Suggested NOTIFICATION OF COMMENCEMENT OF MINING OPERATIONS

| Please check all approp | riate boxes and | l supply required in | formation: |
|--|------------------|------------------------|--|
| On or about | | , 20, we | shall: |
| Commence (start open Departion will Operations are est | be continuous | Dera | ntion will be intermittent days months |
| Operation will season Operation will perman | | ase all operations per | manently). |
| Portable Plants: Mo (Moving from) | ve to a new loca | ation | |
| (Moving from) | (City) | (County) | (State) |
| (Moving to) | (City) | (County) | (State) |
| | · | | |
| County/other geograph | ical area where | e operation is locate | d: |
| Company Name: | | | |
| Mine Name: | | | |
| Office Address: | | | |
| Mine MSHA ID No.: | | Contact Phone | No.: |
| Person in Charge: | | | |
| DI EACE MAIL EN | MAII OD EAS | THE ADOVE IND | ODMATION TO THE |

PLEASE MAIL, EMAIL OR FAX THE ABOVE INFORMATION TO THE LOCAL MSHA FIELD OFFICE:

See the following web site for Field Office contact information: http://www.msha.gov/CONTACTS/METALNOS.HTM

(Field Office info is found at the bottom of the web page – select the appropriate MSHA District Office)

56.1000 Notification of commencement of operations and closing of mines. The owner, operator, or person in charge of any metal and nonmetal mine shall notify the nearest Mine Safety and Health Administration and Metal and Nonmetal Mine Safety and Health District Office before starting operations, of the approximate or actual date mine operation will commence. The notification shall include the mine name, location, the company name, mailing address, person in charge, and whether operations will be continuous or intermittent.

When any mine is closed, the person in charge shall notify the nearest district office as provided above and indicate whether the closure is temporary or permanent.