Legal Identity Report		U.S. Department of Labor Mine Safety and Health Administration						
This report is required by law (30 C.F.R. 41). Fa assessment of a civil penalty. Knowingly makin criminal prosecution under Section 110 of the E	ng a false statement can result in	Form Approved: OMB Number 1219-0042: Approval Expires XXXXXXX XX, 20XX						
riminal prosecution under Section 110 of the Federal Mine Safety and Health Act of 977. This report should be prepared only by an official with full knowledge of wnership information. This report must be signed by the Official completing the form								
to be valid. Type or print in ink only. If more space is required in any section below, use a separate sheet. Instructions are on the reverse side of the last page. Including the time for reviewing instructions, searching existing gathering and maintaining the data need, and completing and of information. Send comments regarding the collection of information.								
OTE: You must mail copies 1 and 2 of this completed form to your local MSHA ffice. Questions about filing this form should be directed to the Wilkes-Barre difficult. U.S. Department of Labor, Records Management Branch, 1100 Wilson Boulevard, Arlington, Virginia 22209-3939. Persons are not required to respond to this collection								
ssessment Center, 570-826-6431. of information unless it displays a currently valid OMB Control Number. ALL INFORMATION PREVIOUSLY SUBMITTED REMAINS IN EFFECT EXCEPT WHERE CHANGES HAVE BEEN SUBMITTED. IF THE CHANGES								
PROVIDED ON THIS FORM AFFECT OTHER MINES, A SEPARATE FORM MUST BE FILED FOR EACH MINE IDENTIFICATION NUMBER. Initial Notice Update Notice Effective Date:								
Mine Information								
1. Federal Mine Identification Number:								
2. Mine Name:								
. Directions to this mine:								
	Street Address							
4. Mine location address:	City State Zip Code							
	County							
5. Official Business Name of Operator:								
	Street Address							
6. Principal Office Address for this Operator:	City							
	Area Code Telephone Nu							
7. Telephone number for this mine:		CARTISION (In the Event of an Emergency)						
8. Commodity:	Type of Product.							
-	Type of Operation.							
9. Person at Mine in Charge of Health a Last Name	and Safety: (Superintendent or Prin First Name	cipal Officer) MI						
Title								
Street or P.O. Box Address								
City		State Zip Code						
E-mail Address								
10. Person with Overall Responsibility for a Health and Safety Program at ALL of the Operator's Mines, if the Operator is Not Directly Involved in the Daily Operation of the Mine: (Safety Director)								
Last Name	First Name	MI						
Title								
Street or P.O. Box Address								
City		State Zip Code						
E-mail Address								
11. Address of Record and Telephone I	Number: [Address and Person des	ignated to receive Official Mail - Service of documents upon the operator will be						
	of the documents to this address. If	P.O. Box or General Delivery is used for mailing address, a separate street						
Last Name	First Name	MI						
Title								
Street Address								
City		State Zip Code						
Foreign Country		Foreign Zip Code						
P. O. Box Address								
City		State Zip Code						
	Extension	E-mail Address						
Area Code Telephone Number								
12. This Official Business is a:	Ownership Ownership	DINFORMATION Partnership Corporation Other D						
13. If Business is listed as Other, what is the type of Organization?	Type of Organization: Joint Ventu	re, County Government, Limited Liability Company, etc.						
14. Tax Identification Number (TIN) for	this Business: For individuals, this	s is your social security number (SSN). For other entities, this is your employer						
identification number (EIN). SSN for Individuals:		EIN for Entities						
		ction Improvement Act of 1996, Title 31 U.S.C. amended section 7701, new subsection (c)						

15.	The Individual(s) or Organization(s) with ownership interest in this Business or Corporate Officers/Directors are:
	Last Name First Name MI
a.	Title
	Organization/Company Name
	Street or P.O. Box Address
	City State Zip Code
	Foreign Country Foreign Zip Code
	Last Name MI
b.	
	Title
	Organization/Company Name
	organization/company Nanc
	Street or P.O. Box Address
	City State Zin Code If a separate sheet
	City State Zip Code is attached for additional space.
	Foreign Country Foreign Zip Code
16.	If Business is listed as Other, what are the names of Principal Organization Officials or Members?
a.	Last Name MI
a.	Title
	Street or P.O. Box Address
	City State Zip Code
	Foreign Country Foreign Zip Code
	Last Name First Name MI
b.	
	Title
	Street or P.O. Box Address Check box below if a separate sheet
	City State Zip Code is attached for additional space.
	Foreign Country Foreign Zip Code
17	If Business is a Corporation, please answer the following:
	State of Incorporation: b. Is this Corporation a subsidiary? Yes No
	If yes, what is the name and address of your Parent Corporation?
	Name
	Street or P.O. Box Address
	City State Zip Code
	Foreign Country Foreign Zip Code
-	Employer Identification Number for this Business (EIN):
Priv (1)	racy Act Notice. We are authorized to request this information under the Debt Collection Improvement Act of 1996, Title 31 U.S.C. amended section 7701, new subsection (c) which mandates us to require regulated entities and persons who are doing business with a Federal agency to furnish a TIN.
	nature and Title of Official Completing Form Date Form Completed
MSF	HA Form 2000-7, February 2002 (Revised, Previous Editions are Obsolete) Copy 1 - MSHA Wilkes-Barre Assessment Center GPO: 2000-509-451

