

NAME AND ADDRESS OF AGENCY
C. E. Frank Insurance Agency
 4500 South 360 East
 SLC, Utah 84107

NAME AND MAILING ADDRESS OF INSURED
Carl Elden Kingston, Esq.
 P.O. Box 15631
 53 West Angelo
 SLC, Utah 84115

COMPANY
Fidelity

Effective m Aug. 26, 19 80
 Expires 12:01 am Noon Sept 26, 19 80

This binder is issued to extend coverage in the above named company per expiring policy # (except as noted below)

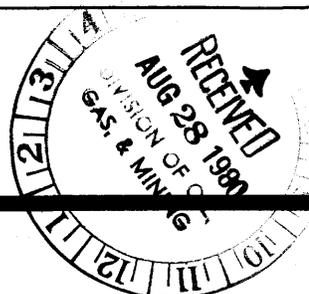
Description of Operation/Vehicles/Property
 Co-op Mining Co. and the Division of Oil, Gas and Mining.

PROPERTY	Type and Location of Property	Coverage/Perils/Forms	Amt of Insurance	Ded.	Coins. %

LIABILITY	Type of Insurance	Coverage/Forms	Limits of Liability		
			Each Occurrence	Aggregate	
<input type="checkbox"/> Scheduled Form <input type="checkbox"/> Comprehensive Form <input type="checkbox"/> Premises/Operations <input type="checkbox"/> Products/Completed Operations <input type="checkbox"/> Contractual <input type="checkbox"/> Other (specify below) <input type="checkbox"/> Med. Pay. \$ Per Person \$ Per Accident <input type="checkbox"/> Personal Injury	CPL	<input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	Bodily Injury	\$ 300,000.	\$ 500,000.
			Property Damage	\$	\$
			Bodily Injury & Property Damage Combined	\$	\$
			Personal Injury	\$	\$
<input type="checkbox"/> Liability <input type="checkbox"/> Non-owned <input type="checkbox"/> Hired <input type="checkbox"/> Comprehensive-Deductible \$ <input type="checkbox"/> Collision-Deductible \$ <input type="checkbox"/> Medical Payments \$ <input type="checkbox"/> Uninsured Motorist \$ <input type="checkbox"/> No Fault (specify): <input type="checkbox"/> Other (specify):			Limits of Liability		
			Bodily Injury (Each Person)	\$	\$
			Bodily Injury (Each Accident)	\$	\$
			Property Damage	\$	\$
			Bodily Injury & Property Damage Combined	\$	\$

WORKERS' COMPENSATION — Statutory Limits (specify states below) EMPLOYERS' LIABILITY — Limit \$

SPECIAL CONDITIONS/OTHER COVERAGES



NAME AND ADDRESS OF MORTGAGEE LOSS PAYEE ADD'L INSURED

United Bank
 5595 South State
 Murray, Utah 84107

LOAN NUMBER _____

Charles Frank
 Signature of Authorized Representative

8/26/80
 Date