

Amended OSM-1

Coal Reclamation Fee Report

Use this form to change an OSM-1 report already submitted.
Send this form with any supporting documentation along with a check or wire transfer for applicable fees to:

Office of Surface Mining Reclamation and Enforcement
P.O. Box 979068
St. Louis, Mo 63197-9000

Reporting for ___ 1st, ___ 2nd, ___ 3rd or ___ 4th quarter, 20___

Master Entity number _____

Permit number _____

MSHA number _____

Mine name _____

State _____

Contact name _____

Telephone number _____

Block A

Enter originally reported tonnage below:

Block B

Enter amended tonnage below:

Block C

<p>a. Gross tons _____ . _____</p> <p>b. Moisture _____</p> <p style="padding-left: 20px;">(1) total _____ %</p> <p style="padding-left: 20px;">(2) inherent _____ %</p> <p style="padding-left: 20px;">(3) excess _____ %</p> <p>c. Reduced tons _____ . _____</p> <p>d. Net tons _____ . _____</p> <p>e. Rate \$ _____ . _____</p> <p>f. Calculated fee \$ _____ . _____</p>	<p>a. Gross tons _____ . _____</p> <p>b. Moisture _____</p> <p style="padding-left: 20px;">(1) total _____ %</p> <p style="padding-left: 20px;">(2) inherent _____ %</p> <p style="padding-left: 20px;">(3) excess _____ %</p> <p>c. Reduced tons _____ . _____</p> <p>d. Net tons _____ . _____</p> <p>e. Rate \$ _____ . _____</p> <p>f. Calculated fee \$ _____ . _____</p>	<p>Enter the difference between A and B:</p> <p><input type="checkbox"/> + plus</p> <p><input type="checkbox"/> - minus</p> <p>Calculated fee:</p> <p>\$ _____ . _____</p> <p><input type="checkbox"/> check</p> <p><input type="checkbox"/> wire transfer</p>
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Please explain the changes to your original filing on the back of this form.-

I hereby certify that the statements made herein are true, complete and correct to the best of my knowledge and belief and are made in good faith.

Print in ink or type the name of reporting person, corporate officer, agent or director on behalf of the operator or the permittee.

Signature _____ Date _____

Subscribed and sworn to before me in my presence the _____ day of _____, 20___

(seal)

Notary Public signature

My commission expires _____