Legal Identity Report						U.S. Department of Labor Mine Safety and Health Administration				
This report is required by law (30 C.F.R. 41). Failure to report can result in assessment of a civil penalty. Knowingly making a false statement can result in					Form Approved: OMB Number 1219-0042: Approval Expires October 31, 2004					
criminal prosecution under Section 110 of the Federal Mine Safety and Health Act of 1977. This report should be prepared only by an official with full knowledge of						5 C.F.R. 1320.21-Public reporting burden for this collection of information is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Information Management, Department of Labor, Room N-1301, 200 Constitution Avenue, N.W., Washington,				
ownership information. This report must be signed by the Official completing the form to be valid. Type or print in ink only. If more space is required in any section below,										
use a separate sheet. Instructions are on the reverse side of the last page.										
NOTE: You must mail copies 1 and 2 of this completed form to your local MSHA office. Questions about filing this form should be directed to the Wilkes-Barre										
Assessment Center, 570-826-6431.						D.C. 20210; and to the Office of Management and Budget, Paperwork Reduction Project 1219-0008, Washington, D.C. 20503.				
						CEPT WHERE CHANGES HAVE BEEN SUBMITTED. IF THE CHANGES DRM MUST BE FILED FOR EACH MINE IDENTIFICATION NUMBER.				
Initial Notice	Update	e Notice				Effective Date:				
1. Federal Mine Identification Number:		-				rmation				
2. Mine Name:										
3. Directions to this mine:										
	Street A	Address								
4. Mine location address:	City					State Zip Code				
	County									
5. Official Business Name of Operator:		Adross								
6. Principal Office Address for this	Sueet A	Address								
Operator:	City					State Zip Code				
7. Telephone number for this mine:	Ar	ea Code	Tel	ephone N	lumb I					
	Type of	f Product.			-	(In the Event of an Emergency)				
8. Commodity:	Type of	Operation.								
9. Person at Mine in Charge of Health a Last Name	und Safe	ety: (Super		e <i>nt or Pr</i> st Name	incip	al Officer) MI				
Title										
Street or P.O. Box Address										
Sileel of P.O. Box Address										
City						State Zip Code				
E-mail Address										
			Safety I	Progran	n at	ALL of the Operator's Mines, if the Operator is Not Directly Involved in				
the Daily Operation of the Mine: (Safet) Last Name	/ Directo	or)	Firs	st Name		MI				
Title										
Street or P.O. Box Address										
City						State Zip Code				
E-mail Address										
11. Address of Record and Telephone	Numbe	r: [Address	and Pe	erson de	esign	ated to receive Official Mail - Service of documents upon the operator will be				
completed by mailing or personal service address for personal service must be prov		ocuments t	o this a	address.	If P.	O. Box or General Delivery is used for mailing address, a separate street				
Last Name	-		Firs	st Name		MI				
Title										
Street Address										
City						State Zip Code				
Foreign Country Foreign Zip Code										
P. O. Box Address										
City						State Zip Code				
Area Code Telephone Number		Exte	nsion			E-mail Address				
	Ownership Information									
12. This Official Business is a:	_	roprietorsh	nip		Pa	rtnership Corporation Other				
13. If Business is listed as Other, what is the type of Organization?	Ту	pe of Organ	ization:	Joint Ven	ture,	County Government, Limited Liability Company, etc.				
14. Tax Identification Number (TIN) for	this Bu	siness: Fa	or indivi	iduals, tl	nis is	your social security number (SSN). For other entities, this is your employer				
identification number (EIN).		1-1-1				EIN for Entities				
	1 1					n Improvement Act of 1996, Title 31 U.S.C. amended section 7701, new subsection (c)				

