5081-87	5/19/10	Failure to control erosion
	S-5013-97	3/9/11	Discharge exceeded limits
	S-5013-97	5/25/11	Sediment control maintenance
	S-5081-87	8/03/11	Failure to maintain sediment controls
	O-5056-92	9/7/11	Failure to minimize disturbance of hydrologic balance
	U-5031-97	12/28/11	Failure to protect off-site areas from damages

Facility	Permit Number	Date	Violation Description
East Kentucky Mailing Address: 13778 River Front Road Belfry, KY 41514	880-0179	7/12/11	Failure to follow approved permitting
	898-0737	9/7/11	Impacts outside permit area
	880-0179	2/3/12	Failure to conduct seismograph monitoring

TABLE 1-2 (Continued)

Facility	Permit Number	Date	Violation Description
Hazard Mailing Address: 1021 Tori Drive Hazard, KY 41701	860-0454	6/24/11	Activities outside permitted area
	897-0446	7/26/11	Endangerment and impacts outside permitted area
	897-0456	11/7/11	Endangerment and impacts outside permitted area
	866-9010	11/18/11	Defects in culvert on slurry impoundment
	897-0456	2/6/12	Off permit slide and TSS contribution off site

Facility	Permit Number	Date	Violation Description
Thunder Basin Coal Company Mailing Address: P.O. Box 406 Wright, WY 82732	483-T6	7/22/11	Nox fumes complaint by private citizen

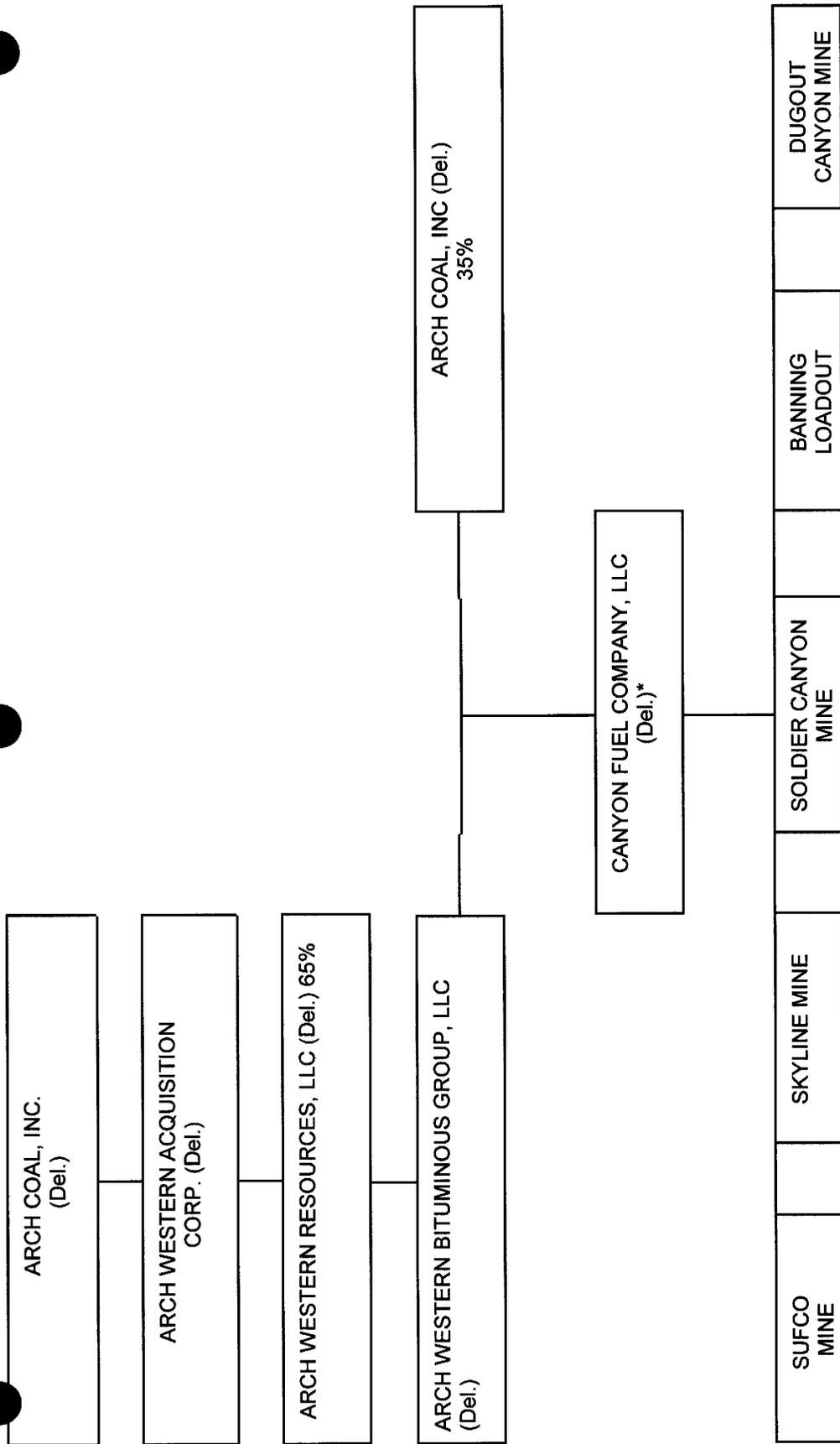


FIGURE 1-1A. CORPORATE STRUCTURE.

* 65% Canyon Fuel Co. LLC is owned by Arch Western Bituminous Group, LLC and 35% is owned by Arch Coal, Inc.

