

0018

WEST RIDGE RESOURCES, INC.  
FAX COVER SHEET  
Fax No. 435-888-4002  
Telephone No. 435-888-4000

*Incoming*  
*you 0032 ✓*  
*401570*  
*4007/0041*

DATE: 7/14/04

TO: Pam

FROM: Guy

FAX NUMBER: 801-359-3940

NO. OF PAGES INCLUDING COVER SHEET 3

SHOULD YOU EXPERIENCE ANY PROBLEMS, PLEASE CALL (435)-888-4000

COMMENTS: Karl suggested that I  
fax these to you in case that  
you hadn't received it from the  
insurance co.

RECEIVED

JUL 14 2004

DIV. OF OIL, GAS & MINING

**ACORD™ CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)  
07/13/2004

PRODUCER (270)821-3122 FAX (270)825-3844  
**RIDDLE INSURANCE**  
 PO BOX 549  
 MADISONVILLE, KY 42431-0011  
 Terri Rose  
 INSURED **West Ridge Resources, Inc.**  
 P O Box 1077  
 Price, UT 84501

**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:                  | Federal Insurance Company | 20281  |
| INSURER B:                  |                           |        |
| INSURER C:                  |                           |        |
| INSURER D:                  |                           |        |
| INSURER E:                  |                           |        |

**COVERAGES**

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 ADD'L TR INSRD | TYPE OF INSURANCE   | POLICY NUMBER | POLICY EFFECTIVE DATE (MM/DD/YYYY) | POLICY EXPIRATION DATE (MM/DD/YYYY) | LIMITS   |
|---------------------|---|---------------|------------------------------------|-------------------------------------|--|
| A                   | GENERAL LIABILITY   | 3710-95-30    | 07/01/2004                         | 07/01/2005                          | EACH OCCURRENCE \$ 1,000,000                           |
|                     | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY  |               |                                    |                                     | DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 |
|                     | <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR                            |               |                                    |                                     | MED EXP (Any one person) \$ 10,000                     |
|                     | <input checked="" type="checkbox"/> Incl's XCU Hazard   |               |                                    |                                     | PERSONAL & ADV INJURY \$ 1,000,000                     |
|                     | GEN'L AGGREGATE LIMIT APPLIES PER:  |               |                                    |                                     | GENERAL AGGREGATE \$ 2,000,000                         |
|                     | <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC |               |                                    |                                     | PRODUCTS - COMP/OP AGG \$ 2,000,000                    |
|                     | AUTOMOBILE LIABILITY  |               |                                    |                                     | COMBINED SINGLE LIMIT (Ea accident) \$                 |
|                     | <input type="checkbox"/> ANY AUTO   |               |                                    |                                     | BODILY INJURY (Per person) \$                          |
|                     | <input type="checkbox"/> ALL OWNED AUTOS  |               |                                    |                                     | BODILY INJURY (Per accident) \$                        |
|                     | <input type="checkbox"/> SCHEDULED AUTOS  |               |                                    |                                     | PROPERTY DAMAGE (Per accident) \$                      |
|                     | <input type="checkbox"/> HIRED AUTOS  |               |                                    |                                     |  |
|                     | <input type="checkbox"/> NON-OWNED AUTOS  |               |                                    |                                     |  |
|                     | GARAGE LIABILITY  |               |                                    |                                     | AUTO ONLY - EA ACCIDENT \$                             |
|                     | <input type="checkbox"/> ANY AUTO   |               |                                    |                                     | OTHER THAN EA ACC \$                                   |
|                     |   |               |                                    |                                     | AUTO ONLY: AGG \$                                      |
|                     | EXCESS/UMBRELLA LIABILITY   |               |                                    |                                     | EACH OCCURRENCE \$                                     |
|                     | <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE                                       |               |                                    |                                     | AGGREGATE \$   |
|                     | <input type="checkbox"/> DEDUCTIBLE   |               |                                    |                                     | \$   |
|                     | <input type="checkbox"/> RETENTION \$   |               |                                    |                                     | \$   |
|                     | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY   |               |                                    |                                     | WC STATU-TORY LIMITS OTH-ER                            |
|                     | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?   |               |                                    |                                     | E.L. EACH ACCIDENT \$                                  |
|                     | If yes, describe under SPECIAL PROVISIONS below   |               |                                    |                                     | E.L. DISEASE - EA EMPLOYEE \$                          |
|                     | OTHER   |               |                                    |                                     | E.L. DISEASE - POLICY LIMIT \$                         |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS  
**Cancellation Clause revised as follows:** Should any of the above described policies be changed and/or cancelled before the expiration date thereof, the issuing will mail (certified) 45 days written notice to the certificate holder named.