15.	The Individual(s) or Organization(s) with ownership interest in this Business or Corporate Officers/Directors are:
a.	Last Name First Name MI
a.	Title
	Organization/Company Name
	Organization/Company Name
	Street or P.O. Box Address
	City State Zip Code
	Foreign Country Foreign Zip Code
	Last Name First Name MI
b.	
	Title
	Organization/Company Name
	Street or P.O. Box Address Check box below
	City State Zip Code if a separate sheet is attached for
	additional space.
	Foreign Country Foreign Zip Code
16.	If Business is listed as Other, what are the names of Principal Organization Officials or Members?
	Last Name First Name MI
a.	Title
	Street or P.O. Box Address
	City State Zip Code
	Foreign Country Foreign Zip Code
	Last Name First Name MI
b.	Title
	Street or P.O. Box Address Check box below if a separate sheet
	City State Zip Code additional space.
	Foreign Country Foreign Zip Code
17.	If Business is a Corporation, please answer the following:
a.	State of Incorporation: b. Is this Corporation a subsidiary? Yes No
с.	If yes, what is the name and address of your Parent Corporation?
	Name
	Street or P.O. Box Address
	City State Zip Code
	Foreign Country Foreign Zip Code
	Employer Identification Number for this Business (EIN):
Priv (1),	acy Act Notice. We are authorized to request this information under the Debt Collection Improvement Act of 1996, Title 31 U.S.C. amended section 7701, new subsection (c) which mandates us to require regulated entities and persons who are doing business with a Federal agency to furnish a TIN.
Sig	nature and Title of Official Completing Form Date Form Completed
MSH	A Form 2000-7, February 2002 (Revised, Previous Editions are Obsolete) Copy 1 - MSHA Wilkes-Barre Assessment Center
	GPO: 2000-509-451

Legal Identity Report			U.S. Department of Labor Mine Safety and Health Administration				
This report is required by law (30 C.F.R. 41). Fa assessment of a civil penalty. Knowingly makin	ng a false statement can	result in	Form Approved: OMB Number 1219-0042: Approval Expires October 31, 2004				
criminal prosecution under Section 110 of the Federal Mine Safety and Health Act of 1977. This report should be prepared only by an official with full knowledge of where should be prepared only by an official completing the form the source of the source							
to be valid. Type or print in ink only. If more spa use a separate sheet. Instructions are on the re			searching existing data sources, gathering and maintaining the data needed, completing and reviewing the collection of information. Send comments regarding this				
NOTE: You must mail copies 1 and 2 of this			burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Information Management, Department of Labor, Room N-1301, 200 Constitution Avenue, N.W., Washington,				
office. Questions about filing this form should the Assessment Center, 570-826-6431.	be directed to the Wilkes	-Barre	D.C. 20210; and to the Office of Management and Budget, Paperwork Reduction Project 1219-0008, Washington, D.C. 20503.				
			CEPT WHERE CHANGES HAVE BEEN SUBMITTED. IF THE CHANGES ORM MUST BE FILED FOR EACH MINE IDENTIFICATION NUMBER.				
Initial Notice	Update Notice	Mina Infa	Effective Date:				
1. Federal Mine Identification Number:	-	Mine Info	rmation				
2. Mine Name:							
3. Directions to this mine:							
	Street Address						
	City		State Zip Code				
4. Mine location address:	County						
5. Official Business Name of Operator:							
6. Principal Office Address for this	Street Address						
Operator:	City		State Zip Code				
7. Telephone number for this mine:	Area Code	Telephone Numb	Extension (In the Event of an Emergency)				
	Type of Product.						
8. Commodity:	Type of Operation.						
9. Person at Mine in Charge of Health a	and Safety: (Superint	endent or Princi First Name	pal Officer) MI				
Title							
Street or P.O. Box Address							
State Zip Code Image: City Image: City							
E-mail Address							
10. Person with Overall Responsibility the Daily Operation of the Mine: (Safety		ety Program at	ALL of the Operator's Mines, if the Operator is Not Directly Involved in				
Last Name		First Name	MI				
Title							
Street or P.O. Box Address		· · · · · · · · · · · · · · · · · · ·					
City			State Zip Code				
E-mail Address							
			nated to receive Official Mail - Service of documents upon the operator will be				
address for personal service must be prov			.O. Box or General Delivery is used for mailing address, a separate street				
Last Name		First Name	MI				
Title							
Street Address							
City			State Zip Code				
Foreign Country			Foreign Zip Code				
P. O. Box Address							
City			State Zip Code				
Area Code Telephone Number	Extensio	n 	E-mail Address				
		Ownership					
12. This Official Business is a: 13. If Business is listed as Other, what	Sole Proprietorship		artnership Corporation Other , county Government, Limited Liability Company, etc.				
is the type of Organization?		adividuala ++:- :					
identification number (EIN).	unis dusiness: For I	iuiviuuais, this is	s your social security number (SSN). For other entities, this is your employer				
SSN for Individuals: - Privacy Act Notice. We are authorized to requi	est this information unde	r the Debt Collecti	EIN for Entities -				
(1), which mandates us to require regulated ent							

