

0003

File ACT/015/002
Folder No. 5
Chandler Copy to
Mary,
Tom M,
Pam

RECEIVED
AUG 30 1983

**DIVISION OF
OIL, GAS & MINING**

August 26, 1983

JIM
SEP 02 1983

Mr. James W. Smith, Jr.
Coordinator of Mined Land Development
4241 State Office Building
Salt Lake City, UT 84114

Re: Certificate of Liability Insurance
J.B.King Mine
ACT/015/002, Folder No. 2
Emery County, Utah

Dear Mr. Smith:

Enclosed you will find fully executed Certificate
of Insurance for the captioned. The certificate
provides all the requirements of Utah Code,
Section UMC/SMC 806.14.

We trust enclosed will be found in order.

Very truly yours,

CHANDLER ASSOCIATES

Mary L. Lively
Mary L. Lively

cc John Carmody
4975 VanGordon Street
Wheat Ridge, CO 80033

cc Don Nelson
2417 Regency Rd., Suite D
Lexington, Ky. 40503

W. HIGHWAY 55 PO BOX 9456 MINNEAPOLIS, MN 55440 TEL: (612) 544-8811

(COAL)

CERTIFICATE OF LIABILITY INSURANCE
Issued to: State of Utah
Department of Natural Resources
Division of Oil, Gas, and Mining

THIS IS TO CERTIFY, That the THE AMERICAN INSURANCE COMPANY
(Name of Insurance Company)
of 777 San Marin Drive, Novato, CA 94947
(Home Office Address of Company)
has issued to WESTERN STATES MINERALS CORPORATION of
(Name of Permit Applicant)
4975 Van Gordon, Wheat Ridge, CO 80033 Policy No. KLA 321 55 83
(Address of Permit Applicant)

effective from April 1, 19, 83 and continuing until cancelled,
nonrenewed, or changed as provided herein, which policy provides personal
injury and property damage insurance covering the obligations imposed upon
such permit applicant with regard to Permit No. ACT/015/002 according
to provisions of the coal mining and reclamation program of Utah, (Utah Code
Annotated 40-10-1 et seq.), specifically Section UMC/SMC 806.14.

Underwriting Agent: W. A. ERICKSON

Company Name: JOHNSON & HIGGINS Phone: (612) 338-0681

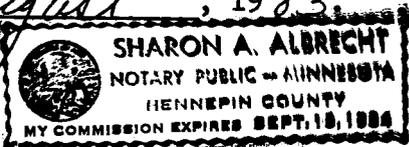
Address: 100 WASHINGTON SQUARE SUITE 2220, MINNEAPOLIS, MINNESOTA 55431

The above-named insurance company agrees to notify the Division in writing
of any substantive change in the above coverage, including cancellation,
failure to renew, or other material change. No change shall be effective
until at least thirty (30) days after such notice is received by the Division.

The undersigned affirms that the above information is true and complete to
the best of his or her knowledge and belief, and that he or she is an
authorized representative of the above-named insurance company.

8/24/83 W.A. Erickson, Vice President
(Date, Signature, and Title of Authorized Representative of Insurance Company)

Signed and sworn to before me by W.A. Erickson this the 24
day of August, 19 83.



Sharon A. Albrecht
(Notary)

My Commission Expires: 9-13-84