

0006

One Utah Center  
201 South Main Street, Suite 2100  
Salt Lake City, UT 84111  
(801) 220-4140 - FAX (801) 220-4725



A Subsidiary of PacifiCorp

**HAND DELIVERED**

March 23, 2006

Ms. Pamela Grubaugh-Littig  
Permit Supervisor  
Division of Oil, Gas & Mining  
Utah Department of Natural Resources  
1594 West North Temple - Suite 1210  
P.O. Box 145801  
Salt Lake City, Utah 84114-145801

*C/005/0009  
C/015/0017  
C/015/0018  
C/015/0019*

**RE: Notice of Change in Ownership – Replacement Certificates of Liability Insurance Effective March 21, 2006, Policy No. [redacted] Period from 8/28/2005 to 8/28/2006; Des-Bee-Dove Mine C/015/0017, Deer Creek Mine C/015/0018, Cottonwood Mine C/015/0019 and Trail Mountain Mine C/015/009, Folder #2, Emery County, Utah**

Dear Pam:

Effective as of March 21, 2006, MidAmerican Energy Holdings Company of Des Moines, Iowa has completed its purchase of PacifiCorp from ScottishPower. This change in the ultimate owner of PacifiCorp does not affect the current permittee under the above captioned permits.

In the coming weeks, we will provide you with updated ownership and control information for insertion into the referenced mine permits. Meanwhile, with this transaction now consummated enclosed are certificates of liability insurance for the referenced coal mine operations to replace the existing certificates currently on file. The effective policy number and term of August 28, 2005 to August 28, 2006 coincides with MidAmerican Energy Holdings Company existing coverage. Coverage for PacifiCorp and its subsidiaries became effective under these policies March 21, 2006. On or before August 28, 2006, a new set of certificates for the upcoming full annual period will be forwarded.

Should you have any questions or need any additional information regarding this submittal, please feel free to contact me at 801-220-4612.

Sincerely,

A handwritten signature in black ink, appearing to read "Scott M. Child".

Scott M. Child  
Manager, Lands & Regulatory Affairs

Enclosures

SMC\EnergyWest\DOGM 2006-02.doc

cc: PacifiCorp Energy w/encl. NTO 320 – R. Lasich  
IMC - D.W. Jense, B. King, N. Getzelman  
EWMC w/encl. - D. Johnson, C. Semborski, D. Oakley  
PacifiCorp Risk Mgmt. w/encl. LCT 1800 – K. Reinhart

RECEIVED  
MAR 23 2006

DIV. OF OIL, GAS & MINING



- C. The policy shall include a rider requiring that the insurer notify the Division whenever substantive changes are made in the policy including any termination or failure to renew.

**IN ACCORDANCE WITH THE ABOVE TERMS AND CONDITIONS**, and the Utah Code Annotated 40-10-1 et seq., the Insurance Company hereby attests to the fact that coverage for said Permit Application is in accordance with the requirements of the State of Utah and agrees to notify the Division of Oil, Gas, and Mining in writing of any substantive changes, 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. Any change unauthorized by the Division is considered breach of the RECLAMATION AGREEMENT and the Division may pursue remedies thereunder.

UNDERWRITING AGENT:

Kevin Hartnett  
(Agent's Name)

201-521-4595  
(Phone)

AEGIS Insurance Services  
(Company Agent's Name)

10 Exchange Place  
(Mailing Address)

Jersey City, New Jersey 07302  
(City, State, Zip Code)

The undersigned affirms that the above information is true and complete to the best of his/her knowledge and belief, and that he or she is an authorized representative of the above-named insurance company. (An Affidavit of Qualification must be completed and attached to this form for each authorized agent of officer).

[Signature] Underwriter 3/17/2006  
(Date, Signature and Title of Authorized Agent of Insurance Company)

Signed and sworn before me by Kevin Hartnett

This 17<sup>th</sup> day of MARCH, 2006

[Signature]  
(Signature)

My commission Expires: 7/20/09

IVETTE BRITO  
NOTARY PUBLIC  
STATE OF NEW JERSEY  
MY COMMISSION EXPIRES JULY 20, 2009  
(Date)

# ASSOCIATED ELECTRIC & GAS INSURANCE SERVICES LIMITED

Hamilton, Bermuda

## CERTIFICATE OF INSURANCE

(Excess Liability)

This Certificate is furnished to the Certificate Holder named below as a matter of information only. Neither this Certificate nor the issuance hereof modifies the policy of insurance identified below (the "Policy") in any manner. The Policy terms are solely as stated in the Policy or in any endorsement thereto. Any amendment, change or extension of the Policy can only be effected by a specific endorsement issued by the Company and attached to the Policy.