15.	The Individual(s) or Organization(s) with ownership interest in this Business or Corporate Officers/Directors are:
	Last Name MI
a.	
	Title
	Organization/Company Name
	Street or P.O. Box Address
	City State Zip Code
	Foreign Country Foreign Zip Code
	Last Name First Name MI
b.	
	Title
	Organization/Company Name
	Street or P.O. Box Address
	Check box below
	City State Zip Code is attached for
	additional space.
	Foreign Country Foreign Zip Code
16.	If Business is listed as Other, what are the names of Principal Organization Officials or Members?
	Last Name First Name MI
a.	
	Title
	Strat or D.O. Boy Addrose
	Street or P.O. Box Address
	City State Zip Code
	Foreign Country Foreign Zip Code
	Last Name MI
b.	Title
	Street or P.O. Box Address Check box below
	if a separate shee
	City State Zip Code is attached for additional space.
	Foreign Country Foreign Zip Code
17.	If Business is a Corporation, please answer the following:
a.	State of Incorporation: b. Is this Corporation a subsidiary? Yes No
с.	If yes, what is the name and address of your Parent Corporation?
	Name
	Street or P.O. Box Address
	City State Zip Code
	Foreign Country
d.	Employer Identification Number for this Business (EIN):
Priv	racy Act Notice. We are authorized to request this information under the Debt Collection Improvement Act of 1996, Title 31 U.S.C. amended section 7701, new subsection (c)
	which mandates us to require regulated entities and persons who are doing business with a Federal agency to furnish a TIN.
Sig	nature and Title of Official Completing Form Date Form Completed
	HA Form 2000-7, February 2002 (Revised, Previous Editions are Obsolete) Copy 2 - MSHA Local District Office
	A Form 2000-7, February 2002 (Revised, Previous Editions are Obsolete) Copy 2 - MSHA Local District Office

U.S. GPO: 2000-509-451

Legal Identity Report			U.S. Department of Labor Mine Safety and Health Administration					
This report is required by law (30 C.F.R. 41). Failure to report can result in assessment of a civil penalty. Knowingly making a false statement can result in criminal prosecution under Section 110 of the Federal Mine Safety and Health Act of								
1977. This report should be prepared only by an official with full knowledge of pownership information. This report must be signed by the Official completing the form to average 30 minutes per response including the time for reviewing instructions								
to be valid. Type or print in ink only. If more spa use a separate sheet. Instructions are on the re			searching existing data sources, gathering and maintaining the data needed, completing and reviewing the collection of information. Send comments regarding this					
NOTE: You must mail copies 1 and 2 of this			burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Information Management, Department of Labor, Room N-1301, 200 Constitution Avenue, N.W., Washington,					
office. Questions about filing this form should the Assessment Center, 570-826-6431.	e directed to the Wilkes	-Barre	D.C. 20210; and to the Office of Management and Budget, Paperwork Reduction Project 1219-0008, Washington, D.C. 20503.					
			CEPT WHERE CHANGES HAVE BEEN SUBMITTED. IF THE CHANGES ORM MUST BE FILED FOR EACH MINE IDENTIFICATION NUMBER.					
Initial Notice	Update Notice	Aline Infe	Effective Date:					
1. Federal Mine Identification Number:	-	Mine Info	Imation					
2. Mine Name:								
3. Directions to this mine:								
	Street Address							
	City		State Zip Code					
4. Mine location address:	County							
5. Official Business Name of Operator:								
6. Principal Office Address for this	Street Address							
Operator:	City		State Zip Code Image: Contract of the state of					
7. Telephone number for this mine:	Area Code	Telephone Numb	Extension (In the Event of an Emergency)					
	Type of Product.							
8. Commodity:	Type of Operation.							
9. Person at Mine in Charge of Health a	nd Safety: (Superint	endent or Princi First Name	pal Officer) MI					
Title		Thist Name						
Street or P.O. Box Address								
State Zip Code Image: City Image: City								
E-mail Address								
10. Person with Overall Responsibility the Daily Operation of the Mine: (Safety		ety Program at	ALL of the Operator's Mines, if the Operator is Not Directly Involved in					
Last Name		First Name	MI					
Title								
Street or P.O. Box Address								
City			State Zip Code					
E-mail Address								
11. Address of Record and Telephone I	Number: [Address ar	d Person desigi	nated to receive Official Mail - Service of documents upon the operator will be					
completed by mailing or personal service address for personal service must be prov		his address. If P	.O. Box or General Delivery is used for mailing address, a separate street					
Last Name		First Name	MI					
Title								
Street Address								
City			State Zip Code					
Foreign Country			Foreign Zip Code					
P. O. Box Address								
City			State Zip Code					
Area Code Telephone Number	Area CodeTelephone NumberExtensionE-mail Address							
		│	Information					
12. This Official Business is a:	Sole Proprietorship	Pa	artnership Corporation Other County Government, Limited Liability Company, etc.					
13. If Business is listed as Other, what is the type of Organization?								
14. Tax Identification Number (TIN) for identification number (EIN).	this Business: For in	ndividuals, this is	s your social security number (SSN). For other entities, this is your employer					
SSN for Individuals:	-		EIN for Entities -					
Privacy Act Notice. We are authorized to reque (1), which mandates us to require regulated enti-			on Improvement Act of 1996, Title 31 U.S.C. amended section 7701, new subsection (c) with a Federal agency to furnish a TIN.					

