ACORD. CERTIFICATE OF INSURANCE

CSR KT
WSHOL-1

DATE (MM/DD/YY)
03/31/95

PRODUCER 0022

A and H Insurance, Inc.
P.O. Box 7340
Reno NV 89510

William Heilig
702-829-2600

015/002
Copy to #4
& PAM
& Permit Binder

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

COMPANIES AFFORDING COVERAGE

COMPANY A	Sphere Drake Insurance
COMPANY B	United National Insurance Co.
COMPANY C	Royal Insurance
COMPANY D	

INSURED

W. S. Holding Corp.
Western States Minerals Corp.
Attn: Bruce Vermilyea
4978 Van Gordon Street
Wheatridge CO 80033

COVERAGES

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.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A	GENERAL LIABILITY [X] COMMERCIAL GENERAL LIABILITY [ ] CLAIMS MADE [X] OCCUR OWNER'S & CONTRACTOR'S PROT	SDM 1069	04/01/95	04/01/96	GENERAL AGGREGATE	$ 2,000,000
					PRODUCTS - COMP/OP AGG	$ 2,000,000
					PERSONAL & ADV INJURY	$ 1,000,000
					EACH OCCURRENCE	$ 1,000,000
					FIRE DAMAGE (Any one fire)	$ 50,000
					MED EXP (Any one person)	$ 5,000
C	AUTOMOBILE LIABILITY [X] ANY AUTO ALL OWNED AUTOS SCHEDULED AUTOS [X] HIRED AUTOS [X] NON-OWNED AUTOS	PSP 086531	04/01/95	04/01/96	COMBINED SINGLE LIMIT	$ 1,000,000
					BODILY INJURY (Per person)	$
					BODILY INJURY (Per accident)	$
					PROPERTY DAMAGE	$
	GARAGE LIABILITY ANY AUTO				AUTO ONLY - EA ACCIDENT	$
					OTHER THAN AUTO ONLY:	
					EACH ACCIDENT	$
					AGGREGATE	$
B	EXCESS LIABILITY [X] UMBRELLA FORM OTHER THAN UMBRELLA FORM	TBD	04/01/95	04/01/96	EACH OCCURRENCE	$ 4,000,000
					AGGREGATE	$ 4,000,000
						$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY THE PROPRIETOR/ PARTNERS/EXECUTIVE OFFICERS ARE: [ ] INCL [ ] EXCL				STATUTORY LIMITS	
					EACH ACCIDENT	$
					DISEASE - POLICY LIMIT	$
					DISEASE - EACH EMPLOYEE	$
	OTHER					

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

J.B. King Mine, ACT/015/002, Folder #4, Emery County, Utah. It is hereby understood and agreed that the State of Utah, Dept. of Natural Resources is including as an Additional Insured, and this insurance is primary with respect to operations performed by the named insured on their behalf.

CERTIFICATE HOLDER

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State of Utah, Dept. of
Natual Resources; Oil,Gas,Mng
355 W. North Temple
3 Triad Center, Suite 350
Salt Lake City UT 84180-1203
Attn: Pamela Grubaugh-Littig
Division of Oil, Gas, Mining
801-359-3940

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL 45 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT.

AUTHORIZED REPRESENTATIVE
William Heilig

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