

DRMS Recd: June 23, 2022

1313 Sherman Street, Room 215 Denver, CO 80203

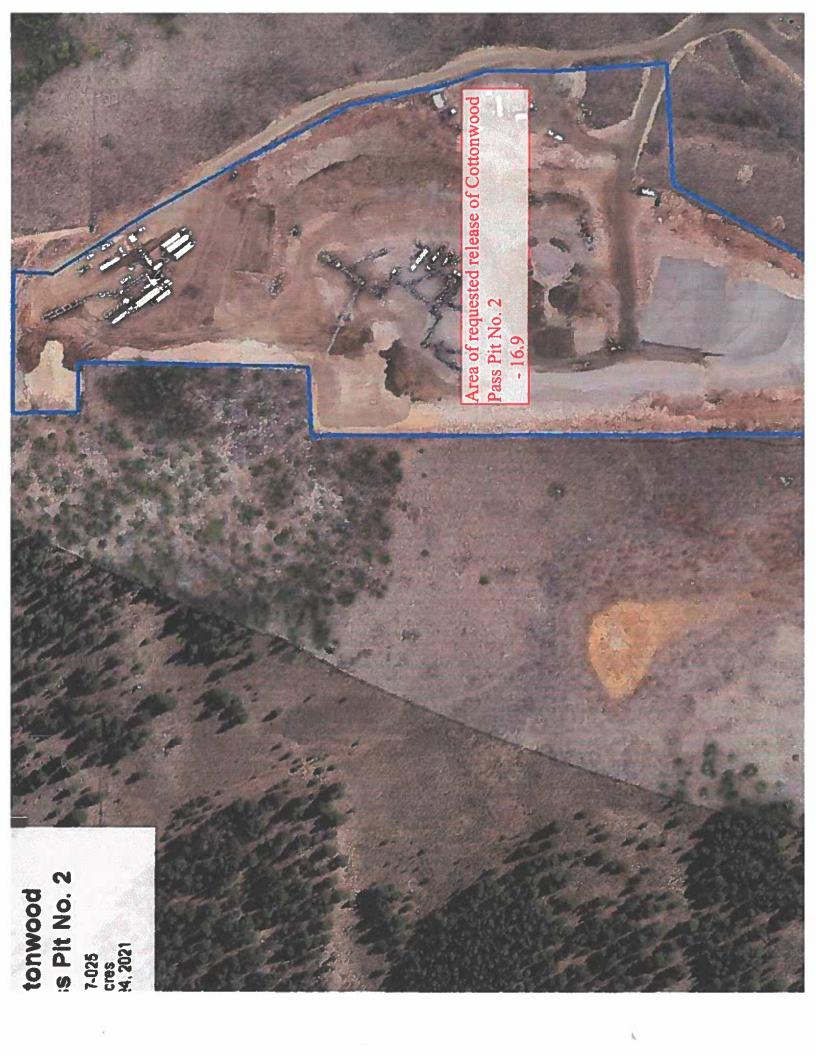
REQUEST FOR FULL OR PARTIAL RELEASE OF PERMIT AREA/SURETY REDUCTION

Please indicate if you	are requesting:			
FULL/FINAL RELE	ASE OF ENTIRE PERMIT	ΓED AREA (per Rule 4	.17)	\checkmark
ACREAGE REDUC	TION (PARTIAL RELEASI	E per Rule 4.17)		
I wish to release 16	acres at this time.			
	bmit with this request: a map a mining and reclamation plan reved.			
SURETY (Bond) RE	DUCTION (per Rule 4.14)			
the actual cost to re reclamation, includ the provisions of R	g a surety (bond) reduction you claim the site based on what it ing unit costs for reclamation a ule 3.1 and the Permit's approv	would cost an independen ctivities as appropriate to	it contractor to	complete
File No.: M 2017	-025 Site Name:	Cottonwood Pas	Pit No. 2	
County: Gunnis	on			
Permittee: Oldcast	le SW Group, Inc., dba	a United Companie	es	
Permittee Address:	2273 River Road			
		(Street Address)		
Grand Junction		CC) (31505
	(City)		(State)	(Zip)



Operator (If Other than Permittee): N/A	
Permittee Representative:	Jason Burkey	
Certified Mail # 7021 03570	0001 2538 7398	NO. 10.004 10.004
In accordance with Rule 4.17.1(2) th	e Operator shall include the names, addresses a	and phone numbers of all
owners of record to the affected land	l. Please attach additional sheets for this inform	nation if required.
<u>Name</u>	<u>Address</u>	Phone Number
USA Forest Service	PO Box 2000 Washington DC 20013-20	970-642-4445
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		-
they have complied with the followin	requesting a partial acreage release the Operato g statement: "All applicable portions of the Re h these Rules and all applicable requirements un	clamation Plan requirements
Jan But	06-02-	2022
Signature of Permittee, Operator	or their authorized agent Date	

Important: In accordance with Rules 4.14.2(a) and 4.17.1(3) This release request must be submitted to the Division via certified mail and separate from any other correspondence to the Division.



SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
Complete items 1, 2, and 3.	A. Signature
so that we can return the card to you.	X DAddressee
Attach this card to the back of the mailpiece, or on the front if space permits.	B. Received by (Printed Name) C. Date of Delivery
1. Article Addressed to:	D. Is delivery address different from item 1? \(\superstack{\text{T}}\) Yes
ORMS	if YES, enter delivery address below:
1313 Shrman Shet	
Dance, CO 80203 RM 21.	
	3. Service Type Defortly Mail Express® Adult Signature Despisered Mail Fundament
9590 9402 6765 1074 5897 05	To Certified Mail Restricted Delivery Certified Mail Restricted Delivery Continued Mail Restricted Delivery
2. Article Number (Transfer from service label)	Collect on Delivery Restricted Delivery Restricted Delivery
7021 0350 0001 2558 7381	u insured mail Insured mail (over \$500)
PS Form 3811, July 2020 PSN 7530-02-000-9053	Domestic Return Recainf