15.	The Individual(s) or Organization(s) with ownership interest in this Business or Corporate Officers/Directors are:
a.	Last Name First Name MI
a.	Title
	Organization/Company Name
	Street or P.O. Box Address
	City State Zip Code
	Foreign Country Foreign Zip Code
b.	Last Name First Name MI
^D .	Title
	Organization/Company Name
	Street or P.O. Box Address
	Check box below if a separate sheet
	City State Zip Code is attached to subscription additional space.
	Foreign Country Foreign Cip Code
16.	If Business is listed as Other, what are the names of Principal Organization Officials or Members? Last Name First Name MI
a.	
	Title
	Street or P.O. Box Address
	City State Zip Code
	Foreign Country Foreign Zip Code
	Foreign Country Foreign Zip Code
	Last Name First Name MI
b.	Title
	Street or P.O. Box Address Check box below
	City State Zip Code difference and the separate sheet
	City Zip Coue additional space.
	Foreign Country Foreign Zip Code
17	If Dusingso is a Comparation places answer the following:
	If Business is a Corporation, please answer the following: State of Incorporation: b. Is this Corporation a subsidiary? Yes No
	If yes, what is the name and address of your Parent Corporation?
	Name
	Street or P.O. Box Address
	City State Zip Code
	Foreign Country Foreign Zip Code
	Employer Identification Number for this Business (EIN):
(1),	racy Act Notice. We are authorized to request this information under the Debt Collection Improvement Act of 1996, Title 31 U.S.C. amended section 7701, new subsection (c) which mandates us to require regulated entities and persons who are doing business with a Federal agency to furnish a TIN.
Sig	nature and Title of Official Completing Form Date Form Completed
MSF	IA Form 2000-7, February 2002 (Revised, Previous Editions are Obsolete) Copy 3 - Operator
	GPO: 2000-509-451

