APPLICATION TO AMEND SURFACE MINING PERMIT RECLAMATION PLAN

PERMIT NO.________________________

OPERATOR______________________________________________

ADDRESS   ______________________________________________

This application is to change:

1. [ ] Reclamation schedule dates only

2. [ ] Other aspects of the reclamation plan

If you checked number 2, please submit all appropriate information outlining the change.

NEW ANTICIPATED SCHEDULE                           Month / Year

Begin clearing                                                            ______/________

Begin mining                                                              ______/________

Complete Mining                                                        ______/________

Begin reclamation                                                      ______/________

Complete Reclamation                                               ______/________

Date_________________________     By_________________________________

Position_____________________________

Office of Geology use only

Date_______________      Approved by_______________________________________

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Director, Mining and Reclamation Division

Form MRD-11, 5-05