The undersigned hereby certifies that the Policy has been issued by Associated Electric & Gas Insurance Services Limited (the "Company") to the Named Insured identified below for the coverage described and for the policy period specified.

Notwithstanding any requirements, terms or conditions of any contract or other document with respect to which this Certificate may be issued or to which it may pertain, the insurance afforded by the Policy is subject to all of the terms of the Policy.

**NAME OF INSURED:** PacifiCorp dba Pacific Power & Light and dba Utah Power & Light

**PRINCIPAL ADDRESS:** 825 NE Multnomah, #1800, Portland, Oregon 97232

**POLICY NUMBER:** \_\_\_\_\_ **POLICY From:** August 28, 2005  
**PERIOD:** To: August 28, 2006

**DESCRIPTION OF COVERAGE:** Claims-First-Made Excess Liability Policy covering claims for Bodily Injury, Property Damage and Personal Injury arising from the operations described below.

**LIMIT OF LIABILITY:** \$ 20,000,000 per occurrence and in the aggregate, where applicable.

**ADDITIONAL INSURED:** The Certificate Holder is an additional Insured under the Policy but only:  
(i) to such extent and for such Limits of Liability (subject always to the terms and Limits of Liability of the Policy) as the Named Insured has agreed to provide insurance for the Certificate Holder under the following contract:  
**Des/Bee/Dove: C/015/017**  
and (ii) with respect to the following operations:  
**Damage due to the use of explosives and subsidence is covered. Insurance Company will notify State of Utah of any changes or cancellation.**

Should the Policy be cancelled, assigned or changed in a manner that is materially adverse to the Insured(s) under the Policy, the undersigned will endeavor to give 45 days advance written notice thereof to the Certificate Holder, but failure to give such notice will impose no obligation or liability of any kind upon the Company, the undersigned or any agent or representative of either.

**DATE:** March 13, 2006

**ISSUED TO:** The State of Utah, Dept. of Natural Resources ("Certificate Holder")  
Division of Oil, Gas & Mining

**ADDRESS:** 1594 West North Temple, Suite 1210, Salt Lake City, UT 84114-5801

AEGIS INSURANCE SERVICES, INC.

BY:



At Jersey City, New Jersey

**ACORD****CERTIFICATE OF LIABILITY INSURANCE**DATE (MM/DD/YYYY)  
03/13/2006

**PRODUCER**  
Aon Risk Services, Inc. of Nebraska  
Insurance Services CA License #OE16975  
11213 Davenport  
Suite 201  
Omaha NE 68154 USA

PHONE: (402) 697-1400 FAX: (402) 697-0017

**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.**

**INSURED**  
PacifiCorp dba Pacific Power & Light  
and dba Utah Power & Light  
825 NE Multnomah, #1800  
Portland OR 97232 USA

INSURERS AFFORDING COVERAGE		NAIC #
INSURER A:	Assoc Electric & Gas Ins Serv Ltd -AEGIS	00152L
INSURER B:		
INSURER C:		
INSURER D:		
INSURER E:		

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS	
A		<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC		08/28/05	08/28/06	EACH OCCURRENCE	\$2,000,000
						DAMAGE TO RENTED PREMISES (Ea occurrence)	
						MED EXP (Any one person)	
						PERSONAL & ADV INJURY	
						GENERAL AGGREGATE	\$2,000,000
						PRODUCTS - COMP/OP AGG	
		<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident)	
						BODILY INJURY (Per person)	
						BODILY INJURY (Per accident)	
						PROPERTY DAMAGE (Per accident)	
		<b>GARAGE LIABILITY</b> <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT	
						OTHER THAN AUTO ONLY: EA ACC AGG	
A		<b>EXCESS/UMBRELLA LIABILITY</b> <input type="checkbox"/> OCCUR <input checked="" type="checkbox"/> CLAIMS MADE  <input type="checkbox"/> DEDUCTIBLE <input checked="" type="checkbox"/> RETENTION		08/28/05	08/28/06	EACH OCCURRENCE	\$20,000,000
						AGGREGATE	\$20,000,000
		<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				WC STATU-TORY LIMITS	OTH-ER
						E.L. EACH ACCIDENT	
						E.L. DISEASE-EA EMPLOYEE	
						E.L. DISEASE-POLICY LIMIT	
		<b>OTHER</b>					

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS  
 Damage due to the use of explosives and subsidence is covered. Insurance Company will notify the State of Utah of any changes or cancellation.  
 Re: DES/BEE/DOVE: C/015/017

**CERTIFICATE HOLDER**  
 State of Utah, Dept of Natural Resources, Division of Oil, Gas & Mining  
 356 W. North Temple  
 Salt Lake City UT 84180-1203 USA

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 45 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT. BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

Holder Identifier :

Certificate No. : 570016980401





- C. The policy shall include a rider requiring that the insurer notify the Division whenever substantive changes are made in the policy including any termination or failure to renew.

