

JSC, INC.
P.O. Box 1153
Meeker, CO 81641
Phone (970) 878-5292 Fax (970) 979-5392

December 3, 2014

Colorado Division of Reclamation
Mining and Safety
1313 Sherman Street, Room 215
Denver, CO 80203

Re: WRC Wet Pit, File No. M-2014-063 Incomplete 112 Construction Materials
Reclamation Permit Application Package.

Dear Mr. Marshall,

This letter is in response to your correspondence dated November 24, 2014 concerning the Incomplete 112 Permit Application Package for WRC Wet Pit File No, M-2014-063. We have addressed and attached documentation for each of the items outlined in your letter as follows:

Application Form: The operator's name has been revised to "White River City Investments LLC" on all of the enclosed forms.

Application Form: The signature page has been signed and notarized by Don Valentine, President of White River City Investments LLC.

Business / Trade Name: A Certificate of good standing issued from the Office of the Secretary of State of the State of Colorado is attached along with a statement curing delinquency for White River City Investments LLC.

We trust that these documents will be sufficient to consider the application submitted and the technical review can begin. Please contact our office if any additional documents are required or if there are any questions or concerns regarding the attached documents.

Respectfully,



J. Leif Joy
JSC, Inc.
P.O. Box 1153
Meeker, CO 81641
970-878-5292
ljoy@joysurveying.com
bak

STATE OF COLORADO

DIVISION OF RECLAMATION, MINING AND SAFETY
Department of Natural Resources

1313 Sherman St., Room 215
Denver, Colorado 80203
Phone: (303) 866-3567
FAX: (303) 832-8106



CONSTRUCTION MATERIALS REGULAR (112) OPERATION RECLAMATION PERMIT APPLICATION FORM

CHECK ONE: ☐ There is a File Number Already Assigned to this Operation

Permit # M - - - - - (Please reference the file number currently assigned to this operation)



New Application (Rule 1.4.5)



Amendment Application (Rule 1.10)



Conversion Application (Rule 1.11)

Permit # M - - - - - (provide for Amendments and Conversions of existing permits)

The application for a Construction Materials Regular 112 Operation Reclamation Permit contains three major parts: (1) the application form; (2) Exhibits A-S, Addendum 1, any sections of Exhibit 6.5 (Geotechnical Stability Exhibit; and (3) the application fee. When you submit your application, be sure to include one (1) complete signed and notarized ORIGINAL and one (1) copy of the completed application form, two (2) copies of Exhibits A-S, Addendum 1, appropriate sections of 6.5 (Geotechnical Stability Exhibit, and a check for the application fee described under Section (4) below. Exhibits should **NOT** be bound or in a 3-ring binder; maps should be folded to 8 1/2" X 11" or 8 1/2" X 14" size. To expedite processing, please provide the information in the format and order described in this form.

GENERAL OPERATION INFORMATION

Type or print clearly, in the space provided, ALL information requested below.

1. **Applicant/operator or company name (name to be used on permit):** White River City Investments LLC
 - 1.1 Type of organization (corporation, partnership, etc.): Corporation
2. **Operation name (pit, mine or site name):** WRC Wet Pit
3. **Permitted acreage (new or existing site):** 50.80 permitted acres
 - 3.1 Change in acreage (+) acres
 - 3.2 Total acreage in Permit area acres
4. **Fees:**

4.1 New Application	<u>\$2,696.00</u>	application fee
4.2 New Quarry Application	<u>\$3,342.00</u>	quarry application
4.4 Amendment Fee	<u>\$2,229.00</u>	amendment fee
4.5 Conversion to 112 operation (set by statute)	<u>\$2,696.00</u>	conversion fee
5. **Primary commoditie(s) to be mined:** Gravel

5.1 Incidental commoditie(s) to be mined:	1. <u>Topsoil</u> ^{125,000 <u>Cubic yds</u>} <u> </u> lbs/Tons/yr	2. <u> </u> / <u> </u> lbs/Tons/yr
3. <u> </u> / <u> </u> lbs/Tons/yr	4. <u> </u> / <u> </u> lbs/Tons/yr	5. <u> </u> / <u> </u> lbs/Tons/yr
5.2 Anticipated end use of primary commoditie(s) to be mined:	<u>Road Base</u>	
5.3 Anticipated end use of incidental commoditie(s) to be mined:	<u>Topsoil</u>	

6. **Name of owner of subsurface rights of affected land:** Bureau of Land Management
If 2 or more owners, "refer to Exhibit O".

