Anniversary Report Form

This form is to be completed and submitted utilizing the Electronic Permitting application along with the appropriate anniversary maps, seeding reports (DMLR-PT-11) and additional items as required in Guidance Memorandum 19-07.

Company Name: ________________________________
Permit Number: __________________ Application Number: __________________

Note: Acreages listed on this form should correspond with acreages listed on the Anniversary Map legend (DMLR-PT-017)

<table>
<thead>
<tr>
<th>Since Permit Issuance</th>
<th>Acreage</th>
<th>Since Permit Issuance</th>
<th>Acreage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Permitted Acreage:</td>
<td></td>
<td>Total Acres Vegetated:</td>
<td></td>
</tr>
<tr>
<td>Total Acres Disturbed:</td>
<td></td>
<td>Remaining Undisturbed</td>
<td></td>
</tr>
<tr>
<td>Total Acres Regraded:</td>
<td></td>
<td>With partial bond release</td>
<td></td>
</tr>
</tbody>
</table>

Check
- [ ] Anniversary Map Attached (pdf attached in Item 21.2 and dwg attached in Item 21.5—both versions are to be attached)
- [ ] In accordance with Guidance Memorandum 10-05 primary road updates have been included with this Anniversary Report and Section 17 and 21 (at a minimum) of the electronic application have been revised to reflect these changes

If mining activity has ceased or will not continue beyond the anniversary date, and reclamation is still in progress, please check the appropriate box(s) and fill in the dates:

1. [ ] Mining activities ceased on ________________
2. [ ] Mining activities will not continue beyond the anniversary date
3. [ ] Final reclamation will be completed by ________________
4. [ ] Completion Reports, including maps and seeding reports will be submitted by ________________

If mining and reclamation operations have been completed, please submit the Completion Report utilizing an Electronic Permitting application as described in Guidance Memorandum No. 7-03.

I, the undersigned, hereby certify the above information provided is true and accurate to the best of my knowledge and belief:

Authorized Representative (printed) ___________________________ Authorized Representative Signature ___________________________
Title ___________________________ Date ___________________________