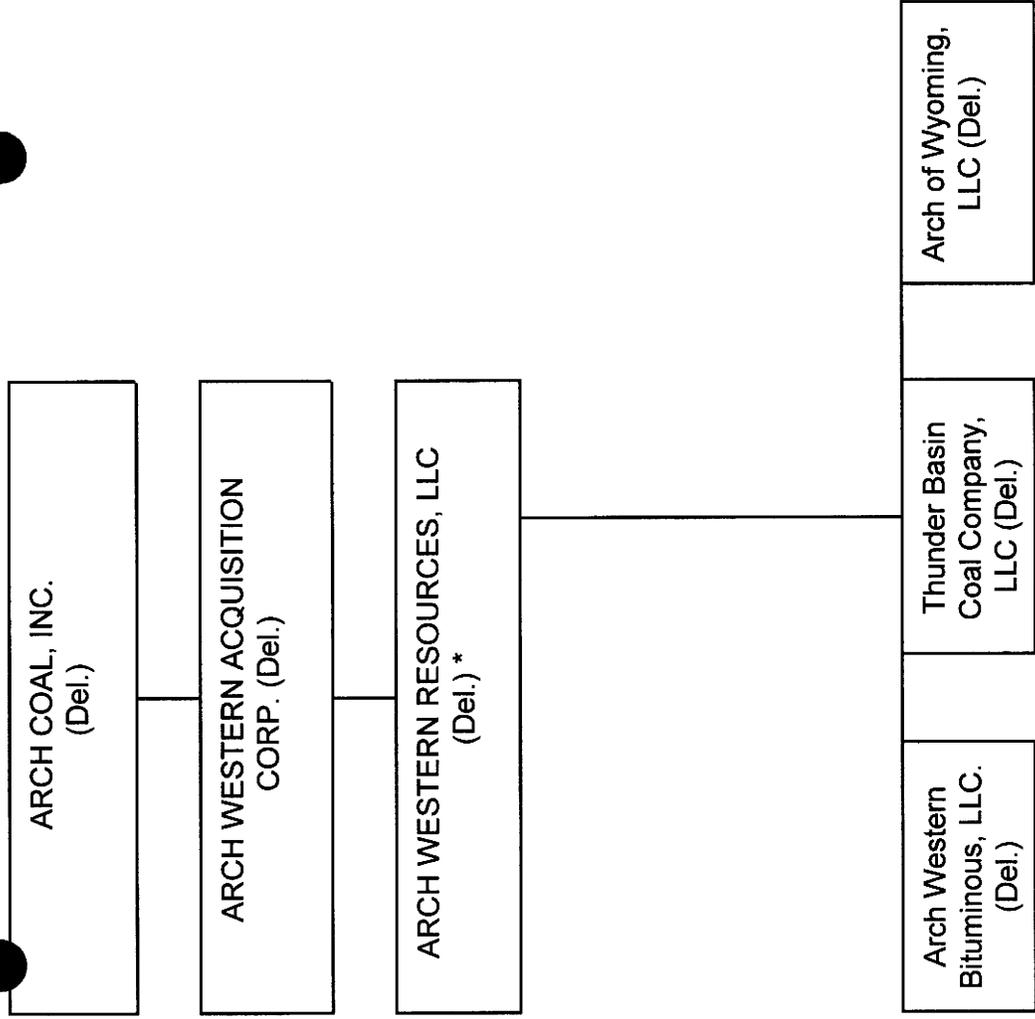


FIGURE 1-1B. CORPORATE STRUCTURE (Continued).

* 99% of Arch Western Resources, LLC is owned by Arch Western Acquisition Corp., 1% is owned by Delta Housing, Inc. See Section 110 of M&RP for additional information.

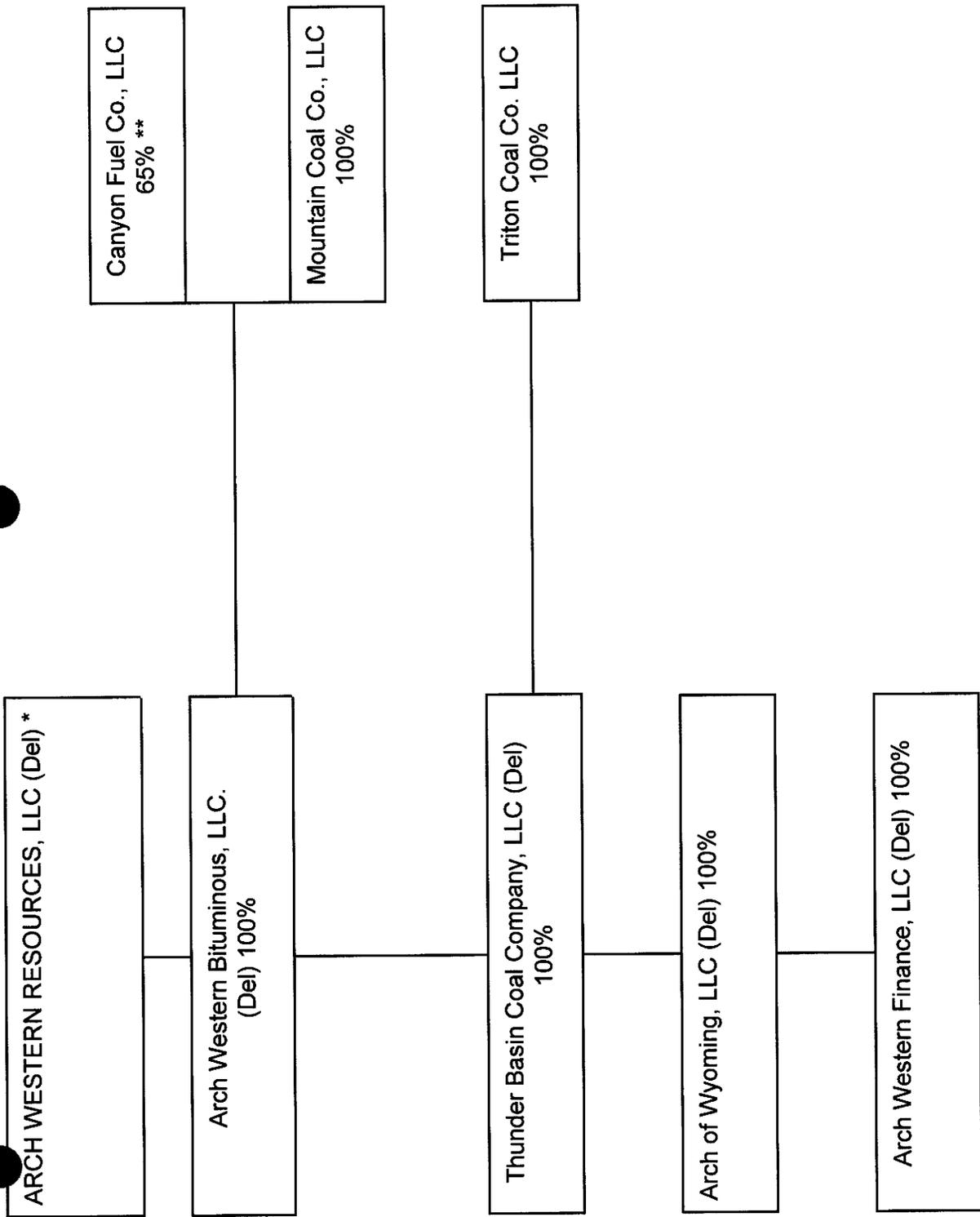
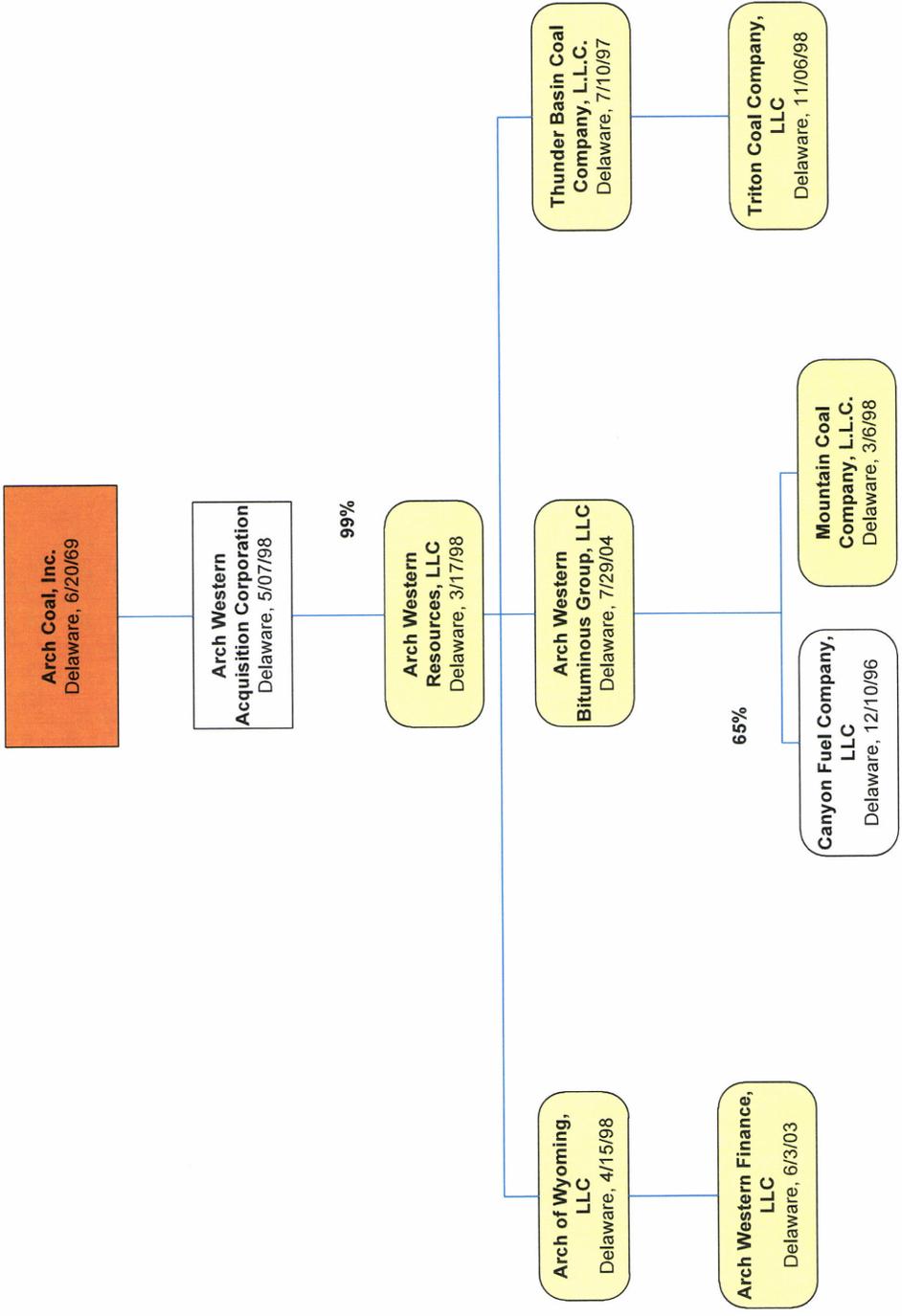