	REPORTING INSTRUCTIONS				
2000-7. submitte	e Safety and Health Administration has developed these instructions to aid you in completing the Legal Identity Report Form If you are a first time filer, please read all of the instructions before beginning. Remember that all information previously d remains in effect except where changes have been submitted. If the changes provided on this form affect other mines, a e form must be filed for each mine identification number.				
Federal	MSHA will use the TIN for purposes of collecting and reporting on any delinquent amounts arising out of assessments made under the Federal Mine Safety and Health Act of 1977 (Mine Act). Persons are not required to respond to the collection of information unless it lisplays a currently valid OMB control number.				
	Effective Date of Changes – The date the initial information, or changes on previously submitted information, becomes effective for this mine while under the operation or control of this operator. Enter the effective date, using numbers to show the month, day, and complete year; e.g., 01/01/2002. Please note that this is the date that changes actually became effective and is not necessarily the date you are completing this form.				
Item #1	Federal Mine Identification Number - This seven digit mine identification number is obtained from the MSHA district office where the mine is located before mining operations begin.				
Item #2	Mine Name - The Official business name assigned to this mining operation.				
Item #3	Directions to this Mine - The mileage and directions from the nearest town, city, and/or landmark should be provided.				
Item #4	Mine Location Address - The street address, city, state, zip code and county for this mine.				
Item #5	Official Business Name of Operator - The official business name that will be used for this operation. This should be the name of the business, not the name of the individual who owns the company, or the name of the individual involved with the day-to-day operations at the mine.				
Item #6	Principal Office Address for this Operator - The complete office address where the company or organization is doing business. If located in a rural area, provide the road name or route number.				
Item #7	Telephone Number for this mine in the Event of an Emergency - The telephone number for this mine, including area code, where the operator can be reached in the event of an emergency.				
Item #8	Commodity (type of product and operation) - The product name and type of operation for this mine.				
Item #9	Person at Mine in Charge of Health and Safety. (Superintendent or Principal Officer) - The name, title, address, and e- mail address for the official involved with the day-to-day operations at this mine.				
Item #10	Person with Overall Responsibility for a Health and Safety Program at all of the Operator's Mines, if the Operator is Not Directly involved in the Daily Operation of the Mine. (Safety Director) - If the official listed in Item #9 is not directly involved in the daily operation at this mine, provide the name, title, address, and e-mail address of the person with the responsibility for health and safety at all of the operator's mines. If the official listed in Item #9 is directly involved in the daily operation, this is not a required entry.				
Item #11	Address of Record and Telephone Number: - Address and Person designated to receive Official Mail. Service of documents upon the operator will be completed by mailing or personal service of the documents to this address. If P.O. Box or General Delivery is used for mailing address, a separate street address for personal service must be providedProvide name, title, address, telephone number including area code, and e-mail address for the person designated to receive official mail.				
Item #12	This Official Business is a (check only one box): – Check the appropriate box that describes the type of business for this mine. Please do <u>not</u> check more than one box: Sole Proprietorship; Partnership; Corporation; or Other.				
	Sole Proprietorship -A business with a sole (individual) owner. If your business belongs in this category, please check the Initial or Update Notice box, enter the Effective Date, and answer Items 1 through 11 from the Mine Information Section and Items 12, 14, and 15 from the Ownership Section. Please remember to sign and date the form.				
	Partnership – An association of persons joined as partners in business. If your business belongs in this category, please check the Initial or Update Notice box, enter the Effective Date, and answer Items 1 through 11 from the Mine Information Section and Items 12, 14, and 15 from the Ownership Section. Please remember to sign and date the form.				
	Corporation – An association of individuals, created by law and existing as an entity with powers and liabilities independent of those of its members. If your business belongs in this category, please check the Initial or Update Notice box, enter the Effective Date, and answer Items 1 through 11 from the Mine Information Section and Items 12, 14, 15, and 17 (if applicable) from the Ownership Section. Please remember to sign and date the form.				
	Other - If your business does not fall in one of the above categories (Sole Proprietorship, Partnership, or Corporation) this box should be checked. Examples of Other are Joint Venture, County or State Government, and Limited Liability Company. Please check the Initial or Update Notice box, enter the Effective Date, and answer Items 1 through 11 from the Mine Information Section and Items 12, 13, 14, 15, and 16. Please remember to sign and date the form.				
Item #13	If Business is listed as Other, what is the type of Organization? - If you checked Other in Item 12, identify the type of organization (i.e., Joint Venture, County or State Government, Limited Liability Company, etc.).				
Item #14	Tax Identification Number for this Business: The Identification Number that applies to your Business. For individuals, this would be your Social Security Number. For entities, this would be your Employer Identification Number (EIN). Privacy Act Notice. We are authorized to request this information under the Debt Collection Improvement Act of 1996, Title 31 U.S.C. amended section 7701, new subsection (c)(1), which mandates us to require regulated entities and persons who are doing business with a Federal agency to furnish a TIN.				
Item #15	The Individual(s) or Organization(s) with ownership interest in this Business or Corporate Officers/Directors - Please refer to the instructions below that pertain to your type of business. If additional space is needed, please check the box located in Item 15d and attach a separate sheet.				
	Sole Proprietorship - The name and complete address of the owner (sole proprietor) of this business. If located in a rural area, provide the road name or route number. Because a sole proprietorship is defined as a business with one owner, there should only be one owner listed on this form.				

Partnership - The name and complete address for each partner. If located in a rural area, provide the road name or route number. Do not use the address for the business. This should be the address for each partner. If the partnership's owners are companies, each company's name should be entered in the field named Organization/Company Name. The corresponding address should be for the office where the company is doing business (street, city, state, and zip code). If located in a rural area, show the road name or route number. The owner(s) or officers/directors and addresses for these companies should also be provided. Please use a separate sheet if additional space is needed.

Corporation - The name, title and complete address (street, city, state, zip code) for each officer/director of the corporation should be provided. If located in a rural area, provide the road name or route number. This should not be the address of the corporation. This should be the address for each officer/director. Please use a separate sheet if additional space is needed.

