

January 12, 2015

Permit Supervisor, Utah Regulatory Program
Utah Division of Oil, Gas and Mining
1594 West North Temple, Suite 1210
PO Box 145801
Salt Lake City, UT 84114-5801

Re: Amendment to General Chapter 1 per Citation #: 13156, Canyon Fuel Company, LLC,
Sufco Mine, C/041/002

Dear Sirs:

Please find enclosed with this letter one revised copy of Page 1-6 of General Chapter 1 and insurance certificates to include in Appendix 1-2. The original "Action required" date was extended from December 12, 2014 to January 15, 2015 to follow an informal conference held on December 23, 2014.

If you have questions or need additional information please contact Vicky Miller at (435)286-4481.

Sincerely,



Ken May
General Manager
Sufco Coal Mine

Encl.

Cc: DOGM Correspondence File

RECEIVED

JAN 13 2015

DIV. OF OIL, GAS & MINING

APPLICATION FOR COAL PERMIT PROCESSING

Permit Change New Permit Renewal Exploration Bond Release Transfer

Permittee: Canyon Fuel Company, LLC

Mine: Sufco Mine

Permit Number: C/041/002

Title: Amendment to General Chapter 1, per Citation #: 13156

Description: Include reason for application and timing required to implement:

Instructions: If you answer yes to any of the first eight (gray) questions, this application may require Public Notice publication.

- Yes No 1. Change in the size of the Permit Area? Acres: _____ Disturbed Area: _____ increase decrease.
- Yes No 2. Is the application submitted as a result of a Division Order? DO# _____
- Yes No 3. Does the application include operations outside a previously identified Cumulative Hydrologic Impact Area?
- Yes No 4. Does the application include operations in hydrologic basins other than as currently approved?
- Yes No 5. Does the application result from cancellation, reduction or increase of insurance or reclamation bond?
- Yes No 6. Does the application require or include public notice publication?
- Yes No 7. Does the application require or include ownership, control, right-of-entry, or compliance information?
- Yes No 8. Is proposed activity within 100 feet of a public road or cemetery or 300 feet of an occupied dwelling?
- Yes No 9. Is the application submitted as a result of a Violation? NOV # 13156
- Yes No 10. Is the application submitted as a result of other laws or regulations or policies?
Explain: _____
- Yes No 11. Does the application affect the surface landowner or change the post mining land use?
- Yes No 12. Does the application require or include underground design or mine sequence and timing? (Modification of R2P2)
- Yes No 13. Does the application require or include collection and reporting of any baseline information?
- Yes No 14. Could the application have any effect on wildlife or vegetation outside the current disturbed area?
- Yes No 15. Does the application require or include soil removal, storage or placement?
- Yes No 16. Does the application require or include vegetation monitoring, removal or revegetation activities?
- Yes No 17. Does the application require or include construction, modification, or removal of surface facilities?
- Yes No 18. Does the application require or include water monitoring, sediment or drainage control measures?
- Yes No 19. Does the application require or include certified designs, maps or calculation?
- Yes No 20. Does the application require or include subsidence control or monitoring?
- Yes No 21. Have reclamation costs for bonding been provided?
- Yes No 22. Does the application involve a perennial stream, a stream buffer zone or discharges to a stream?
- Yes No 23. Does the application affect permits issued by other agencies or permits issued to other entities?

Please attach one (1) review copy of the application.

I hereby certify that I am a responsible official of the applicant and that the information contained in this application is true and correct to the best of my information and belief in all respects with the laws of Utah in reference to commitments, undertakings, and obligations herein.

KENNETH E. MAY
Print Name

Kenneth E. May 1/12/15
Sign Name, Position, Date

Subscribed and sworn to before me this 12 day of January, 2015

Jacquelyn Nebeker
Notary Public

My commission Expires: _____, 20____
Attest: State of _____
County of _____



For Office Use Only:

Assigned Tracking
Number:

Received by Oil, Gas & Mining

JAN 13 2015

DIV. OF OIL, GAS & MINING

GENERAL CHAPTER ONE

115 Status of Unsuitability Claims

To the best knowledge of Canyon Fuel Company, LLC, no portion of the area to be permitted is designated, or under study for being designated, unsuitable for mining.

Reference the Mining and Reclamation Plans for the Dugout Canyon Mine, Soldier Canyon Mine, SUFCO Mine, Gordon Creek Mines, Skyline Mine and Banning Loadout operations for site specific information.

116 Permit Term

Reference the Mining and Reclamation Plans for the Dugout Canyon Mine, Soldier Canyon Mine, SUFCO Mine, Gordon Creek Mines, Skyline Mine and Banning Loadout operations for site specific information.