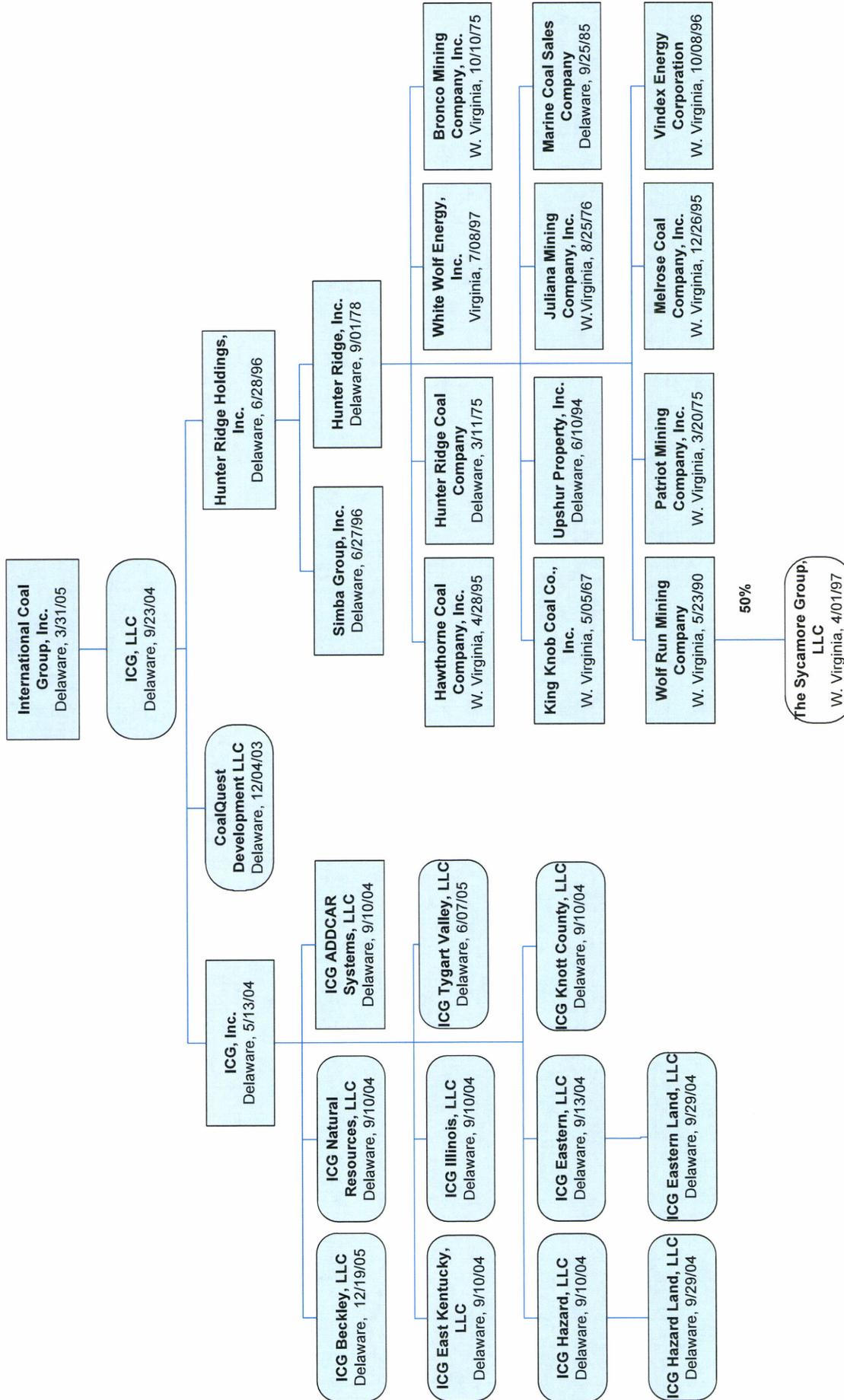
FIGURE 1-1C. CORPORATE STRUCTURE (Continued).