**IN ACCORDANCE WITH THE ABOVE TERMS AND CONDITIONS**, and the Utah Code Annotated 40-10-1 et seq., the Insurance Company hereby attests to the fact that coverage for said Permit Application is in accordance with the requirements of the State of Utah and agrees to notify the Division of Oil, Gas, and Mining in writing of any substantive changes, 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. Any change unauthorized by the Division is considered breach of the RECLAMATION AGREEMENT and the Division may pursue remedies thereunder.

UNDERWRITING AGENT:

Kevin Hartnett  
(Agent's Name)

201-521-4595  
(Phone)

AEGIS Insurance Services  
(Company Agent's Name)

10 Exchange Place  
(Mailing Address)

Jersey City, New Jersey 07302  
(City, State, Zip Code)

The undersigned affirms that the above information is true and complete to the best of his/her knowledge and belief, and that he or she is an authorized representative of the above-named insurance company. (An Affidavit of Qualification must be completed and attached to this form for each authorized agent of officer).

Kevin Hartnett Underwriter 3/17/2006  
(Date) (Signature and Title of Authorized Agent of Insurance Company)

Signed and sworn before me by Kevin Hartnett

This 17<sup>th</sup> day of MARCH, 2006

Jovette Brito  
(Signature)

IVETTE BRITO  
NOTARY PUBLIC

STATE OF NEW JERSEY

My commission Expires: 7/20/09  
MY COMMISSION EXPIRES JULY 20, 2009  
(Date)

# ASSOCIATED ELECTRIC & GAS INSURANCE SERVICES LIMITED

Hamilton, Bermuda

## CERTIFICATE OF INSURANCE

(Excess Liability)

This Certificate is furnished to the Certificate Holder named below as a matter of information only. Neither this Certificate nor the issuance hereof modifies the policy of insurance identified below (the "Policy") in any manner. The Policy terms are solely as stated in the Policy or in any endorsement thereto. Any amendment, change or extension of the Policy can only be effected by a specific endorsement issued by the Company and attached to the Policy.

The undersigned hereby certifies that the Policy has been issued by Associated Electric & Gas Insurance Services Limited (the "Company") to the Named Insured identified below for the coverage described and for the policy period specified.

Notwithstanding any requirements, terms or conditions of any contract or other document with respect to which this Certificate may be issued or to which it may pertain, the insurance afforded by the Policy is subject to all of the terms of the Policy.

**NAME OF INSURED:** PacifiCorp dba Pacific Power & Light and dba Utah Power & Light

**PRINCIPAL ADDRESS:** 825 NE Multnomah, #1800, Portland, Oregon 97232

**POLICY NUMBER:** **POLICY** From: August 28, 2005  
**PERIOD:** To: August 28, 2006

**DESCRIPTION OF COVERAGE:** Excess Liability Policy covering claims for Bodily Injury, Property Damage and Personal Injury arising from the operations described below.

**LIMIT OF LIABILITY:** \$ 20,000,000 per occurrence and in the aggregate, where applicable.

**ADDITIONAL INSURED:** The Certificate Holder is an additional Insured under the Policy but only:  
(i) to such extent and for such Limits of Liability (subject always to the terms and Limits of Liability of the Policy) as the Named Insured has agreed to provide insurance for the Certificate Holder under the following contract:  
**Deer Creek: C/015/018**  
and (ii) with respect to the following operations:  
**Damage due to the use of explosives and subsidence is covered. Insurance Company will notify State of Utah of any changes or cancellation.**

Should the Policy be cancelled, assigned or changed in a manner that is materially adverse to the Insured(s) under the Policy, the undersigned will endeavor to give 45 days advance written notice thereof to the Certificate Holder, but failure to give such notice will impose no obligation or liability of any kind upon the Company, the undersigned or any agent or representative of either.