117 Insurance, Proof of Publication, and Facilities and Structures Used in Common

~~Certificates of Insurance issued to Canyon Fuel Company, LLC are located in 1-2:~~

Per R645-301-117.100. " A permit application will contain either a certificate of liability insurance or evidence of self-insurance in compliance with R645-301-800". Certificates of liability insurance or evidence of self-insurance for the permit application for the Canyon Fuel Company, LLC operations were part of their individual original permit applications. A copy of current certificates of insurance are filed with the Division of Oil, Gas and Mining at the time of insurance renewal and a copy can be provided for review at the Canyon Fuel Company, LLC operations.

Reference the Mining and Reclamation Plans for the Dugout Canyon Mine, Soldier Canyon Mine, SUFCO Mine, Gordon Creek Mines, Skyline Mine and Banning Loadout operations for additional site specific information or information prior to the November 2004.

118 Filing Fee

Reference the Mining and Reclamation Plans for the Dugout Canyon Mine, Soldier Canyon Mine, SUFCO Mine, Gordon Creek Mines, Skyline Mine and Banning Loadout operations for site specific information.

APPENDIX 1-2
INSURANCE CERTIFICATES



Central Insurance Services

CBIA, Inc.
4630 Taylorsville Road
Louisville, KY 40220

February 3, 2014

Daron Haddock
Utah Division of Oil, Gas and Mining
1594 West North Temple
Suite 1210
Salt Lake City, UT 84114-5801

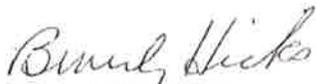
Re: 6 Certificates for Bowie Resource Holdings

Dear Daron:

Enclosed are the 6 Certificates of Insurance for Gordon Creek, Mines, Banning Loadout, Sufco Mine, Dug Out Canyon Mine, Skyline Mine and Soldier Canyon Mine. The permit numbers are shown on the Certificates.

If you need anything else, please let me know. My phone number is 502-293-2371 and my email address is bhicks@centralbank.com.

Sincerely,


Beverly Hicks
Sr. Account Manager



CERTIFICATE OF LIABILITY INSURANCE

BOWIE-1

OP ID: BH

DATE (MM/DD/YYYY)

02/03/14

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

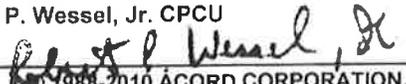
PRODUCER Central Insurance Services 4630 Taylorsville Rd Louisville, KY 40220 Robert P. Wessel, Jr. CPCU	502-493-2370	CONTACT NAME: PHONE (A/C, No, Ext): E-MAIL ADDRESS:	FAX (A/C, No):													
	502-493-2320	<table border="1"> <thead> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A : National Union Fire</td> <td>19445</td> </tr> <tr> <td>INSURER B : Lexington Insurance Company</td> <td></td> </tr> <tr> <td>INSURER C :</td> <td></td> </tr> <tr> <td>INSURER D :</td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </tbody> </table>		INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : National Union Fire	19445	INSURER B : Lexington Insurance Company		INSURER C :		INSURER D :		INSURER E :		INSURER F :
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INSURED Canyon Fuel Company, LLC Bowie Resource Holdings, LLC Jim Wolff 6100 Dutchman's Lane Ste 902 Louisville, KY 40205																

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

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INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC			GL 6576428	02/01/14	02/01/15	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 Emp Ben. \$ 1,000,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10000			BE12816143	02/01/14	02/01/15	EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						
B	Excess Umbrella			025267252	02/01/14	02/01/15	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
 Permit Banning Loadout C007034 blasting and use of explosives is not excluded under the policy

CERTIFICATE HOLDER UTAHDEV Utah Dept of Natural Resources Division of Oil Gas and Mining 1694 W. North Temple Suite 1210 Salt Lake City, UT 84114-5801	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE Robert P. Wessel, Jr. CPCU 
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CERTIFICATE OF LIABILITY INSURANCE

BOWIE-1

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PRODUCER Central Insurance Services 4630 Taylorsville Rd Louisville, KY 40220 Robert P. Wessel, Jr. CPCU	502-493-2370	CONTACT NAME:	
	502-493-2320	PHONE (A/C, No, Ext):	FAX (A/C, No):
		E-MAIL ADDRESS:	
		INSURER(S) AFFORDING COVERAGE	NAIC #
		INSURER A : National Union Fire	19445
		INSURER B : Leglons Insurance Company	
		INSURER C :	
		INSURER D :	
		INSURER E :	
		INSURER F :	

INSURED
Canyon Fuel Company, LLC
Bowie Resource Holdings, LLC
Jim Wolff
6100 Dutchman's Lane Ste 902
Louisville, KY 40205