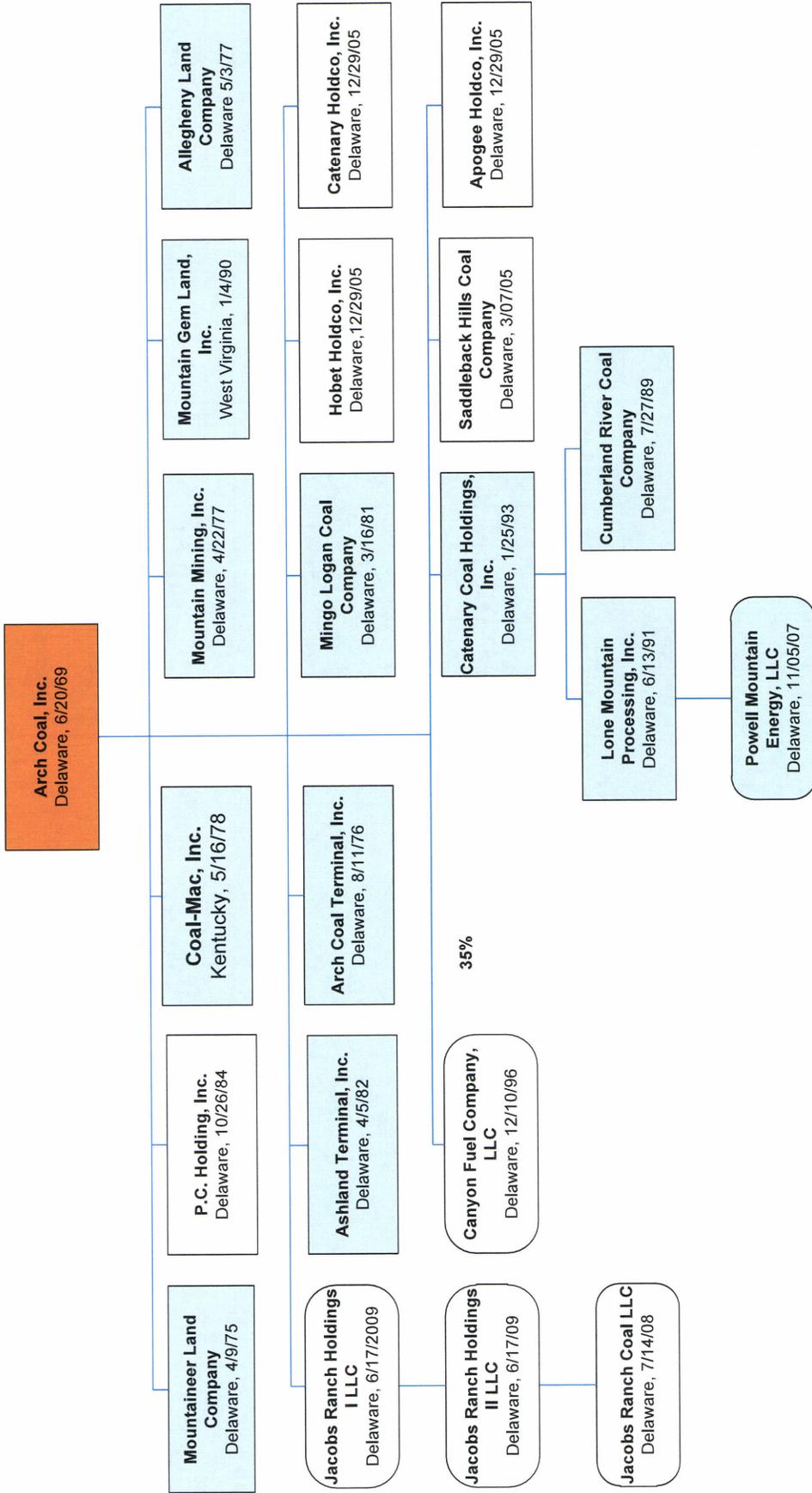
* 99% of Arch Western Resources, LLC is owned by Arch Western Acquisition Corp., 1% is owned by Delta Housing, Inc. See Section 110 of M&RP for additional information.

** 65% Canyon Fuel Co. LLC is owned by Arch Western Bituminous Group, LLC and 35% is owned by Arch Coal, Inc.

FIGURE 1-1D. CORPORATE STRUCTURE (Continued)
March 13, 2012







ARCH COAL INC. (144492)
OWNERSHIP AND CONTROL INFORMATION

Name	Position	Date	Begin	End
LEER, STEVEN F	CEO	7/1/97*		
LEER, STEVEN F	DIR	7/1/97 *		
LEER, STEVEN F	CB	4/28/06 *		
LANG, PAUL	EVP	7/28/11*		
DREXLER, JOHN T	CFO, SVP	5/1/08*		
BESTEN JR, CLARENCE HENRY	SVP	12/01/02 *		
BOYD, JAMES ROBERT	DIR	7/1/97*		
JONES, ROBERT G	SVP	8/1/2008*		
JONES, ROBERT G	GC, SEC	10/16/00*		
STEELE, CHARLES DAVID	VP (TAX)	4/24/03*		
EAVES, JOHN W	COO	12/11/02*		
EAVES, JOHN W	DIR	2/23/06*		
EAVES, JOHN W	PRS	4/28/06*		
BUMBICO, ANTHONY S	VP	4/27/06*		
HUNT, DOUGLAS H	DIR	7/1/97*		
FLORCZAK, JAMES E	TRS	8/17/98*		
PERRY, MICHAEL A	DIR	9/28/98*		
SANDS, THEODORE D	DIR	2/25/99*		
LORSON, JOHN W	VP, CAO	4/30/08*		
POTTER, ROBERT G	DIR	4/26/01*		
SLONE, DECK S	VP	4/26/01*		
FELDMAN, SHEILA B	VP	2/3/03*		
GODLEY, PATRICIA FRY	DIR	7/22/04*		
WARNECKE, DAVID N	SVP	2/24/11*		
TAYLOR, WESLEY M	DIR	7/28/05*		
JENNINGS, BRIAN J	DIR	7/27/06*		
HARTLEY, DAVID E	VP, CIO	8/1/09*		
WARNER, CASEY	DIR	4/23/09*		
PLOETZ, JON S	ASC, AGC	2/18/10*		
JONES, J. THOMAS	DIR	7/24/10*		
WOLD, PETER I.	DIR	7/24/10*		
FREUDENTHAL, DAVID D	DIR	2/23/11*		
STROBEL, JEFFREY W	VP	10/17/11*		
<u>CHANGES 2007 - 2010</u>				
MESSEY, ROBERT J	CFO, SVP	12/1/00	4/30/08	
KELLEY, ALLEN	COF	3/15/05	11/17/08	
ABBENE, MICHAEL T	VP, CIO	7/1/05	7/31/09	
BILLHARTZ, GREGORY A	ASC	12/8/05	10/6/09	
LORSON, JOHN W	COP	4/9/99	4/30/08	
BESTEN JR, CLARENCE HENRY	VP	7/1/97	12/01/09	
BURKE, FRANK M	DIR	9/7/00	7/24/10 DECEASED	
LANG, PAUL	SVP	12/7/06	7/27/11	
WARNECKE, DAVID N	VP	8/8/05	3/9/11	
LOCKHART, THOMAS A	DIR	2/21/03	4/28/11	
PEUGH, DAVID B	VP	7/1/97	5/31/11	

LEGEND

AGC - ASSISTANT GENERAL COUNSEL
AST - ASSISTANT TREASURER
CB - CHAIRMAN OF THE BOARD
CFO - CHIEF FINANCIAL OFFICER
COO - CHIEF OPERATING OFFICER
CIO - CHIEF INFORMATION OFFICER
EVP - EXECUTIVE VICE PRESIDENT
GM - GENERAL MANAGER
GC - GENERAL COUNSEL
SEC - SECRETARY
VP - VICE PRESIDENT
SVP - SENIOR VICE PRESIDENT

ASC - ASSISTANT SECRETARY
CAO - CHIEF ACCOUNTING OFFICER
CEO - CHIEF EXECUTIVE OFFICER
COF - INTERNAL AUDITOR
COP - CONTROLLER
DIR - DIRECTOR
FIN - FINANCE