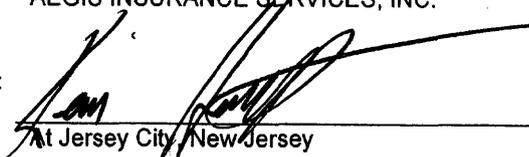
**DATE:** March 13, 2006

**ISSUED TO:** The State of Utah, Dept. of Natural Resources ("Certificate Holder")  
Division of Oil, Gas & Mining

**ADDRESS:** 1594 West North Temple, Suite 1210, Salt Lake City, UT 84114-5801

AEGIS INSURANCE SERVICES, INC.

BY:

  
At Jersey City, New Jersey

**ACORD****CERTIFICATE OF LIABILITY INSURANCE**DATE (MM/DD/YYYY)  
03/13/2006
**PRODUCER**  
 Aon Risk Services, Inc. of Nebraska  
 Insurance Services CA License #OE16975  
 11213 Davenport  
 Suite 201  
 Omaha NE 68154 USA

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 CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE  
 COVERAGE AFFORDED BY THE POLICIES BELOW.

PHONE: (402) 697-1400 FAX: (402) 697-0017

**INSURERS AFFORDING COVERAGE**

NAIC #

INSURER A: Assoc Electric &amp; Gas Ins Serv Ltd -AEGIS 00152L

INSURER B:

INSURER C:

INSURER D:

INSURER E:

**INSURED**  
 PacificCorp dba Pacific Power & Light  
 and dba Utah Power & Light  
 825 NE Multnomah, #1800  
 Portland OR 97232 USA

Holder Identifier :

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 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.  
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INSR LTR	ADD'L INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MMDDYY)	POLICY EXPIRATION DATE (MMDDYY)	LIMITS	
A		<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input checked="" type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR _____ GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC		08/28/05	08/28/06	EACH OCCURRENCE	\$2,000,000
						DAMAGE TO RENTED PREMISES (Ea occurrence)	
						MED EXP (Any one person)	
						PERSONAL & ADV INJURY	
						GENERAL AGGREGATE	\$2,000,000
						PRODUCTS - COMP/OP AGG	
		<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON OWNED AUTOS _____				COMBINED SINGLE LIMIT (Ea accident)	
						BODILY INJURY (Per person)	
						BODILY INJURY (Per accident)	
						PROPERTY DAMAGE (Per accident)	
		<b>GARAGE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> _____				AUTO ONLY - EA ACCIDENT	
						OTHER THAN AUTO ONLY: EA ACC	
						AGG	
A		<b>EXCESS /UMBRELLA LIABILITY</b> <input type="checkbox"/> OCCUR <input checked="" type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input checked="" type="checkbox"/> RETENTION		08/28/05	08/28/06	EACH OCCURRENCE	\$20,000,000
						AGGREGATE	\$20,000,000
		<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				WC STATU-TORY LIMITS	OTH-ER
						E.L. EACH ACCIDENT	
						E.L. DISEASE-EA EMPLOYEE	
						E.L. DISEASE-POLICY LIMIT	
		<b>OTHER</b>					

Certificate No : 570016980458

**DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS**
 Damage due to the use of explosives and subsidence is covered. Insurance Company will notify the State of Utah of any changes or cancellation.  
 Re: Deer Creek: C/015/018
**CERTIFICATE HOLDER**
 State of Utah, Dept of Natural  
 Resources, Division of Oil, Gas & Mining  
 356 W. North Temple  
 Salt Lake City UT 84180-1203 USA
**CANCELLATION**
 SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION  
 DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL  
 45 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT.  
 BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY  
 OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE



ACORD 99 (01/01)

ACORD 99 (01/01)



- C. The policy shall include a rider requiring that the insurer notify the Division whenever substantive changes are made in the policy including any termination or failure to renew.

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UNDERWRITING AGENT:

Kevin Hartnett  
(Agent's Name)

201-521-4595  
(Phone)

AEGIS Insurance Services  
(Company Agent's Name)

10 Exchange Place  
(Mailing Address)

Jersey City, New Jersey 07302  
(City, State, Zip Code)

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Kevin Hartnett Underwriter 3/17/2006  
(Date, Signature and Title of Authorized Agent of Insurance Company)

Signed and sworn before me by Kevin Hartnett

This 17<sup>th</sup> day of MARCH, 2006

[Signature]

(Signature)

NOTARY PUBLIC  
STATE OF NEW JERSEY

My commission Expires: 7/20/09

MY COMMISSION EXPIRES JULY 20, 2009

(Date)

