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 Knowingly making a false statement can result in criminal prosect Safety and Health Act of 1977. This report should be prepared on ownership information. This report must be signed by the Official print in ink only. If more space is required in any section below, u reverse side of the last page.	ution under Section 110 of the Federal Mine ly by an official with full knowledge of completing the form to be valid. Type or	Form Approved: OMB Number 1219-0042: Approval Expires 12/31/2023 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, including 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			
NOTE: You must mail copies 1 and 2 of this completed form about filing this form should be directed to the Wilkes-Barre Asses		suggestions for reducing this burden, to the Mine Safety and Heal Department of Labor, Office of Standards, Regulations and Variar South, Suite 401, Artington, Virginia 22202-5452. Persons are not to this collection of information unless it displays a currently valid (ces, 201 12th Street required to respond		
		ANGES HAVE BEEN SUBMITTED. IF THE CHANGES PRO- LED FOR EACH MINE IDENTIFICATION NUMBER. Effective Date:	OVIDED ON THIS		
4 Enderal Mine Identification Number	Mine Informatio	n 			
1. Federal Mine Identification Number: 2. Mine Name:					
3. Directions to this mine:					
4. Mine location address:	Street Address City County	State Zip Code			
5. Official Business Name of Operator:	Street Address				
6. Principal Office Address for this Operator:	City	State Zip Code			
7. Telephone number for this mine:	Area Code Telephone Number	Extension (In the Event of a	n Emergency)		
8. Commodity:	Type of Operation.				
9. Person at Mine in Charge of Health and Safety: (Sup Last Name	berintendent or Principal Officer) First Name	MI			
Title					
Street or P.O. Box Address					
÷					
City		State Zip Code			
		State Zip Code			
E-mail Address					
E-mail Address	d Safety Program at ALL of the Opera First Name	tor's Mines, if the Operator is Not Directly Involved in the	Daily Operation		
E-mail Address 10. Person with Overall Responsibility for a Health an of the Mine: (Safety Director)	, , , , , , , , , , , , , , , , , , , ,	tor's Mines, if the Operator is Not Directly Involved in the	Daily Operation		
E-mail Address 10. Person with Overall Responsibility for a Health and of the Mine: (Safety Director) Last Name	, , , , , , , , , , , , , , , , , , , ,	tor's Mines, if the Operator is Not Directly Involved in the	Daily Operation		
E-mail Address 10. Person with Overall Responsibility for a Health an of the Mine: (Safety Director) Last Name Title Street or P.O. Box Address	, , , , , , , , , , , , , , , , , , , ,	tor's Mines, if the Operator is Not Directly Involved in the	Daily Operation		
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E-mail Address I. Person with Overall Responsibility for a Health and of the Mine: (Safety Director) Last Name Title Street or P.O. Box Address City E-mail Address of Record and Telephone Number: [Addre or personal service of the documents to this address. If P. provided.] Last Name Title Street Address City Foreign Country P. O. Box Address City Area Codel Telephone Number 12. This Official Business is a: 13. If Business is listed as Other, what is the type of	First Name First Name Provide the second se	tor's Mines, if the Operator is Not Directly Involved in the Mi State State Lip Code Ficial Mail - Service of documents upon the operator will be contailing address, a separate street address for personal service Mi State Lip Code Ki Ki Ki Ki Ki Ki Ki Ki Ki K	mpleted by mailing		
E-mail Address I. Person with Overall Responsibility for a Health and of the Mine: (Safety Director) Last Name Title Street or P.O. Box Address City E-mail Address I. Address of Record and Telephone Number: [Addre or personal service of the documents to this address. If P. provided.] Last Name Title Street Address City Foreign Country P. O. Box Address City Area Codel Telephone Number I. This Official Business is a: 13. If Business is listed as Other, what is the type of Organization? 14. Tax Identification Number (TIN) for this Business:	First Name First Name First Name Extension Covership Inform Sole Proprietorship Type of Organization: Joint Venture, C	tor's Mines, if the Operator is Not Directly Involved in the MI State	mpleted by mailing must be		
E-mail Address I. Person with Overall Responsibility for a Health and of the Mine: (Safety Director) Last Name Title Street or P.O. Box Address City E-mail Address of Record and Telephone Number: [Addre or personal service of the documents to this address. If P. provided.] Last Name Title Street Address City Foreign Country P. O. Box Address City Area Codell Telephone Number 12. This Official Business is a: 13. If Business is listed as Other, what is the type of Organization?	First Name First Name First Name Extension Covership Inform Sole Proprietorship Type of Organization: Joint Venture, C	tor's Mines, if the Operator is Not Directly Involved in the MI State Zip Code Ticial Mail - Service of documents upon the operator will be can bailing address, a separate street address for personal service MI State Zip Code Forelan Zip Code E-mail Address State Zip Code E-mail Address atton artnership Corporation Ot pounty Government, Limited Liability Company, etc.	mpleted by mailing must be		

5. The l	Individual(s) or Organization(s) with ownership interest in this Bu	isiness or Corporate Offic	ers/Directors are:		
	Last Name	First Name	MI		
a.					
	Title				
	Organization/Company Name				
	Street or P.O. Box Address				
	City		State Zip	Code	
	Foreign Country		Foreign Zip Code		
	Last Name	First Name	MI		
b.					
	Title				
	Organization/Company Name				
	Street or P.O. Box Address				
					Check box below
	City		State Zip Code		 if a separate shee is attached for
					additional space
	Foreign Country		Foreign Zip Code		1
6. If Bu	Isiness is listed as Other, what are the names of Principal Organiz	zation Officials or Member	rs?		
	Last Name	First Name	MI		
а.	Title				
	The				
	Street or P.O. Box Address				
	City		State Zip	Code	
	Foreign Country		Foreign Zip Code		
	Last Name	First Name		МІ	
b.					
	Title				
	Street or P.O. Box Address				Check box below
					if a separate shee is attached for
	City		State Zip Code		additional space
				-]
	Foreign Country		Foreign Zip Code		<u> </u>
	isiness is a Corporation, please answer the following:			New 1	
a.	State of Incorporation: If yes, what is the name and address of your Parent Corporation?	b. I	s this Corporation a subsidiary?	Yes	No 🔄
C.	Name				
	Street or P.O. Box Address				
			42 NAS	e 10	
	City		State Zip	Code	
	Foreign Country		Foreign Zip Code		
			Totolgh Zip oodo		
d.	Employer Identification Number for this Business (EIN):				
rivacy A	Act Notice. We are authorized to request this information under the Debt Collec	ction Improvement Act of 1996,	Title 31 U.S.C. amended section 770	1, new subsection (c)(1)), which mandates ι
	regulated entities and persons who are doing business with a Federal agency t	to furnish a TIN.			
ignature	e and Title of Official Completing Form			Date Forn	n Completed
	n 2000 Z A1 (Revised Province Editions are Obselate)		Copy 1 Mel	A Wilkes-Barre Asse	esement Center
SHA Form .S. GPO: 2	m 2000-7, A1 (Revised, Previous Editions are Obsolete) 2000-509-451		Copy 1 - MSF	A WINCS-Dalle ASSE	soment Center