PRS - PRESIDENT
TRS - TREASURER

FEBRUARY 29, 2012

ARCH WESTERN RESOURCES LLC (145595)
 OWNERSHIP AND CONTROL INFORMATION

ID No.	Name	Position	Begin Date	End Date
138467	LANG, PAUL A	PRS	6/27/05*	
127325	JONES, ROBERT G	VP	3/1/00*	
127325	JONES, ROBERT G	ASC	3/14/01*	
129563	STEELE, CHARLES DAVID	VP (TAX)	5/23/03*	
146381	FLORCZAK, JAMES E	TRS	9/15/98*	
146381	FLORCZAK, JAMES E	VP (FIN)	4/1/02*	
247567	DREXLER, JOHN T	VP	5/1/08*	
155171	MERMIS, JOLENE JOUETT	ASC	7/1/04*	
158835	WILL, PATRICIA A	AST	7/14/06*	
250063	PLOETZ, JON S	SEC	2/15/10*	

OWNERSHIP

109255	ATLANTIC RICHFIELD CO	3/17/98	1%
145629	ARCH WESTERN ACQUISITION CORP	3/17/98	99%

CHANGES 2005 - 2009

093320	SHANKS, ROBERT W	PRS	6/2/98	3/31/05
133451	EAVES, JOHN W	PRS	4/1/05	6/27/05
150044	HORGAN, JANET L	SEC	10/16/00	10/14/05
146912	DIGIACOMO, ELAINE	AST	7/25/03	7/14/06
150302	MESSEY, ROBERT J	VP	3/20/02	4/30/08
157738	BILLHARTZ, GREGORY A	SEC	11/7/05	10/9/09
098471	PEUGH, DAVID B	VP	3/17/98	5/31/11

March 13, 2012

GENERAL CHAPTER 1
APPENDIX 1-1

ARCH WESTERN ACQUISITION CORPORATION
OWNERSHIP AND CONTROL UPDATES

March 2012

ARCH WESTERN ACQUISITION CORP (145629)
OWNERSHIP AND CONTROL INFORMATION

ID No.	Name	Position	Begin Date	End Date
044179	BESTEN JR, CLARENCE HENRY	DIR	1/26/00*	
127325	ROBERT G. JONES	DIR	5/31/11*	
138467	LANG, PAUL A	PRS, DIR	6/27/05*	
129563	STEELE, CHARLES DAVID	VP(TAX)	5/23/03*	
146381	FLORCZAK, JAMES E	TRS	9/15/98*	
146381	FLORCZAK, JAMES E	VP	3/28/02*	
247567	DREXLER, JOHN T	VP	5/1/08*	
155171	MERMIS, JOLENE JOUETT	ASC	7/1/04*	
250063	PLOETZ, JON S	SEC	2/15/10*	
<u>OWNERSHIP</u>				
144492	ARCH COAL INC		4/17/98	100%
<u>CHANGES 2005 - 2011</u>				
127325	JONES, ROBERT G	PRS, DIR	3/1/00	6/27/05
150044	HORGAN, JANET L	SEC	10/1/00	10/14/05
150302	MESSEY, ROBERT J	VP	3/28/02	4/30/08
157738	BILLHARTZ, GREGORY A	SEC	11/7/05	10/9/09
098471	PEUGH, DAVID B	VP, DIR	5/7/98	5/31/11

March 13, 2012

● GENERAL CHAPTER 1
APPENDIX 1-1

CANYON FUEL COMPANY, LLC
OWNERSHIP AND CONTROL UPDATES

●
March 2012
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CANYON FUEL CO LLC (142816)
OWNERSHIP AND CONTROL INFORMATION

ID No.	Name	Position	Begin Date	End Date
129465	DICLAUDIO, EUGENE E.	PRS, DIR	7/30/04*	
138467	LANG, PAUL A	DIR	4/15/11*	
129563	STEELE, CHARLES DAVID	VP (TAX)	5/23/03*	
146381	FLORCZAK, JAMES E	VP	5/25/99*	
146381	FLORCZAK, JAMES E	TRS	7/30/04*	
155171	MERMIS, JOLENE JOUETT	ASC	7/30/04*	
133451	EAVES, JOHN W	DIR	2/21/05*	
113124	WARNECKE, DAVID N	VP	4/21/05*	
250063	PLOETZ, JON S	SEC	2/15/10*	

OWNERSHIP

155430	ARCH WESTERN BITUMINOUS GROUP LLC	7/30/04	65%
144492	ARCH COAL INC	7/30/04	35%

CHANGES 2005 - 2011

150044	HORGAN, JANET L	SEC	10/16/00	10/14/05
043422	WOODRING, KENNETH GEORGE	DIR	12/1/00	2/21/05
157738	BILLHARTZ, GREGORY A	SEC	11/7/05	10/9/09
093320	SHANKS, ROBERT W	DIR	6/1/98	2/14/11
	BENNETT, GARY L	DIR	2/14/11	4/15/11

March 13, 2012

ARCH WESTERN BITUMINOUS GROUP LLC (155430)
OWNERSHIP AND CONTROL INFORMATION

ID No.	Name	Position	Begin Date	End Date
129465	DICLAUDIO, EUGENE E.	PRS, DIR, GM	7/29/04*	
138467	LANG, PAUL A	DIR	4/15/11*	
129563	STEELE, CHARLES DAVID	VP (TAX)	7/29/04*	
146381	FLORCZAK, JAMES E	VP, TRS	7/29/04*	
155171	MERMIS, JOLENE JOUETT	ASC	7/29/04*	
133451	EAVES, JOHN W	DIR	2/21/05*	
250063	PLOETZ, JON S	SEC	2/15/10*	

OWNERSHIP

145595	ARCH WESTERN RESOURCES LLC	7/29/04	100%	
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CHANGES 2005 - 2011

043422	WOODRING, KENNETH GEORGE	DIR	7/29/04	2/21/05
150044	HORGAN, JANET L	SEC	7/29/04	10/14/05
157738	BILLHARTZ, GREGORY A	SEC	11/7/05	10/9/09
093320	SHANKS, ROBERT W	DIR	7/29/04	2/14/11
	BENNETT, GARY L	DIR	2/14/11	4/15/11

March 13, 2012

Canyon Fuel Company, LLC
SCM/Dugout Canyon Mine/Banning Loadout/SUFCO/Skyline

General Chapter 1
March 2012

APPENDIX 1-2

Insurance Certificates



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
07/28/2011

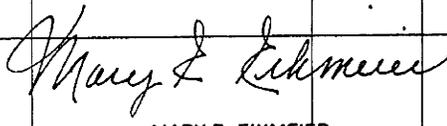
THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

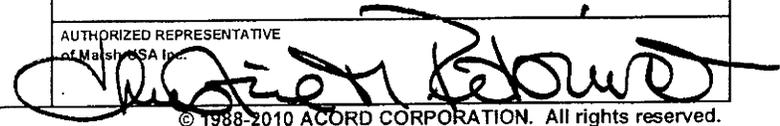
PRODUCER Marsh USA Inc. 701 Market Street, Suite 1100 St. Louis, MO 63101-1830 Attn: stlouis.certrequest@marsh.com; 212-948-0811	CONTACT NAME: _____ PHONE (A/C, No, Ext): _____ FAX (A/C, No): _____ E-MAIL ADDRESS: _____	
	INSURER(S) AFFORDING COVERAGE	
001950--Reg-11-12	Y	INSURER A: National Union Fire Ins Co Pittsburgh PA INSURER B: _____ INSURER C: _____ INSURER D: _____ INSURER E: _____ INSURER F: _____
INSURED Canyon Fuel Company, LLC c/o Arch Western Bituminous Group, L.L.C. 225 N. 5th Street, Suite 900 Grand Junction, CO 81501		NAIC # 19445

COVERAGES **CERTIFICATE NUMBER:** CHI-004084883-29 **REVISION NUMBER:** 12

THIS IS TO CERTIFY THAT 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. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	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"/> Explosion Liability (XCU) GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC			GL 093 61 11 *\$500,000 general aggregate applies per location	07/31/2011	07/31/2012	EACH OCCURRENCE \$ 300,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 300,000 GENERAL AGGREGATE \$ * 500,000 PRODUCTS - COMP/OP AGG \$ 500,000	
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS			 MARY E. EIKMEIER Notary Public/Notary Seal State of Missouri St. Louis County COMMISSION #07504611 My Commission Expires: 12-02-2011			COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$	
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$							EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A					<input type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
 Permit SUFCO Mine C041002
 Blasting and use of explosives is not excluded under the policy.