7. **Name of owner of surface of affected land:** White River City Investments LLC

8. **Type of mining operation:** ☒ Surface ☐ Underground

9. **Location Information:** The center of the area where the majority of mining will occur:

COUNTY: Rio Blanco

PRINCIPAL MERIDIAN (check one): ☒ 6th (Colorado) ☐ 10th (New Mexico) ☐ Ute

SECTION (write number): S 1

TOWNSHIP (write number and check direction): T 1N ☒ North ☐ South

RANGE (write number and check direction): R 97W ☐ East ☒ West

QUARTER SECTION (check one): ☒ NE ☐ NW ☐ SE ☐ SW

QUARTER/QUARTER SECTION (check one): ☒ NE ☐ NW ☐ SE ☐ SW

GENERAL DESCRIPTION: (the number of miles and direction from the nearest town and the approximate elevation): _____

16 miles west of town of Meeker

10. **Primary Mine Entrance Location** (report in either Latitude/Longitude **OR** UTM):

Latitude/Longitude:

Example: (N) 39° 44' 12.98"
(W) 104° 59' 3.87"

Latitude (N): deg 40 min 05 sec 21.886 (2 decimal places)

Longitude (W): deg 108 min 13 sec 31.106 (2 decimal places)

OR

Example: (N) 39.73691°
(W) -104.98449°

Latitude (N) _____ (5 decimal places)

Longitude(W) _____ (5 decimal places)

OR

Universal Tranverse Mercator (UTM)

Example: 201336.3 E NAD27 Zone 13
4398351.2 N

UTM Datum (specify NAD27, NAD83 or WGS 84) Nad 83 Zone 13

Easting _____

Northing _____

11. **Correspondence Information:**

APPLICANT/OPERATOR (name, address, and phone of name to be used on permit)

Contact's Name: Don Valentine Title: President
Company Name: White River City Investments LLC
Street/P.O. Box: P.O. Box 881090 P.O. Box: _____
City: Steamboat Springs
State: CO Zip Code: 80488
Telephone Number: (970) - 879-2383
Fax Number: () - N/A

PERMITTING CONTACT (if different from applicant/operator above)

Contact's Name: J. Leif Joy Title: President
Company Name: JSC, Inc dba Joy Surveying Company
Street/P.O. Box: 646 Main Street P.O. Box: 1153
City: Meeker
State: Colorado Zip Code: 81641
Telephone Number: (970) - 878-5292
Fax Number: (970) - 878-5392

INSPECTION CONTACT

Contact's Name: Don Silva Title: _____
Company Name: White River City Investments LLC
Street/P.O. Box: P.O. Box 519 P.O. Box: _____
City: Hayden
State: CO Zip Code: 81639
Telephone Number: (970) - 276-2526
Fax Number: () -

CC: STATE OR FEDERAL LANDOWNER (if any)

Agency: NONE
Street: _____
City: _____
State: _____ Zip Code: _____
Telephone Number: () -

CC: STATE OR FEDERAL LANDOWNER (if any)

Agency: NONE
Street: _____
City: _____
State: _____ Zip Code: _____
Telephone Number: () -

Certification:

As an authorized representative of the applicant, I hereby certify that the operation described has met the minimum requirements of the following terms and conditions:

1. To the best of my knowledge, all significant, valuable and permanent man-made structure(s) in existence at the time this application is filed, and located within 200 feet of the proposed affected area have been identified in this application (Section 34-32.5-115(4)(e), C.R.S.).
2. No mining operation will be located on lands where such operations are prohibited by law (Section 34-32.5-115(4)(f), C.R.S.);
3. As the applicant/operator, I do not have any extraction/exploration operations in the State of Colorado currently in violation of the provisions of the Colorado Land Reclamation Act for the Extraction of Construction Materials (Section 34-32.5-120, C.R.S.) as determined through a Board finding.
4. I understand that statements in the application are being made under penalty of perjury and that false statements made herein are punishable as a Class 1 misdemeanor pursuant to Section 18-8-503, C.R.S.

This form has been approved by the Mined Land Reclamation Board pursuant to section 34-32.5-112, C.R.S., of the Colorado Land Reclamation Act for the Extraction of Construction Materials. Any alteration or modification of this form shall result in voiding any permit issued on the altered or modified form and subject the operator to cease and desist orders and civil penalties for operating without a permit pursuant to section 34-32.5-123, C.R.S.

Signed and dated this 2nd day of December, 2014.

Applicant/Operator or Company Name

If Corporation Attest (Seal)

Signed: Donald Valentine

Signed: _____

Corporate Secretary or Equivalent

Title: President

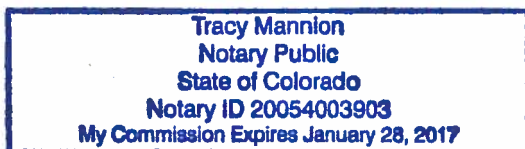
Town/City/County Clerk

State of Colorado)

) ss.

County of Monte)

The foregoing instrument was acknowledged before me this 2nd day of December 2014,
by Donald Valentine as president of White River City Adv.



[Signature]
Notary Public

My Commission expires: 11/28/17

SIGNATURES MUST BE IN BLUE INK

You must post sufficient Notices at the location of the proposed mine site to clearly identify the site as the location of a

OFFICE OF THE SECRETARY OF STATE
OF THE STATE OF COLORADO

CERTIFICATE

I, Scott Gessler, as the Secretary of State of the State of Colorado, hereby certify that, according to the records of this office,

White River City Investments LLC

is a **Limited Liability Company** formed or registered on 07/31/2013 under the law of Colorado, has complied with all applicable requirements of this office, and is in good standing with this office. This entity has been assigned entity identification number 20131447495.

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 12/01/2014 that have been posted, and by documents delivered to this office electronically through 12/02/2014 @ 13:19:56.

I have affixed hereto the Great Seal of the State of Colorado and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Denver, Colorado on 12/02/2014 @ 13:19:56 pursuant to and in accordance with applicable law. This certificate is assigned Confirmation Number 9024702.



A handwritten signature in blue ink, reading "Scott Gessler", is written over a horizontal line.

Secretary of State of the State of Colorado

*****End of Certificate*****

Notice: A certificate issued electronically from the Colorado Secretary of State's Web site is fully and immediately valid and effective. However, as an option, the issuance and validity of a certificate obtained electronically may be established by visiting the Certificate Confirmation Page of the Secretary of State's Web site, <http://www.sos.state.co.us/bi/CertificateSearchCriteria.do> entering the certificate's confirmation number displayed on the certificate, and following the instructions displayed. Confirming the issuance of a certificate is merely optional and is not necessary to the valid and effective issuance of a certificate. For more information, visit our Web site, <http://www.sos.state.co.us/> click Business Center and select "Frequently Asked Questions."



Document must be filed electronically.
Paper documents are not accepted.
Fees & forms are subject to change.
For more information or to print copies
of filed documents, visit www.sos.state.co.us.

Colorado Secretary of State
Date and Time: 12/02/2014 01:17 PM
ID Number: 20131447495
Document number: 20141737041
Amount Paid: \$100.00

ABOVE SPACE FOR OFFICE USE ONLY

Statement Curing Delinquency

filed pursuant to §7-90-904 of the Colorado Revised Statutes (C.R.S.)