Other - The name, title, and complete address (street, city, state, and zip code) for each Individual, Business, County or State Government with ownership interest in the organization. If located in a rural area, show the road name or route number. Do not use the address of the organization. This should be the name for each individual with ownership interest. If the organization's owner(s) is a Business or County/State Government, enter the business name in the Organization/Company Name field. The corresponding address should be for the office where the business is located. Please use a separate sheet if additional space is needed.

Item #16 If Business is listed as Other, list the Principal Organization Officials or Members - The name, title, and complete address for each Individual(s) who is an official or member in the Organization. If located in a rural area, provide the road name or route number. This should not be the address of the Organization, but the address of each Individual. Please use a separate sheet if additional space is needed.

Item #17 If Business is a Corporation, please answer the following:

a. State of Incorporation - The State abbreviation where the corporation was incorporated.

b. Is this Corporation a Subsidiary? - Check the appropriate box (yes or no).

c. If yes, what is the name and address of your Parent Corporation? - Provide the complete name and office address (street, city, state, and zip code) of where the ultimate parent corporation is doing business. The ultimate parent corporation is the highest company in the family tree structure with the ultimate ownership of the operating company. If located in a rural area, provide the road name or route number.

d. Tax Identification Number for this Parent Corporation - The Employer Identification Number (EIN) for the Parent Corporation. Privacy Act Notice. We are authorized to request this information under the Debt Collection Improvement Act of 1996, Title 31 U.S.C. amended section 7701, new subsection (c)(1), which mandates us to require regulated entities and persons who are doing business with a Federal agency to furnish a TIN.

Signature and Title of Official Completing Form - The company official who completed the form is required to sign his/her name, and provide his/her title at the company. This report should be prepared only by an official with full knowledge of the information requested on this form.

Date Form Completed - The date this form was signed, using numbers to show the month, day, and complete year; e.g., 01/01/2002. Please note that this is the date the form was completed, not the date that changes became effective.

Legal Identity Report		U.S. Department of Labor Mine Safety and Health Administration						
This report is required by law (30 C.F.R. 41). Fa	uilure to report can result in	Form Approved: OMB Number 1219-0008: Approval Expires February 28, 2005						
assessment of a civil penalty. Knowingly makin criminal prosecution under Section 110 of the F 1977. This report should be prepared only by ar ownership information. This report must be sign to be valid. Type or print in ink only. If more spa use a separate sheet. Instructions can be found	ederal Mine Safety and Health Act of n official with full knowledge of led by the Official completing the form ace is required in any section below,	5 C.F.R. 1320.21-Public reporting burden for this collection of information is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Information Management,						
NOTE: You must mail this completed form to yo about filing this form should be directed to the C		Department of Labor, Room N-1301, 200 Constitution Avenue, N.W., Washington, D.C. 20210; and to the Office of Management and Budget, Paperwork Reduction Project 1219-0008, Washington, D.C. 20503.						
		CCEPT WHERE CHANGES HAVE BEEN SUBMITTED. IF THE CHANGES FORM MUST BE FILED FOR EACH MINE IDENTIFICATION NUMBER.						
Initial Notice	Update Notice	Effective Date:						
1. Federal Mine Identification Number:		DRMATION						
2. Mine Name:								
3. Directions to this mine:								
	Street Address							
	City	State Zip Code						
4. Mine location address:								
	County							
5. Official Business Name of Operator:								
	Street Address							
6. Principal Office Address for this Operator:	City	State Zip Code						
-								
7. Telephone number for this mine:		ber Extension (In the Event of an Emergency)						
	Type of Product.							
8. Commodity:	Type of Operation.							
9. Person at Mine in Charge of Health a	nd Safety: (Superintendent or Princ	inal Officer)						
Last Name	First Name	MI						
Title								
Street or P.O. Box Address								
City		State Zip Code						
E-mail Address								
10. Person with Overall Responsibility for a Health and Safety Program at ALL of the Operator's Mines, if the Operator is Not Directly Involved in the Daily Operation of the Mine: (Safety Director)								
Last Name	First Name	МІ						
Title	Title							
Street or P.O. Box Address								
City		State Zip Code						
E mail Addross								
E-mail Address								