CERTIFICATE HOLDER Utah Dept. Of Natural Resources Division of Oil, Gas and Mining 1594 W. North Temple Suite 1210 Salt Lake City, UT 84114-5801	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE of Marsh USA Inc. 
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AGENCY CUSTOMER ID: 001950

LOC #: St. Louis



ADDITIONAL REMARKS SCHEDULE

Page 2 of 2

AGENCY Marsh USA Inc.		NAMED INSURED Canyon Fuel Company, LLC c/o Arch Western Bituminous Group, L.L.C. 225 N. 5th Street, Suite 900 Grand Junction, CO 81501	
POLICY NUMBER		EFFECTIVE DATE:	
CARRIER	NAIC CODE		

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

This policy is amended as follows:

In the event that the Insurer cancels this policy for any reason other than non-payment of premium, and

1. the cancellation effective date is prior to this policy's expiration date;
2. the First Named Insured is under an existing contractual obligation to notify a certificate(s) holder(s) when this policy is canceled (hereinafter, the "Certificate Holder(s)") and has provided the Insurer, either directly or through it's broker of record, either:
 - (a) the name of the entity shown on the certificate, a contact name at such entity and the U.S. Postal Service mailing address of each such entity; or
 - (b) the email address of a contact at each such entity; and
3. prior to the effective date of cancellation, the First Named Insured confirms to the Insurer, either directly or through its broker of record, that the persons or organizations set forth in the Schedule above, as well as their respective addresses listed, should continue to be a part of the Schedule and, if not, the names of the persons or organizations that should be deleted.

the Insurer will provide advice of cancellation (the "Advice") to each such Certificate Holder(s) confirmed by the First Named Insured in writing to be correctly a part of the Schedule within 45 days after the First Named Insured confirms the accuracy of the Schedule above with the Insurer; provided, however, that if a specific number of days is not stated above, then the Advice will be provided to such Certificate Holder(s) as soon as reasonably practicable after the First Named Insured confirms the accuracy of the Schedule above with the Insurer.

Proof of the Insurer emailing the Advice, using the information provided and subsequently confirmed by the First Named Insured in writing, will serve as proof that the Insurer has fully satisfied its obligations under this endorsement.

This endorsement does not affect, in any way, coverage provided under this policy or the cancellation of this policy or the effective date thereof, nor shall this endorsement invest any rights in any entity not insured under this policy.

The following Definitions apply to this endorsement

1. First Named Insured means the Named Insured shown on the Declarations Page of this policy.
2. Insurer means the insurance company shown in the header on the Declarations Page of this policy.

All other terms, conditions and exclusions shall remain the same.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
07/28/2011

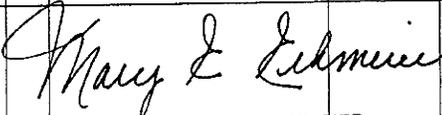
THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Marsh USA Inc. 701 Market Street, Suite 1100 St. Louis, MO 63101-1830 Attn: stlouis.certrequest@marsh.com; 212-946-0811	CONTACT NAME: _____	
	PHONE (A/C No, Ext): _____	FAX (A/C, No): _____
E-MAIL ADDRESS: _____		
001950-Reg-11-12	INSURER(S) AFFORDING COVERAGE	
	INSURER A: National Union Fire Ins Co Pittsburgh PA	
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
		NAIC # 19445

COVERAGES **CERTIFICATE NUMBER:** CHI-004084887-29 **REVISION NUMBER:** 10

THIS IS TO CERTIFY THAT 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. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSR WYD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	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"/> Explosion Liability (XCU) GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJCT <input checked="" type="checkbox"/> LOC		GL 093 61 11 *\$500,000 general aggregate applies per location	07/31/2011	07/31/2012	EACH OCCURRENCE \$ 300,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 300,000 GENERAL AGGREGATE \$ 500,000 PRODUCTS - COMP/OP AGG \$ 500,000	
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS		 MARY E. EIKMEIER Notary Public/Notary Seal State of Missouri St. Louis County COMMISSION #07504611 My Commission Expires: 12-02-2011			COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$	
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> RETENTIONS						EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N		N/A			WC STATUTORY LIMITS \$ OTHER \$ E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Permit Soldier Canyon Mine C007018
 Blasting and use of explosives is not excluded under the policy.

CERTIFICATE HOLDER Utah Dept. Of Natural Resources Division of Oil, Gas and Mining 1594 W. North Temple Suite 1210 Salt Lake City, UT 84114-5801	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE of Marsh USA Inc. 
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AGENCY CUSTOMER ID: 001950

LOC #: St. Louis



ADDITIONAL REMARKS SCHEDULE

Page 2 of 2

AGENCY Marsh USA Inc.		NAMED INSURED Canyon Fuel Company, LLC c/o Arch Western Bituminous Group, L.L.C. 225 N. 5th Street, Suite 900 Grand Junction, CO 81501	
POLICY NUMBER		EFFECTIVE DATE:	
CARRIER	NAIC CODE		

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

This policy is amended as follows:

In the event that the Insurer cancels this policy for any reason other than non-payment of premium, and

1. the cancellation effective date is prior to this policy's expiration date;

2. the First Named Insured is under an existing contractual obligation to notify a certificate(s) holder(s) when this policy is canceled (hereinafter, the "Certificate Holder(s)") and has provided the Insurer, either directly or through its broker of record, either:

- (a) the name of the entity shown on the certificate, a contact name at such entity and the U.S. Postal Service mailing address of each such entity; or
- (b) the email address of a contact at each such entity; and

3. prior to the effective date of cancellation, the First Named Insured confirms to the Insurer, either directly or through its broker of record, that the persons or organizations set forth in the Schedule above, as well as their respective addresses listed, should continue to be a part of the Schedule and, if not, the names of the persons or organizations that should be deleted,

the Insurer will provide advice of cancellation (the "Advice") to each such Certificate Holder(s) confirmed by the First Named Insured in writing to be correctly a part of the Schedule within 45 days after the First Named Insured confirms the accuracy of the Schedule above with the Insurer; provided, however, that if a specific number of days is not stated above, then the Advice will be provided to such Certificate Holder(s) as soon as reasonably practicable after the First Named Insured confirms the accuracy of the Schedule above with the Insurer.

Proof of the Insurer emailing the Advice, using the information provided and subsequently confirmed by the First Named Insured in writing, will serve as proof that the Insurer has fully satisfied its obligations under this endorsement.

This endorsement does not affect, in any way, coverage provided under this policy or the cancellation of this policy or the effective date thereof, nor shall this endorsement invest any rights in any entity not insured under this policy.

