## 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 Min Safety and Health Act of 1977. This report should be prepared only by an official with full knowledge of 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

5 C.F.R. 1320.21-Public reporting burden for this collection of information is estimated to average 30 minutes per writen response and 20 minutes per electronic response,

Form Approved: OMB Number 1219-0042: Approval Expires May 31, 2011

ncluding the time for reviewing instructions, searching existing data sources, gathering and maintaining the data need, and completing and reviewing the collection of nformation. Send comments regarding the collection of information, including uggestions for reducing this burden, to the Mine Safety and Health Administration, U.S Department of Labor, Records Management Branch, 1100 Wilson Boulevard, Arlington,

about filing this form should be directed to the Wilkes-Barre Assessment Center, 570-826-6431.  Virginia 22209-3939. Persons are not required to respond to this collection of information uples it displays a gurranthy wild OMB Control Number.										
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 MINE Initial Notice	S, A SEPARATE FORM MUST BE Update Notice	E FILED FOR EACH MINE Effective Date:	IDENTIFICA	TION NUMBER	₹. 					
Titual Notice	Mine Informa			.       -						
Federal Mine Identification Number:										
2. Mine Name:										
3. Directions to this mine:										
	Street Address									
4. Mine location address:	City		State	Zip Code						
	County				1 1-1 1					
5. Official Business Name of Operator:										
6. Principal Office Address for this Operator:	Street Address  City		State	Zip Code	-					
7. Telephone number for this mine:	Area Code Telephone Nu	- I	Extension	(In the	e Event of an Emerg	ency)				
	Type of Product.			(		-/				
8. Commodity:	Type of Operation.									
9. Person at Mine in Charge of Health and Safety: (Sup.	erintendent or Principal 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 of the Mine: (Safety Director) Last Name	Safety Program at ALL of the Op	perator's Mines, if the Op	erator is Not	t Directly Invol	ved in the Daily C	peration				
	T WOLTHAMIO									
Title										
Street or P.O. Box Address										
City			State	Zip Code						
					-					
E-mail Address										
11. Address of Record and Telephone Number: [Address or personal service of the documents to this address. If P.C provided. ]	D. Box or General Delivery is used			ddress for perso						
Last Name	First Name			MI						
Title										
***										
Street Address										
			State	Zip Code						
City										
		Fo	State State Preign Zip Code		-					
City		Fo			-					
City Foreign Country		Fo			-					
City  Foreign Country  P. O. Box Address  City	Extension		reign Zip Code		-					
City  Foreign Country  P. O. Box Address	Extension	E-mail Address	reign Zip Code							
City  Foreign Country  P. O. Box Address  City  Area Code  Telephone Number  -	Ownership Info	E-mail Address	reign Zip Code	Zip Code	- Other					
City  Foreign Country  P. O. Box Address  City  Area Code Telephone Number  12. This Official Business is a:  13. If Business is listed as Other, what is the type of		E-mail Address  prmation  Partnership	State Corpoi	Zip Code	-     -     Other					
City  Foreign Country  P. O. Box Address  City  Area Code Telephone Number  12. This Official Business is a:  13. If Business is listed as Other, what is the type of Organization?	Ownership Info Sole Proprietorship Type of Organization: Joint Ventu	E-mail Address  Prmation  Partnership re, County Government, Limite	State Corpoi d Liability Con	Zip Code  Zip Code  ration  pany, etc.	•					
City  Foreign Country  P. O. Box Address  City  Area Code Telephone Number  12. This Official Business is a:  13. If Business is listed as Other, what is the type of	Ownership Info Sole Proprietorship Type of Organization: Joint Ventu	E-mail Address  Prmation  Partnership re, County Government, Limite	State Corpoi d Liability Con	Zip Code  Zip Code  ration  pany, etc.	•	n number				
City  P. O. Box Address  City  Area Code  12. This Official Business is a:  13. If Business is listed as Other, what is the type of Organization?  14. Tax Identification Number (TIN) for this Business: //	Ownership Info Sole Proprietorship Type of Organization: Joint Ventu For individuals, this is your social se	E-mail Address  Prmation Partnership re, County Government, Limite  Paccurity number (SSN). For the security number (SSN) and the security number (SSN).	State Corpor d Liability Con	Zip Code  ration npany, etc.  , this is your em	ployer identificatio					

5. The Ir	Individual(s) or Organization(s) with ownership interest in this Busine	ess or Corporate C	Officers/Director	rs are:						
	Last Name	First Name			мі					
a.										
	Title									
	Organization/Company Name									
	Street or P.O. Box Address									
	City			State '	Zip Code			$\overline{}$	$\overline{}$	_
	Foreign Country			Foreign Zip Co		ш	1-1			
	1 oreign country			1 oreign zip co	<del>ue</del>					
	Last Name	First Name		-	MI					
b.	Title									
	Organization/Company Name									
	Organization/Company Name									
	Street or P.O. Box Address									
								Check		
	City		State	Zip Code				is att	tache	
								additio	onal s	space.
	Foreign Country			Foreign Zip Co	de		$\rightarrow$	—	_	
								丄	丄	
6. If Bus	usiness is listed as Other, what are the names of Principal Organizatio		nbers?							
	Last Name	First Name			MI					
a.										
	Title									
	Chroat as D.O. Boy Address									
	Street or P.O. Box Address								—	
	City			State	Zip Code					
					$\Box$		T-T	Т	Т	T
	Foreign Country			Foreign Zip Co	de					
	Last Name	First Name			МІ					
b.	Title									
	Title									
	Street or P.O. Box Address									below
									tache	d for
	City		State	Zip Code			$\dashv$	additio	onal s	space.
	Foreign Country			Foreign Zip Co		Щ	44			
	1 oreign country			Toreign Zip Co	<u> </u>		_	$\neg \tau$	Т	
7. If Bus	usiness is a Corporation, please answer the following:									
a.	State of Incorporation:	1	b. Is this Corpor	ation a subsidiary	/? Y	es		No	$\top$	
C.	If yes, what is the name and address of your Parent Corporation?									
	Name									
	Street or P.O. Box Address									
	City			State 2	Zip Code			—	_	_
	Foreign Country			Foreign Zip Co	de	Щ	1-1	—	_	
	1 oreign country			Torcign Zip Co	<u> </u>					
d.	Employer Identification Number for this Business (EIN):									
	Act Notice. We are authorized to request this information under the Debt Collection I		996, Title 31 U.S.C	amended section	7701, new su	bsection	(c)(1),	which i	mand	ates u
	e regulated entities and persons who are doing business with a Federal agency to funder are and Title of Official Completing Form	riisп a TIN.				Date	Form	Comp	leter	
	or ornous compound roun					Date	, 5,111	201110		
ISHA Form	m 2000-7, A1 (Revised, Previous Editions are Obsolete)			Copy 1 - N	ISHA Wilke	s-Barre	Asses	smen	t Cer	nter