1. For the delinquent entity, its ID number, entity name and jurisdiction of formation are

ID number 20131447495
(Colorado Secretary of State ID number)

Entity name White River City Investments LLC

Jurisdiction where formed Colorado

2. By providing the information required herein, this statement corrects all grounds for delinquency cited by the secretary of state.

3. The registered agent name and registered agent address of the registered agent are

Name
(if an individual) Valentine Don
(Last) (First) (Middle) (Suffix)

OR

(if an entity) _____
(Caution: Do not provide both an individual and an entity name).

The person appointed as registered agent above has consented to being so appointed.

Street address 703 Anglers Pond
(Street number and name)

Steamboat Springs CO 80488
(City) (State) (Zip Code)

Mailing address P.O. Box 881090
(leave blank if same as street address) *(Street number and name or Post Office Box information)*

Steamboat Springs CO 80487
(City) (State) (Zip Code)

(If the following statement applies, adopt the statement by marking the box.)

- ☐ The mailing address in the records of the Secretary of State is no longer different than the street address and is no longer required.

4. The principal office address of the entity's principal office is

Street address

703 Anglers Pond

(Street number and name)

Steamboat Springs

(City)

CO

(State)

80487

(Postal/Zip Code)

United States

(Country – if not US)

(Province – if applicable)

Mailing address

(leave blank if same as street address)

P.O. Box 881090

(Street number and name or Post Office Box information)

Steamboat Springs

(City)

CO

(State)

80488

(Postal/Zip Code)

United States

(Country – if not US)

(Province – if applicable)

(If the following statement applies, adopt the statement by marking the box.)

☐

The mailing address in the records of the Secretary of State is no longer different than the street address and is no longer required.

5. (If the following statement applies, adopt the statement by marking the box and include an attachment.)

☐

This document contains additional information as provided by law.

6. (Caution: Leave blank if the document does not have a delayed effective date. Stating a delayed effective date has significant legal consequences. Read instructions before entering a date.)

(If the following statement applies, adopt the statement by entering a date and, if applicable, time using the required format.)

The delayed effective date and, if applicable, time of this document is/are

(mm/dd/yyyy hour:minute am/pm)

Notice:

Causing this document to be delivered to the secretary of state for filing shall constitute the affirmation or acknowledgment of each individual causing such delivery, under penalties of perjury, that the document is the individual's act and deed, or that the individual in good faith believes the document is the act and deed of the person on whose behalf the individual is causing the document to be delivered for filing, taken in conformity with the requirements of part 3 of article 90 of title 7, C.R.S., the constituent documents, and the organic statutes, and that the individual in good faith believes the facts stated in the document are true and the document complies with the requirements of that Part, the constituent documents, and the organic statutes.

This perjury notice applies to each individual who causes this document to be delivered to the secretary of state, whether or not such individual is named in the document as one who has caused it to be delivered.

7. The true name and mailing address of the individual causing the document to be delivered for filing are

Ptach

Cindy

(Last)

(First)

(Middle)

(Suffix)

PO Box 774608

(Street number and name or Post Office Box information)

401 Lincoln Ave

Steamboat Springs

(City)

CO

(State)

80477

(Postal/Zip Code)

(Province – if applicable)

(Country – if not US)

(If the following statement applies, adopt the statement by marking the box and include an attachment.)

- ☐ This document contains the true name and mailing address of one or more additional individuals causing the document to be delivered for filing.

Disclaimer:

This form/cover sheet, and any related instructions, are not intended to provide legal, business or tax advice, and are furnished without representation or warranty. While this form/cover sheet is believed to satisfy minimum legal requirements as of its revision date, compliance with applicable law, as the same may be amended from time to time, remains the responsibility of the user of this form/cover sheet. Questions should be addressed to the user's legal, business or tax advisor(s).