The following Definitions apply to this endorsement:

1. First Named Insured means the Named Insured shown on the Declarations Page of this policy.
2. Insurer means the insurance company shown in the header on the Declarations Page of this policy.

All other terms, conditions and exclusions shall remain the same.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
07/28/2011

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Marsh USA Inc. 701 Market Street, Suite 1100 St. Louis, MO 63101-1830 Attn: stlouis.certrequest@marsh.com; 212-948-0811	CONTACT NAME: PHONE (A/C, No, Ext): FAX (A/C, No): E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	
001950-Reg-11-12	Y	INSURER A: National Union Fire Ins Co Pittsburgh PA INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:
INSURED Canyon Fuel Company, LLC c/o Arch Western Bituminous Group, L.L.C. 225 N. 5th Street, Suite 900 Grand Junction, CO 81501		NAIC # 19445

COVERAGES **CERTIFICATE NUMBER:** CHI-004084886-29 **REVISION NUMBER:** 11

THIS IS TO CERTIFY THAT 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. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSR WYVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	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"/> Explosion Liability (XCU) GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC		GL 093 61 11 *\$500,000 general aggregate applies per location	07/31/2011	07/31/2012	EACH OCCURRENCE	\$ 300,000
						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 50,000
						MED EXP (Any one person)	\$ 5,000
						PERSONAL & ADV INJURY	\$ 300,000
						GENERAL AGGREGATE	\$ * 500,000
						PRODUCTS - COMP/OP AGG	\$ 500,000
						COMBINED SINGLE LIMIT (Ea accident)	\$
						BODILY INJURY (Per person)	\$
						BODILY INJURY (Per accident)	\$
						PROPERTY DAMAGE (Per accident)	\$
						EACH OCCURRENCE	\$
						AGGREGATE	\$
							\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N	N/A			WC STATU-TORY LIMITS	OTH-ER
						E.L. EACH ACCIDENT	\$
						E.L. DISEASE - EA EMPLOYEE	\$
						E.L. DISEASE - POLICY LIMIT	\$

Mary E. Eikmeier
MARY E. EIKMEIER
 Notary Public/Notary Seal
 State of Missouri
 St. Louis County
 COMMISSION #07504611
 My Commission Expires: 12-02-2011

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
Permit Banning Loadout C007034
Blasting and use of explosives is not excluded under the policy.

CERTIFICATE HOLDER Utah Dept. Of Natural Resources Division of Oil, Gas and Mining 1594 W. North Temple Suite 1210 Salt Lake City, UT 84114-5801	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE of Marsh USA Inc. 
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AGENCY CUSTOMER ID: 001950

LOC #: St. Louis



ADDITIONAL REMARKS SCHEDULE

Page 2 of 2

AGENCY Marsh USA Inc.		NAMED INSURED Canyon Fuel Company, LLC c/o Arch Western Bituminous Group, L.L.C. 225 N. 5th Street, Suite 900 Grand Junction, CO 81501	
POLICY NUMBER		EFFECTIVE DATE:	
CARRIER	NAIC CODE		

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

This policy is amended as follows:

In the event that the Insurer cancels this policy for any reason other than non-payment of premium, and

1. the cancellation effective date is prior to this policy's expiration date;

2. the First Named Insured is under an existing contractual obligation to notify a certificate(s) holder(s) when this policy is canceled (hereinafter, the "Certificate Holder(s)") and has provided the Insurer, either directly or through its broker of record, either:

- (a) the name of the entity shown on the certificate, a contact name at such entity and the U.S. Postal Service mailing address of each such entity; or
- (b) the email address of a contact at each such entity; and

3. prior to the effective date of cancellation, the First Named Insured confirms to the Insurer, either directly or through its broker of record, that the persons or organizations set forth in the Schedule above, as well as their respective addresses listed, should continue to be a part of the Schedule and, if not, the names of the persons or organizations that should be deleted.

the Insurer will provide advice of cancellation (the "Advice") to each such Certificate Holder(s) confirmed by the First Named Insured in writing to be correctly a part of the Schedule within 45 days after the First Named Insured confirms the accuracy of the Schedule above with the Insurer; provided, however, that if a specific number of days is not stated above, then the Advice will be provided to such Certificate Holder(s) as soon as reasonably practicable after the First Named Insured confirms the accuracy of the Schedule above with the Insurer.

Proof of the Insurer emailing the Advice, using the information provided and subsequently confirmed by the First Named Insured in writing, will serve as proof that the Insurer has fully satisfied its obligations under this endorsement.

This endorsement does not affect, in any way, coverage provided under this policy or the cancellation of this policy or the effective date thereof, nor shall this endorsement invest any rights in any entity not insured under this policy.

The following Definitions apply to this endorsement:

- 1. First Named Insured means the Named Insured shown on the Declarations Page of this policy.
- 2. Insurer means the insurance company shown in the header on the Declarations Page of this policy.

All other terms, conditions and exclusions shall remain the same.



ADDITIONAL REMARKS SCHEDULE

AGENCY Marsh USA Inc.		NAMED INSURED Canyon Fuel Company, LLC c/o Arch Western Bituminous Group, L.L.C. 225 N. 5th Street, Suite 900 Grand Junction, CO 81501	
POLICY NUMBER		EFFECTIVE DATE:	
CARRIER	NAIC CODE		

ADDITIONAL REMARKS

**THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance**

This policy is amended as follows:

In the event that the Insurer cancels this policy for any reason other than non-payment of premium, and

1. the cancellation effective date is prior to this policy's expiration date;
2. the First Named Insured is under an existing contractual obligation to notify a certificate(s) holder(s) when this policy is canceled (hereinafter, the "Certificate Holder(s)") and has provided the Insurer, either directly or through its broker of record, either:
 - (a) the name of the entity shown on the certificate, a contact name at such entity and the U.S. Postal Service mailing address of each such entity; or
 - (b) the email address of a contact at each such entity; and
3. prior to the effective date of cancellation, the First Named Insured confirms to the Insurer, either directly or through its broker of record, that the persons or organizations set forth in the Schedule above, as well as their respective addresses listed, should continue to be a part of the Schedule and, if not, the names of the persons or organizations that should be deleted,

the Insurer will provide advice of cancellation (the "Advice") to each such Certificate Holder(s) confirmed by the First Named Insured in writing to be correctly a part of the Schedule within 45 days after the First Named Insured confirms the accuracy of the Schedule above with the Insurer; provided, however, that if a specific number of days is not stated above, then the Advice will be provided to such Certificate Holder(s) as soon as reasonably practicable after the First Named Insured confirms the accuracy of the Schedule above with the Insurer.

Proof of the Insurer emailing the Advice, using the information provided and subsequently confirmed by the First Named Insured in writing, will serve as proof that the Insurer has fully satisfied its obligations under this endorsement.

This endorsement does not affect, in any way, coverage provided under this policy or the cancellation of this policy or the effective date thereof, nor shall this endorsement invest any rights in any entity not insured under this policy.

The following Definitions apply to this endorsement

1. First Named Insured means the Named insured shown on the Declarations Page of this policy.
2. Insurer means the insurance company shown in the header on the Declarations Page of this policy.