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

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A	GENERAL LIABILITY			GL 6576428	02/01/14	02/01/15	EACH OCCURRENCE \$ 2,000,000
	<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
							PERSONAL & ADV INJURY \$ 2,000,000
							GENERAL AGGREGATE \$ 3,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER						PRODUCTS - COMP/OP AGG \$ 2,000,000
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						Emp Ben. \$ 1,000,000
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS		<input type="checkbox"/> SCHEDULED AUTOS				BODILY INJURY (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS		<input type="checkbox"/> NON-OWNED AUTOS				PROPERTY DAMAGE (Per accident) \$
							\$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB			BE12816143	02/01/14	02/01/15	EACH OCCURRENCE \$ 10,000,000
	<input type="checkbox"/> EXCESS LIAB		<input checked="" type="checkbox"/> OCCUR				AGGREGATE \$
	<input type="checkbox"/> CLAIMS-MADE						\$
	DED <input checked="" type="checkbox"/> RETENTION \$ 10000						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						WC STATU-TORY LIMITS
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)		<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> N/A				OTH-ER
	If yes, describe under DESCRIPTION OF OPERATIONS below						E L EACH ACCIDENT \$
							E L DISEASE - EA EMPLOYEE \$
							E L DISEASE - POLICY LIMIT \$
B	Excess Umbrella			02567252	02/01/14	02/01/15	Excess Umbrella 15,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
Permit Sufco Mine C041002 blasting and use of explosives is not excluded under this policy

CERTIFICATE HOLDER**CANCELLATION**

UTAHDEV

Utah Dept of Natural Resources
Division of Oil Gas and Mining
1694 W. North Temple
Suite 1210
Salt Lake City, UT 84114-5801

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Robert P. Wessel, Jr. CPCU

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BOWIE-1

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							PRODUCTS - COMP/OP AGG \$ 2,000,000
							Emp Ben. \$ 1,000,000
							COMBINED SINGLE LIMIT (Ea accident) \$
							BODILY INJURY (Per person) \$
							BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							\$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB			BE12816143	02/01/14	02/01/15	EACH OCCURRENCE \$ 10,000,000
	<input type="checkbox"/> EXCESS LIAB						AGGREGATE \$
	<input type="checkbox"/> CLAIMS-MADE						\$
	<input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10000						WC STATU-TORY LIMITS
							OTH-ER
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						E L EACH ACCIDENT \$
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)						E L DISEASE - EA EMPLOYEE \$
	If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				E L DISEASE - POLICY LIMIT \$
B	Excess Umbrella			02567252	02/01/14	02/01/15	Excess Umbrella 15,000,000

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Permit Dug Out Canyon Mine C007039 blasting and use of explosives is not excluded under the policy

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A	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10000		BE12816143	02/01/14	02/01/15	EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER <input type="checkbox"/> E L EACH ACCIDENT \$ E L DISEASE - EA EMPLOYEE \$ E L DISEASE - POLICY LIMIT \$
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DATE (MM/DD/YYYY)
02/03/14

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Central Insurance Services 4630 Taylorsville Rd Louisville, KY 40220 Robert P. Wessel, Jr. CPCU	502-493-2370 502-493-2320	CONTACT NAME: PHONE (A/C, No, Ext): E-MAIL ADDRESS:	FAX (A/C, No):
	INSURER(S) AFFORDING COVERAGE		NAIC #
INSURED Canyon Fuel Company, LLC Bowie Resource Holdings, LLC Jim Wolff 6100 Dutchman's Lane Ste 902 Louisville, KY 40205	INSURER A : National Union Fire		19445
	INSURER B : Lexington Insurance Company		
	INSURER C :		
	INSURER D :		
	INSURER E :		

COVERAGES**CERTIFICATE NUMBER:****REVISION NUMBER:**

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.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC			GL 6576428	02/01/14	02/01/15	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 Emp Ben. \$ 1,000,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10000			BE12816143	02/01/14	02/01/15	EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below			N/A			WC STATU-TORY LIMITS OTH-ER E L EACH ACCIDENT \$ E L DISEASE - EA EMPLOYEE \$ E L DISEASE - POLICY LIMIT \$
B	Excess Umbrella			025267252	02/01/14	01/01/15	Excess Umbrella 15,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
 Permit Soldier Canyon Mine C007018 blasting and use of explosives is not excluded under the policy

CERTIFICATE HOLDER**CANCELLATION**

UTAHDEV

Utah Dept of Natural Resources
 Division of Oil Gas and Mining
 1694 W. North Temple
 Suite 1210
 Salt Lake City, UT 84114-5801

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Robert P. Wessel, Jr. CPCU

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