| CERTIFICATE HOLDER   | CANCELLATION  |
|--|---|
| State of Utah Dept of Natural Resources<br>Division of Oil, Gas & Mining/STE1210<br>1594 W N Temple, Box 145801<br>Salt Lake City, UT 84114-5801 | <p><del>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 MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.</del></p> <p>AUTHORIZED REPRESENTATIVE<br/>                     James (Jimmy) Riddle/TERRI <i>[Signature]</i></p> |

PRODUCER (270)821-3122 FAX (270)825-3844  
**RIDDLE INSURANCE**  
 PO BOX 549  
 MADISONVILLE, KY 42431-0011  
 Terri Rose  
 INSURED **Genwal Resources, Inc.**  
 P O Box 1077  
 Price, UT 84501

**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: <b>Federal Insurance Company</b> | 20281  |
| INSURER B:                                  |        |
| INSURER C:                                  |        |
| INSURER D:                                  |        |
| INSURER E:                                  |        |

**COVERAGES**

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 ADD'L LTR INSR         | TYPE OF INSURANCE   | POLICY NUMBER | POLICY EFFECTIVE DATE (MM/DD/YY) | POLICY EXPIRATION DATE (MM/DD/YY) | LIMITS   |                      |        |                    |    |                            |    |                             |    |
|-----------------------------|---|---------------|----------------------------------|-----------------------------------|--|----------------------|--------|--------------------|----|----------------------------|----|-----------------------------|----|
| A                           | <b>GENERAL LIABILITY</b><br><input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY<br><input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR<br><input checked="" type="checkbox"/> IncIs XCU Hazard<br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC | 3710-95-29    | 07/01/2004                       | 07/01/2005                        | EACH OCCURRENCE \$ 1,000,000<br>DAMAGE TO RENTED PREMISES (EA OCCURRENCE) \$ 1,000,000<br>MED EXP (Any one person) \$ 10,000<br>PERSONAL & ADV INJURY \$ 1,000,000<br>GENERAL AGGREGATE \$ 2,000,000<br>PRODUCTS - COM/OP AGG \$ 2,000,000                     |                      |        |                    |    |                            |    |                             |    |
|                             | <b>AUTOMOBILE LIABILITY</b><br><input type="checkbox"/> ANY AUTO<br><input type="checkbox"/> ALL OWNED AUTOS<br><input type="checkbox"/> SCHEDULED AUTOS<br><input type="checkbox"/> HIRED AUTOS<br><input type="checkbox"/> NON-OWNED AUTOS  |               |                                  |                                   | COMBINED SINGLE LIMIT (EA accident) \$<br>BODILY INJURY (Per person) \$<br>BODILY INJURY (Per accident) \$<br>PROPERTY DAMAGE (Per accident) \$  |                      |        |                    |    |                            |    |                             |    |
|                             | <b>GARAGE LIABILITY</b><br><input type="checkbox"/> ANY AUTO  |               |                                  |                                   | AUTO ONLY - EA ACCIDENT \$<br>OTHER THAN EA ACC \$<br>AUTO ONLY: AGG \$  |                      |        |                    |    |                            |    |                             |    |
|                             | <b>EXCESS/UMBRELLA LIABILITY</b><br><input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE<br>DEDUCTIBLE \$<br>RETENTION \$  |               |                                  |                                   | EACH OCCURRENCE \$<br>AGGREGATE \$<br>\$<br>\$<br>\$   |                      |        |                    |    |                            |    |                             |    |
|                             | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b><br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?<br>If yes, describe under SPECIAL PROVISIONS below  |               |                                  |                                   | <table border="1"> <tr> <td>WC STATU-TORY LIMITS</td> <td>OTH-ER</td> </tr> <tr> <td>E.L. EACH ACCIDENT</td> <td>\$</td> </tr> <tr> <td>E.L. DISEASE - EA EMPLOYEE</td> <td>\$</td> </tr> <tr> <td>E.L. DISEASE - POLICY LIMIT</td> <td>\$</td> </tr> </table> | WC STATU-TORY LIMITS | OTH-ER | E.L. EACH ACCIDENT | \$ | E.L. DISEASE - EA EMPLOYEE | \$ | E.L. DISEASE - POLICY LIMIT | \$ |
| WC STATU-TORY LIMITS        | OTH-ER  |               |                                  |                                   |  |                      |        |                    |    |                            |    |                             |    |
| 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  
 Cancellation Clause revised as follows: Should any of the above described policies be changed and/or cancelled before the expiration date thereof, the issuing will mail (certified) 45 days written notice to the certificate holder named.

**CERTIFICATE HOLDER**  
 State of Utah Dept of Natural Resources  
 Division of Oil, Gas & Mining/STE1210  
 1594 W N Temple, Box 145801  
 Salt Lake City, UT 84114-5801

**CANCELLATION**  
 SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL \_\_\_\_\_'S WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE EFFECT, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.  
 AUTHORIZED REPRESENTATIVE  
 James (Jimmy) Riddle/TERRI *James Riddle*