All other terms, conditions and exclusions shall remain the same.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
07/28/2011

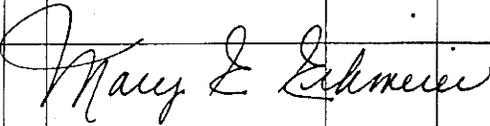
THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an **ADDITIONAL INSURED**, the policy(ies) must be endorsed. If **SUBROGATION IS WAIVED**, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Marsh USA Inc. 701 Market Street, Suite 1100 St. Louis, MO 63101-1830 Attn: stlouis.certrequest@marsh.com; 212-948-0811 001950-Reg-11-12	CONTACT NAME: PHONE (A/C, No, Ext): FAX (A/C, No): E-MAIL ADDRESS:													
	<table border="1"> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> <tr> <td>INSURER A : National Union Fire Ins Co Pittsburgh PA</td> <td>19445</td> </tr> <tr> <td>INSURER B :</td> <td></td> </tr> <tr> <td>INSURER C :</td> <td></td> </tr> <tr> <td>INSURER D :</td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : National Union Fire Ins Co Pittsburgh PA	19445	INSURER B :		INSURER C :		INSURER D :		INSURER E :		INSURER F :
INSURER(S) AFFORDING COVERAGE	NAIC #													
INSURER A : National Union Fire Ins Co Pittsburgh PA	19445													
INSURER B :														
INSURER C :														
INSURER D :														
INSURER E :														
INSURER F :														
INSURED Canyon Fuel Company, LLC c/o Arch Western Bituminous Group, L.L.C. 225 N. 5th Street, Suite 900 Grand Junction, CO 81501														

COVERAGES **CERTIFICATE NUMBER:** CHI-004084884-29 **REVISION NUMBER:** 10

THIS IS TO CERTIFY THAT 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. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	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"/> Explosion Liability (XCU) GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input checked="" type="checkbox"/> LOC			GL 093 61 11 *\$500,000 general aggregate applies per location	07/31/2011	07/31/2012	EACH OCCURRENCE \$ 300,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 300,000 GENERAL AGGREGATE \$ 500,000 PRODUCTS - COMP/OP AGG \$ 500,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS			 MARY E. EIKMEIER Notary Public/Notary Seal State of Missouri St. Louis County COMMISSION #07504611 My Commission Expires: 12-02-2011			COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB EXCESS LIAB DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		Y/N N	N/A			WC STATU-TORY LIMITS OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
Permit Dug Out Canyon Mine C007039
Blasting and use of explosives is not excluded under the policy.

CERTIFICATE HOLDER **CANCELLATION**

Utah Dept. Of Natural Resources Division of Oil, Gas and Mining 1594 W. North Temple Suite 1210 Salt Lake City, UT 84114-5801	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE of Marsh USA Inc. 
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AGENCY CUSTOMER ID: 001950

LOC #: St. Louis



ADDITIONAL REMARKS SCHEDULE

Page 2 of 2

AGENCY Marsh USA Inc.		NAMED INSURED Canyon Fuel Company, LLC c/o Arch Western Bituminous Group, L.L.C. 225 N. 5th Street, Suite 900 Grand Junction, CO 81501	
POLICY NUMBER		EFFECTIVE DATE:	
CARRIER	NAIC CODE		

ADDITIONAL REMARKS

**THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance**

This policy is amended as follows:

In the event that the Insurer cancels this policy for any reason other than non-payment of premium, and

1. the cancellation effective date is prior to this policy's expiration date;
2. the First Named Insured is under an existing contractual obligation to notify a certificate(s) holder(s) when this policy is canceled (hereinafter, the "Certificate Holder(s)") and has provided the Insurer, either directly or through it's broker of record, either:
 - (a) the name of the entity shown on the certificate, a contact name at such entity and the U.S. Postal Service mailing address of each such entity; or
 - (b) the email address of a contact at each such entity; and

3. prior to the effective date of cancellation, the First Named Insured confirms to the Insurer, either directly or through its broker of record, that the persons or organizations set forth in the Schedule above, as well as their respective addresses listed, should continue to be a part of the Schedule and, if not, the names of the persons or organizations that should be deleted.

the Insurer will provide advice of cancellation (the "Advice") to each such Certificate Holder(s) confirmed by the First Named Insured in writing to be correctly a part of the Schedule within 45 days after the First Named Insured confirms the accuracy of the Schedule above with the Insurer; provided, however, that if a specific number of days is not stated above, then the Advice will be provided to such Certificate Holder(s) as soon as reasonably practicable after the First Named Insured confirms the accuracy of the Schedule above with the Insurer.

Proof of the Insurer emailing the Advice, using the information provided and subsequently confirmed by the First Named Insured in writing, will serve as proof that the Insurer has fully satisfied its obligations under this endorsement.

This endorsement does not affect, in any way, coverage provided under this policy or the cancellation of this policy or the effective date thereof, nor shall this endorsement invest any rights in any entity not insured under this policy.

The following Definitions apply to this endorsement:

1. First Named Insured means the Named Insured shown on the Declarations Page of this policy.
2. Insurer means the insurance company shown in the header on the Declarations Page of this policy.

All other terms, conditions and exclusions shall remain the same.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
07/28/2011

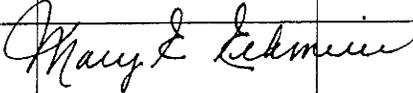
THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Marsh USA Inc. 701 Market Street, Suite 1100 St. Louis, MO 63101-1830 Attn: stlouis.certrequest@marsh.com; 212-948-0811	CONTACT NAME:	
	PHONE (A/C, No, Ext):	FAX (A/C, No):
E-MAIL ADDRESS:	INSURER(S) AFFORDING COVERAGE	
001950-Reg-11-12	INSURER A: National Union Fire Ins Co Pittsburgh PA	NAIC # 19445
INSURED Mountain Coal Company, L.L.C. P.O. Box 591 1 Mile East of Somerset - Hwy 133 Somerset, CO 81434	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** CHI-004084882-28 **REVISION NUMBER:** 10

THIS IS TO CERTIFY THAT 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. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	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"/> Explosion Liability (XCU) GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input checked="" type="checkbox"/> LOC		GL 093 61 11 *\$500,000 general aggregate applies per location	07/31/2011	07/31/2012	EACH OCCURRENCE \$ 300,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 300,000 GENERAL AGGREGATE \$ 500,000 PRODUCTS - COMP/OP AGG \$ 500,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS		 MARY E. EIKMEIER Notary Public/Notary Seal State of Missouri St. Louis County COMMISSION #07504611 My Commission Expires: 12-02-2011			COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB EXCESS LIAB DED RETENTION \$	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE				EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	N/A			WC STATUTORY LIMITS OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Permit ACT/007/016, Gordon Creek Mines 2, 7, & 8
 Blasting and use of explosives is not excluded under the policy.

CERTIFICATE HOLDER

Utah Dept. Of Natural Resources
 Division of Oil, Gas and Mining
 1594 W. North Temple
 Suite 1210
 Salt Lake City, UT 84114-5801

CANCELLATION

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AUTHORIZED REPRESENTATIVE
 of Marsh USA Inc.



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AGENCY CUSTOMER ID: 001950

LOC #: St. Louis



ADDITIONAL REMARKS SCHEDULE

Page 2 of 2

AGENCY Marsh USA Inc.		NAMED INSURED Mountain Coal Company, L.L.C. P.O. Box 591 1 Mile East of Somerset - Hwy 133 Somerset, CO 81434	
POLICY NUMBER		EFFECTIVE DATE:	
CARRIER	NAIC CODE		

ADDITIONAL REMARKS

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