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.

Form Approved: OMB Number 1219-0042: Approval Expires August 31, 2017

5 C.F.R. 1320.21-Public reporting burden for this collection of information is estimated to average 30 minutes per written response and 20 minutes per electronic response, ncluding the time for reviewing instructions, searching existing data sources, gathering and maintaining the data need, and completing and reviewing the collection of information. Send comments regarding the collection of information, including uggestions for reducing this burden, to the Mine Safety and Health Administration, U.S

NOTE: You must mail copies 1 and 2 of this completed form to about filing this form should be directed to the Wilkes-Barre Assess							South,	Suite 401	1, Arlin	gton, Virgi	inia 2	ards, Regula 2202-5452.	Persons	s are no	t require	d to res	pond
ALL INFORMATION PREVIOUSLY SUBMITTED REMAI						CHAN	IGES I	IAVE BE	EEN S	UBMITT	ED.		CHANG				
FORM AFFECT OTHER MINE Initial Notice		ate Noti		JRM I	MUSTBI	E FILE		ive Date:		IDENTIF	ICA	I ION NUN	- L		\top		
1 Federal Mine Identification Number				line	Inform	ation											
Federal Mine Identification Number: Mine Name:			-														
L. Mille Name.	-																
3. Directions to this mine:																	
	Street	t Addres	s														
4. Mine location address:	City									State	1	Zip Code	1		$\overline{\mathbf{T}}$		П
		ty									_	шш					_
5. Official Business Name of Operator:	Ctroot	t Addres															
5. Principal Office Address for this Operator: 7. Telephone number for this mine:		t Addres	S														
										State	1	Zip Code	1				Т
		Area Coo	de	Tele	phone Nu	mber			1	Extensio	on	$\overline{\Box}$	(In the F	vont of		~~~~	
	Type	of Produ	ıct.										(III tile E	veni or a	an Emer	gericy)	
3. Commodity:		of Opera	ation.														
9. Person at Mine in Charge of Health and Safety: (Supe	erinter	ndent o	r Princi	nal Of	ficer)												
ast Name	0,,,,,,				Name							MI					
Fitle																	
Street or P.O. Box Address																	
Dity										State		Zip Code					
]				-		
E-mail Address																	
10. Person with Overall Responsibility for a Health and of the Mine: (Safety Director)	l Safet	ty Prog	ram at	ALL	of the O	perato	r's Min	es, if th	е Оре	erator is	Not	Directly I	nvolve	d in the	Daily	Operat	tion
_ast Name				First	Name							MI					
Fitle																	
Street or P.O. Box Address																	
Dity										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. orovided.] ast Name	ss and O. Box	Person or Gen	n desigi neral De	elivery	to receiv is used	e Offici for mai	ial Mail iling ad	l - Servic Idress, a	e of d	ocument rate stree	s up	on the ope dress for p	erator w persona	ill be co I servic	omplete e must	d by m be	nailing
<u> Fitle</u>																	
Street Address																	
City									_	State	7	Zip Code			- 1 1		П
Foreign Country									For	eign Zip C	Code	шш					
P. O. Box Address																	
Dity										State		Zip Code					
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Area Code Telephone Number			Extensi	On			E-Mail	Address									
12. This Official Business is a:	Sole	Proprie	Owr	nersh	nip Info		t ion tnershi	D	_	Co	rpor	ation		0	ther	1	
13. If Business is listed as Other, what is the type of				tion: Jo	oint Ventu				Limite	d Liability							-
Organization? 14. Tax Identification Number (TIN) for this Business: <i>F</i>	For inc	dividual	s this i	s vour	social s	ecurity	numbe	er (SSM)	For	other entir	ties	this is vo	ır emple	ver ide	entificati	on nun	nher
EIN).			_, ans i	- your	200101 30	- Janny					,	10 you	. Cripic	, J. 100		iuii	
SSN for Individuals: Privacy Act Notice. We are authorized to request this information	n under	the Del	ot Collec	tion Im	provemer	nt Act of	1996. 1	EIN fo			ection	7701. nev	v subsec	tion (c)/	1). which	n manda	ates us

to require regulated entities and persons who are doing business with a Federal agency to furnish a TIN.

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	ue							
	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	—	_			
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6. If Bus	usiness is listed as Other, what are the names of Principal Organizatio		nbers?									
	Last Name	First Name			МІ							
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	—	_			
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		