cor	Address of Record and Telephone npleted by mailing or personal service fress for personal service must be pro	e of the documents to this addre			
Las	t Name	First Nar	ne	MI	
Title	3				
Stre	eet Address				
City	,			State Zip Code	
For	eign Country			Foreign Zip Code	
	D. Box Address				
P. (5. Box Address				
City	,			State Zip Code	
					-
Are	a Code Telephone Number	Extension	E-mail Address		
	-				
			ship Information		
12.	This Official Business is a:	Sole Proprietorship	Partnership	Corporation	Other
	If Business is listed as Other, what he type of Organization?	t Spe of Organization: Joint	venture, County Government,	, Limited Liability Company, etc.	
15 (ne type of organization?				
	Tax Identification Number for this I ntification number (EIN).	Business: For individuals, this	is your social security nur	mber (SSN). For other entities,	this is your employer
SS	N for Individuals:	-	EIN for	Entities -	
Priv	vacy Act Notice. We are authorized to requ	uest this information under the Debt	Collection Improvement Act	of 1996, Title 31 U.S.C. amended s	ection 7701, new subsection (c)
4	which mandates us to require regulated en				
15.	The Individual(s) or Organization(s Last Name	s) with ownership interest in t	this Business or Corpora First Name	ate Officers/Directors are:	
a.	Last Name		First Name	IVII	
a.	Title				
	Organization/Company Name				
	Street or P.O. Box Address				
	City			State Zip Code	
	City			Zip Code	-
	Foreign Country			Foreign Zip Code	
	ů ý				
	Last Name		First Name	MI	
b.					
	Title				
	Organization/Company Name				
	Organization/Company Name				
	Street or P.O. Box Address				
	City			State Zip Code	
	City				-
	Foreign Country			Foreign Zip Code	
	- i				
	Last Name		First Name	MI	
c.					
	Title				
	Operation (Operation)				
	Organization/Company Name				
	Street or P.O. Box Address				
	City			State Zip Code	
					-
11	Foreign Country			Foreign Zip Code	

	Last Name	First Name		MI	
d.					
	Title				
	Organization/Company Name				
	Street or P.O. Box Address				
			.		Check box below if a separate sheet
	City		State	Zip Code	is attached for additional space.
	Foreign Country			Foreign Zip Code	additional space.
	r orongin country			i oleigh zip code	
16.	If Business is listed as Other, what are the names of Principal O	rganizatior	Officials o	r Members?	
		First Name		MI	
a.					
	Title				
	Street or P.O. Box Address				
	City			State Zip Code	9
	Foreign Country			Foreign Zip Code	
		<u></u>			
b.	Last Name	First Name		MI	
<u>р</u> .	Title				
	Street or P.O. Box Address				
	City			State Zip Code	
	Farrier Country			Farrian Zin Cada	
	Foreign Country			Foreign Zip Code	
	Last Name	First Name			MI
c.					
	Title				
	Street or P.O. Box Address				Check box below if a separate sheet
	City		State	Zip Code	is attached for
	City			- 21p Code	additional space.
	Foreign Country			Foreign Zip Code	
17.	If Business is a Corporation, please answer the following:				
a.	State of Incorporation:	b.	Is this Cor	poration a subsidiary?	Yes No
c.	If yes, what is the name and address of your Parent Corporation?				
	Name				
	Street or P.O. Box Address				
	City			State Zip Code	2
	Foreign Country			Foreign Zip Code	
	Employer Identification Number for this Business (EIN):	-			
	acy Act Notice. We are authorized to request this information under the Debt which mandates us to require regulated entities and persons who are doing bu				nded section 7701, new subsection (c)
	nature and Title of Official Completing Form			-	Date Form Completed
MSH	A Form 2000-7, February 2002 (Revised, Previous Editions are Obsolete)		U.S. GPO: 20	00-509-451	

LID Form Revision History				
Changes	Location on Form	Date	Requestor	Comments
Added required OMB statement: "MSHA will use the TIN for purposes"	LID Instructions - 2nd paragraph	3/25/2003	Jane Tarr per OMB	Kathy Morgan emailed revised LID form to Jane Tarr 03/25/2003, for next printing
Added required OMB statement: "Persons are not required to respond"	LID Instructions - 2nd paragraph	3/25/2003	Jane Tarr per OMB	
Changed OMB Number & Expiration Date to 1219-0042 - expires 10/31/2004	Top upper right of LID	10/14/2003	Jane Tarr per OMB	Kathy Morgan emailed revised LID form to Jane Tarr 10/14/2003, for next printing
Changed contact office/phone to Wilkes-Barre Assessment Center - 570-826-6431	Upper left portion of LID - 2nd paragraph	10/14/2003	Keith Watson	
Changed distribution copy name to Wilkes-Barre Assessment Center	Lower right-hand corder of LID	10/14/2003	Keith Watson	
Removed all green fill areas	Throughout entire LID	10/14/2003	Keith Watson	