# ASSOCIATED ELECTRIC & GAS INSURANCE SERVICES LIMITED

Hamilton, Bermuda

## CERTIFICATE OF INSURANCE (Excess Liability)

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**PRINCIPAL ADDRESS:** 825 NE Multnomah, #1800, Portland, Oregon 97232

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(i) to such extent and for such Limits of Liability (subject always to the terms and Limits of Liability of the Policy) as the Named Insured has agreed to provide insurance for the Certificate Holder under the following contract:  
**Cottonwood/Wilberg: C/015/019**  
and (ii) with respect to the following operations:  
**Damage due to the use of explosives and subsidence is covered. Insurance Company will notify State of Utah of any changes or cancellation.**

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**DATE:** March 13, 2006

**ISSUED TO:** The State of Utah, Dept. of Natural Resources ("Certificate Holder")  
Division of Oil, Gas & Mining

**ADDRESS:** 1594 West North Temple, Suite 1210, Salt Lake City, UT 84114-5801

AEGIS INSURANCE SERVICES, INC.

BY:

  
At Jersey City, New Jersey

**ACORD**

**CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)  
03/13/2006

**PRODUCER**  
Aon Risk Services, Inc. of Nebraska  
Insurance Services CA License #OE16975  
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PHONE: (402) 697-1400 FAX: (402) 697-0017

**INSURED**  
PacifiCorp dba Pacific Power & Light  
and dba Utah Power & Light  
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Portland OR 97232 USA

INSURERS AFFORDING COVERAGE		NAIC #
INSURER A:	Assoc Electric & Gas Ins Serv Ltd -AEGIS	00152L
INSURER B:		
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A		<b>GENERAL LIABILITY</b> <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input checked="" type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC		08/28/05	08/28/06	EACH OCCURRENCE	\$2,000,000
		<b>AUTOMOBILE LIABILITY</b> <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident)	
		<b>GARAGE LIABILITY</b> <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT	
A		<b>EXCESS/UMBRELLA LIABILITY</b> <input type="checkbox"/> OCCUR <input checked="" type="checkbox"/> CLAIMS MADE  <input type="checkbox"/> DEDUCTIBLE <input checked="" type="checkbox"/> RETENTION		08/28/05	08/28/06	EACH OCCURRENCE	\$20,000,000
		<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				WC STATU-TORY LIMITS	OTH-ER
		<b>OTHER</b>				E.L. EACH ACCIDENT	
						E.L. DISEASE-EA EMPLOYEE	
						E.L. DISEASE-POLICY LIMIT	

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS  
 Damage due to the use of explosives and subsidence is covered. Insurance Company will notify the state of Utah of any changes or cancellation.  
 Re: Cottonwood/Wilburg: C/015/019

State of Utah, Dept of Natural Resources, Division of Oil, Gas & Mining  
 356 W. North Temple  
 Salt Lake City UT 84180-1203 USA

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 45 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT. BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE *[Signature]*

Holder Identifier :  
Certificate No : 570016980454



- C. The policy shall include a rider requiring that the insurer notify the Division whenever substantive changes are made in the policy including any termination or failure to renew.

**IN ACCORDANCE WITH THE ABOVE TERMS AND CONDITIONS**, and the Utah Code Annotated 40-10-1 et seq., the Insurance Company hereby attests to the fact that coverage for said Permit Application is in accordance with the requirements of the State of Utah and agrees to notify the Division of Oil, Gas, and Mining in writing of any substantive changes, 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. Any change unauthorized by the Division is considered breach of the RECLAMATION AGREEMENT and the Division may pursue remedies thereunder.

**UNDERWRITING AGENT:**

Kevin Hartnett  
(Agent's Name)

201-521-4595  
(Phone)

AEGIS Insurance Services  
(Company Agent's Name)

10 Exchange Place  
(Mailing Address)

Jersey City, New Jersey 07302  
(City, State, Zip Code)

The undersigned affirms that the above information is true and complete to the best of his/her knowledge and belief, and that he or she is an authorized representative of the above-named insurance company. (An Affidavit of Qualification must be completed and attached to this form for each authorized agent of officer).

