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C0015/009 incoming
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INTERWEST MINING COMPANY
A SUBSIDIARY OF PACIFICORP

1407 W. North Temple, Suite 310
Salt Lake City, UT 84116

HAND DELIVERED

August 28, 2008

Daron Haddock
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

RE: Certificates of Liability Insurance, Policy No.X0720A1A08, Des-Bee-Dove Mine C/015/0017, Deer Creek Mine C/015/0018, Cottonwood Mine C/015/0019, Trail Mountain Mine C/015/0009 Policy Period from 8-28-2008 to 8-28-2009; Folder #2, Emery County, Utah

Dear Daron:

Enclosed are replacement certificates of liability insurance for the referenced coal mine operations for the policy period of 8-28-2008 to 8-28-2009. Should you have any questions or need any additional information, please feel free to contact me at 801-220-4612.

Sincerely,

Scott M. Child
Manager, Lands & Regulatory Affairs

Enclosures

SMC\EnergyWest\DOGM 2008-01(certs).doc

cc: D. Smaldone, C. Pollastro – IMC w/copy encl.
E. Snow, K. Fleck, D. Oakley – EWMC w/copy encl.
J. Rothenhoefer – LCT 1800 w/copy
M. Reed – NTO 120

RECEIVED
AUG 28 2008
DIV. OF OIL, GAS & MINING

RECEIVED
AUG 28 2008
DIV. OF OIL, GAS & MINING

C/015/019

Permit Number: C/015/019

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

THIS IS TO CERTIFY THAT:

Associated Electric & Gas Insurance Services Limited
(Name of Insurance Company)

ARGUS Insurance Building, 12 Wesley St. P.O. Box BM 1064, Hamilton, Bermuda
(Home Office Address of Insurance Company)

HAS ISSUED TO:

PacifiCorp (Successor in interest to Utah Power & Light)
(Name of Permittee)

COTTONWOOD/WILBERG
(Mine Name)

C/015/019
(Permit Number)

CERTIFICATE OF INSURANCE:

_____
(Policy Number)

8/28/2008– 8/28/2009
(Effective Date)

UNDER THE FOLLOWING TERMS AND CONDITIONS:

Per R645-301-890 Terms and Conditions for Liability Insurance:

A. The DIVISION Shall require the PERMITTEE to submit as part of its permit application a certificate issued by an insurance company authorized to do business in the State of Utah certifying that the applicant has a public liability insurance policy in force for the surface coal mining and reclamation operations for which the permit is sought. Such policy shall provide for personal injury and property damage protection in an amount adequate to compensate any person's injury or property damage as a result of the surface coal mining and reclamation operations, including the use of explosives and who are entitled to compensation under the applicable provisions of state law. Minimum insurance coverage for bodily injury and property damage shall be $300,000 for each occurrence and $500,000 aggregate.

B. The policy shall be maintained in full force during the life of the permit or any renewal thereof, including the liability period necessary to complete all reclamation operations under this chapter.

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) — 201-508-2791 (Phone)

AEGIS Insurance Services
(Company Agent's Name)

1 Meadowlands Plaza (Mailing Address) — East Rutherford, NJ 07073 (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).

Sandra A. Johnson 8/19/08
(Date, Signature and Title of Authorized Agent of Insurance Company)

Signed and sworn before me by Sandra A. Johnson

This 19th day of August 2008

Ivette Brito
(Signature)

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

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

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 08/15/2008

PRODUCER
Aon Risk Services Central, Inc.
fka Aon Risk Services, Inc. of Nebraska
Insurance Services CA License #0E16975
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.

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

INSURED
PacifiCorp
db Pacific Power, Rocky Mountain Power
and PacifiCorp Energy
825 NE Multnomah, #1800
Portland OR 97232 USA

COVERAGES — SEE REVERSE SIDE FOR ADDITIONAL INFORMATION

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.

LIMITS SHOWN ARE AS REQUESTED

INSR LTR	ADD'L INSRD	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 [X] CLAIMS MADE [ ] OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: [ ] POLICY [ ] PRO-JECT [ ] LOC	35M Excess Liability	08/28/08	08/28/09	EACH OCCURRENCE	$2,000,000
						DAMAGE TO RENTED PREMISES (Ea occurence)	
						MED EXP (Any one person)	
						PERSONAL & ADV INJURY	
						GENERAL AGGREGATE	$2,000,000
						PRODUCTS - COMP/OP AGG	
		AUTOMOBILE LIABILITY [ ] ANY AUTO [ ] ALL OWNED AUTOS [ ] SCHEDULED AUTOS [ ] HIRED AUTOS [ ] NON OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident)	
						BODILY INJURY (Per person)	
						BODILY INJURY (Per accident)	
						PROPERTY DAMAGE (Per accident)	
		GARAGE LIABILITY [ ] ANY AUTO				AUTO ONLY - EA ACCIDENT	
						OTHER THAN AUTO ONLY: EA ACC	
						AGG	
A		EXCESS /UMBRELLA LIABILITY [ ] OCCUR [X] CLAIMS MADE [ ] DEDUCTIBLE [X] RETENTION	$35M Excess Liability	08/28/08	08/28/09	EACH OCCURRENCE	$35,000,000
						AGGREGATE	$35,000,000
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below				WC STATUTORY LIMITS / OTHER	
						E.L. EACH ACCIDENT	
						E.L. DISEASE-EA EMPLOYEE	
						E.L. DISEASE-POLICY LIMIT	
		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: Cottonwood/Wilburg: C/015/019

CERTIFICATE HOLDER

State of Utah, Dept of Natural
Resources, Division of Oil, Gas & Mining
1594 W. North Temple, Ste. 1210
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 Sandra L. Johnson

Holder Identifier :

Certificate No : 570030099498

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Form B (Additional Insured) Certificate No.10136

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, Rocky Mountain Power and PacifiCorp Energy

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

POLICY NUMBER: **POLICY PERIOD:** **From:** August 28, 2008 **To:** August 28, 2009

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:
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.

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: August 10, 2008

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: [signature]

At East Rutherford, New Jersey