

March 19, 2024

Sent via email to: hunter.ridley@state.co.us

Hunter Ridley, Environmental Protection Specialist
Minerals Regulatory Program
Colorado Division of Reclamation, Mining and Safety
Department of Natural Resources
1313 Sherman Street, Room 215
Denver, CO 80203

**Re: Simla Highway Pit, Permit No. M-1995-095
Supplemental Proof of Notice to Landowners**


Dear Hunter:

On behalf of the Applicant, Hill Top Gravel LLC, and pursuant to Rule 1.6.2(1)(g), please see the attached supplemental proof of notice to owners of record of surface and mineral rights on the affected land, as well as owners of record of all land surface within 200 feet of the boundary of the affected land. This notice is being provided due to the identification of an additional landowner adjacent to the southeast corner of the permit boundary subsequent to the initial proof of notice submitted on March 15, 2024. A copy of the March 15, 2024 proof of notice is also attached for reference.

Please contact Blake Tope, Tony Waldron, and Kent Holsinger with any questions that arise throughout the permitting process, as well as any adequacy review letters.

Sincerely,

HOLSINGER LAW, LLC



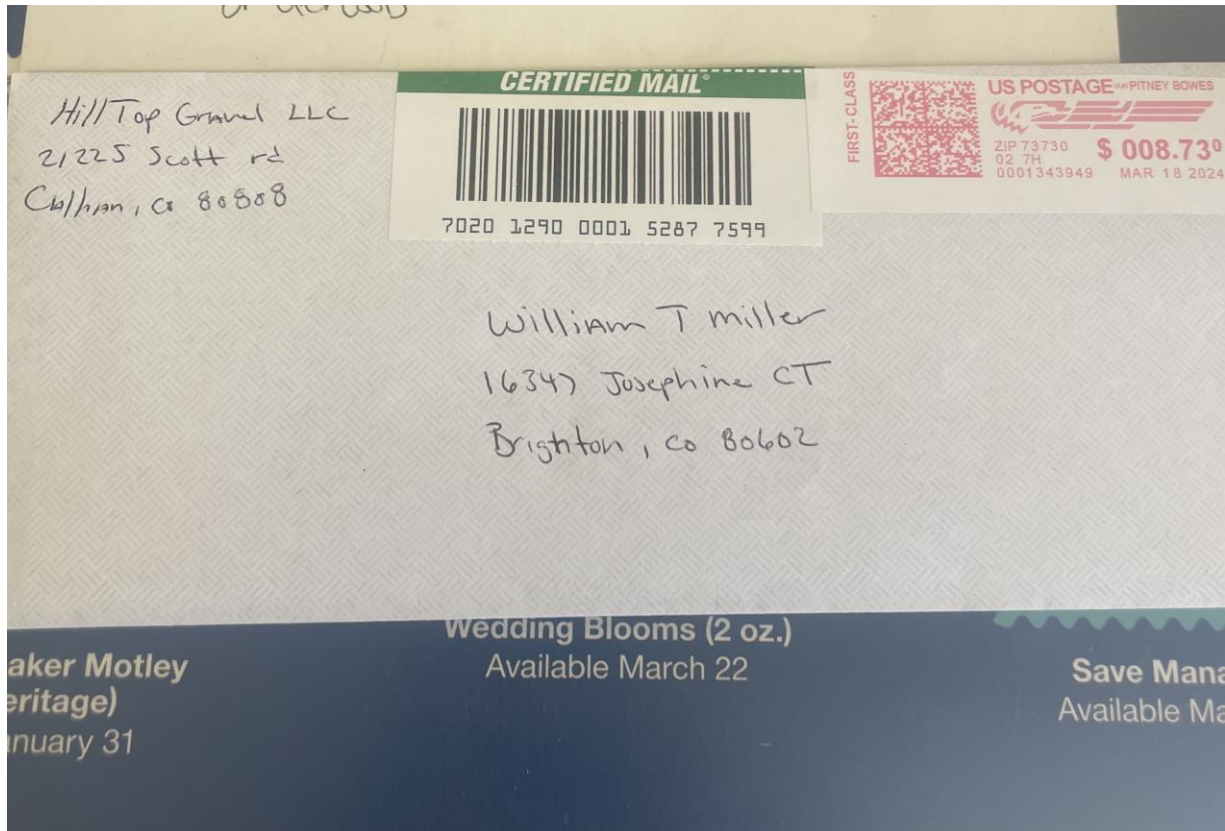
Claire Starling, *Paralegal*

cc: Blake Tope, Manager of Hill Top Gravel LLC
Tony Waldron
Kent Holsinger

March 19, 2024

Attachment 1: Supplemental Proof of Notice to Landowners

4) Notice to William T. Miller



March 19, 2024

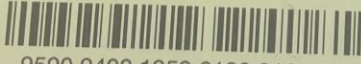
OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

William T Miller
16347 Josephine Ct
Brighton, Co 80602



9590 9402 1953 6123 0183 26

2. Article Number (Transfer from service label)

7020 1290 0001 5287 7599

PS Form 3811, July 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X

☐ Agent
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type

<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™
<input type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation™
<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery
<input type="checkbox"/> Insured Mail	
<input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	

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<input type="checkbox"/> Adult Signature Restricted Delivery	\$

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Total Postage and Fees
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Sent To **WILLIAM T MILLER**

Street and Apt. No., or PO Box No.

City, State, ZIP+4® **88602**

COVINGTON, OK 73730
MAR 18 2024
USPS

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

Available Jan