Kevin Hartnett Underwriter 3/17/2006  
(Date, Signature and Title of Authorized Agent of Insurance Company)

Signed and sworn before me by Kevin Hartnett

This 17<sup>TH</sup> day of MARCH, 2006

Ivette Brito  
(Signature)

IVETTE BRITO  
NOTARY PUBLIC  
STATE OF NEW JERSEY  
MY COMMISSION EXPIRES JULY 20, 2009

My commission Expires: 7/20/09  
(Date)

# ASSOCIATED ELECTRIC & GAS INSURANCE SERVICES LIMITED

Hamilton, Bermuda

## CERTIFICATE OF INSURANCE

(Excess Liability)

This Certificate is furnished to the Certificate Holder named below as a matter of information only. Neither this Certificate nor the issuance hereof modifies the policy of insurance identified below (the "Policy") in any manner. The Policy terms are solely as stated in the Policy or in any endorsement thereto. Any amendment, change or extension of the Policy can only be effected by a specific endorsement issued by the Company and attached to the Policy.

The undersigned hereby certifies that the Policy has been issued by Associated Electric & Gas Insurance Services Limited (the "Company") to the Named Insured identified below for the coverage described and for the policy period specified.

Notwithstanding any requirements, terms or conditions of any contract or other document with respect to which this Certificate may be issued or to which it may pertain, the insurance afforded by the Policy is subject to all of the terms of the Policy.

**NAME OF INSURED:** PacifiCorp dba Pacific Power & Light and dba Utah Power & Light

**PRINCIPAL ADDRESS:** 825 NE Multnomah, #1800, Portland, Oregon 97232

**POLICY NUMBER:** \_\_\_\_\_ **POLICY PERIOD:** From: August 28, 2005 To: August 28, 2006

**DESCRIPTION OF COVERAGE:** Excess Liability Policy covering claims for Bodily Injury, Property Damage and Personal Injury arising from the operations described below.

**LIMIT OF LIABILITY:** \$ 20,000,000 per occurrence and in the aggregate, where applicable.

**ADDITIONAL INSURED:** The Certificate Holder is an additional Insured under the Policy but only:  
(i) to such extent and for such Limits of Liability (subject always to the terms and Limits of Liability of the Policy) as the Named Insured has agreed to provide insurance for the Certificate Holder under the following contract:  
**Trail Mountain Mine: C/015/009**  
and (ii) with respect to the following operations:  
**Damage due to the use of explosives and subsidence is covered. Insurance Company will notify State of Utah of any changes or cancellation.**

~~Should the Policy be cancelled, assigned or changed in a manner that is materially adverse to the Insured(s) under the Policy, the undersigned will endeavor to give 45 days advance written notice thereof to the Certificate Holder, but failure to give such notice will impose no obligation or liability of any kind upon the Company, the undersigned or any agent or representative of either.~~

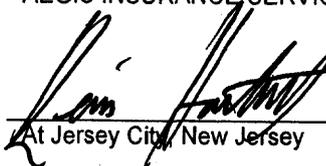
**DATE:** March 13, 2006

**ISSUED TO:** The State of Utah, Dept. of Natural Resources ("Certificate Holder")  
Division of Oil, Gas & Mining

**ADDRESS:** 1594 West North Temple, Suite 1210, Salt Lake City, UT 84114-5801

AEGIS INSURANCE SERVICES, INC.

BY:

  
\_\_\_\_\_  
At Jersey City, New Jersey

ACORD

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 03/13/2006

PRODUCER
Aon Risk Services, Inc. of Nebraska
Insurance Services CA License #0E16975
11213 Davenport
Suite 201
Omaha NE 68154 USA

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.

PHONE: (402) 697-1400 FAX: (402) 697-0017

INSURED
PacifiCorp dba Pacific Power & Light
and dba Utah Power & Light
825 NE Multnomah, #1800
Portland OR 97232 USA

Table with 2 columns: INSURERS AFFORDING COVERAGE, NAIC #. Includes rows for INSURER A through E.

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

Main table with columns: INSR LTR, ADD'L INSRD, TYPE OF INSURANCE, POLICY NUMBER, POLICY EFFECTIVE DATE, POLICY EXPIRATION DATE, LIMITS. Includes sections for General Liability, Automobile Liability, Garage Liability, Excess/Umbrella Liability, Workers Compensation, and Other.

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS
Damage due to the use of explosives and subsidence is covered. Insurance Company will notify the state of Utah of any changes or cancellation.
Re: Trail Mountain Mine: C/015/009

State of Utah, Dept of Natural Resources, Division of Oil, Gas & Mining
356 W. North Temple
Salt Lake City UT 84180-1203 USA

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 45 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT. BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

Holder Identifier :

Certificate No. : 570016980446

