Legal Identity Report

This report is required by law (30 C.F.R. 41). Failure to report can result in assessment of a civil penalty. Knowingly making a false statement can result in criminal prosecutior under Section 110 of the Federal Mine Safety and Health Act of 1977. This report should be prepared only by an official with full knowledge of ownership information. This report must be signed by the Official completing the form to be valid. Type or print in ink only. If more space is required in any section below, use a separate sheet. Instructions are on the reverse side of the last page.

NOTE: You must mail copies 1 and 2 of this completed form to your local MSHA office. Questions about filing this form should be directed to the Wilkes-Barre

U.S. Department of Labor

Mine Safety and Health Administration

Form Approved: OMB Number 1219-0042: Approval Expires December 31, 2010

5 C.F.R. 1320.21-Public reporting burden for this collection of information is estimated to average 30 minutes for paper filing and 20 minutes for electronic filing per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, completing and reviewing the collection of information Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Information Management, Department of Labor, Room N-1301, 200 Constitution Avenue, N.W., Washington, D.C. 20210; and to the Office of Management and Budget, Paperwork Reduction Project 1219-0008, Washington, D.C. 20503.

Assessment Center, 570-826-6431.	Washington, D.C. Reduction Project								ent ar	nd Buc	get, Pa	perw	ork					
ALL INFORMATION PREVIOUSLY S					T EXC	EPT WHERE C	HAN	IGES	HAVE	BE	EN:	SUBI	VITT					SES
Initial Notice	Update Notice									CH MINE IDENTIFICATION NUM					NOMR	EK.		
initial (10tio)	opadio i	101100		Mine I		nation								-				
1. Federal Mine Identification Number:		-																
2. Mine Name:																		
3. Directions to this mine:																		
	Street Add	dress																
4. Mine location address:	City							State		Z	ip Co	de			-			
5. Official Business Name of Operator:																		
6. Principal Office Address for this Operator:	City																	
7. Telephone number for this mine:	Area	Code Toduct.	Tele	ephone I	Number -		1	Exte	nsion		1	(Ir	the i	Even	of an	Emerge	ency))
8. Commodity:	Type of O	peration.																
9. Person at Mine in Charge of Health a Last Name	nd Safety	: (Superin		nt or Pr t Name	rincipal	Officer)				M	11							
Title																		
Street or P.O. Box Address																		
C.t.								C+-+-		7	:- O-	-1-						
City							7	State	<u>-</u>		ip Co	de	Τ	Τ	T -	Τ	Τ	
E-mail Address																		
10. Person with Overall Responsibility Daily Operation of the Mine: (Safety Dir Last Name		th and Sa		rogran	n at AL	L of the Opera	tor's	s Mine	es, if t	he C		ator	is N	ot Di	rectly	Invol	ved	in the
Trut.																		
Title																		
Street or P.O. Box Address																		
City								State		Z	ір Сс	de	_	_			_	
E-mail Address															-			
E maii Address																		
11. Address of Record and Telephone completed by mailing or personal service address for personal service must be pro-	of the docu				-									-				
Last Name			Firs	t Name						M	11							
Title																		
Street Address																		
Street Address																		
City							7	State		Z	ip Co	de	Т	Т	Τ.	Т	T	1
Foreign Country							For	eign Z	ip Cod	e L								
P. O. Box Address																		
City							1	State	<u>; </u>	Zi	ip Co	de	ı		-	I	ı	
Area Code Telephone Number		Extens	ion		r	E-mail Address		Ш	<u> </u>						1 -		_	
			0,44	nersk	hin In	formation												
12. This Official Business is a:	Sole Pro	prietorship		116121		nership	Τ	Τ	Corpo	oratio	on .		Т	Т	Oth	er	Т	1
13. If Business is listed as Other, what				oint \/on			·					-4-						-
-	Туре	of Organiza	ation: J	omi ven	iture, Co	ounty Governmen	it, Lim	lited Li	ability	Com	pany	, etc.						
is the type of Organization?						•							n#ii.		io is	011	om I -	,or
-						•							ntitie	s, th	is is y	our en	nploy	/er

15.	5. The Individual(s) or Organization(s) with ownership interest in this Business or Corporate Officers/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.		
∥ ^{5.}	Title	
	Organization/Company Name	
	Street or P.O. Box Address	Check box below
	City State Zip Code	if a separate shee
	City State Zip Code	is attached for
	Foreign Country Foreign Zip Code	additional space.
	1 Origin County	
16.	6. If Business is listed as Other, what are the names of Principal Organization Officials or Members?	
 	Last Name First Name MI	
a.	a.	
	Title	
	Street or P.O. Box Address	
	City State Zip Code	
		-
	Foreign Country Foreign Zip Code	
	Last Name First Name MI	
b.		
	Title	
	Street or P.O. Box Address	Louisia
	Silect OF F.O. Box Address	Check box below if a separate shee
	City State Zip Code	is attached for
		additional space.
	Foreign Country Foreign Zip Code	
17.	7. If Business is a Corporation, please answer the following:	
a.	a. State of Incorporation: b. Is this Corporation a subsidiary? Yes	No
c.	:. If yes, what is the name and address of your Parent Corporation?	
	Name	
	Street or P.O. Box Address	
	City State Zip Code	
		-
	Foreign Country Foreign Zip Code	
1		
	Employer Identification Number for this Business (EIN):	
	rivacy Act Notice. We are authorized to request this information under the Debt Collection Improvement Act of 1996, Title 31 U.S.C. amended section 770	1, new subsection
)(1), which mandates us to require regulated entities and persons who are doing business with a Federal agency to furnish a TIN.	rm Consulated
Sig	ignature and Title of Official Completing Form Date Fo	rm Completed
	1 1	

MSHA Form 2000-7, February 2002 (Revised, Previous Editions are Obsolete)

U.S. GPO: 2000-509-451

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