



United States Department of the Interior  
OFFICE OF SURFACE MINING RECLAMATION AND ENFORCEMENT

**AMENDMENT TO ASSIGNMENT OF CERTIFICATE OF DEPOSIT FOR  
COLLATERAL BOND (Corporation)**

To be attached to and form a part of the Assignment of Certificate of Deposit for Collateral Bond executed by National King Coal, LLC AS OBLIGOR, in the sum of  
(Corporation - Permittee)

TEN THOUSAND TWO HUNDRED DOLLARS and no cents (\$10,200.00 USD) Certificate of Deposit (Time Account Number 9916427165) in the Name of National King Coal, LLC in favor of the United States Department of the Interior, Office of Surface Mining Reclamation and Enforcement (OSM) and executed on December 17, 2008.

Whereas, OSM issued Permit No. CO-0106A on April 17, 2007, and Permit Revision dated: September 9, 2010 pursuant to the application of the Obligor;

WHEREAS, said collateral bond and indemnity agreement and amendment shall cover any and all land affected or to be affected by the mining operation under the above mentioned permit and revisions and renewals since the date of the issuance of the permit.

NOW, THEREFORE, the purpose of this amendment is:

To name **GCC Energy, LLC** the Permittee/Obligor and successor in interest of National King Coal, LLC.

It is further agreed that all other terms and conditions of this collateral bond and indemnity agreement shall remain unchanged.

IN WITNESS WHEREOF, the Obligor has hereunto set its signature and seal this  
16th day of February, 2015.

GCC Energy, LLC  
(Corporation/Permittee)

By: \_\_\_\_\_

[Signature]  
(Corporate Officer<sup>1</sup>)

vice President  
(Title)

<sup>1</sup>Where one signs by virtue of Power of Attorney or Corporate Resolution for a corporate Principal, a certified copy of the Power of Attorney or Corporate Resolution must be filed with the collateral bond.

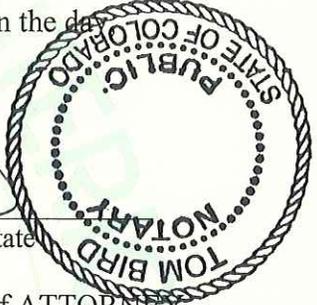
**ACKNOWLEDGEMENT OF CORPORATION - OBLIGOR**

On this 16<sup>TH</sup> day of FEBRUARY, 2015, before me, a Notary Public in and for the County of LA PLATA, in the State of COLORADO, appeared TRENT PETERSON to me personally known who, being by me fully sworn, did say that he/she is of GCC ENERGY, LLC, the corporation named in and which executed the within instrument, and that the seal affixed to said instrument is the corporate seal of said corporation, and that said instrument was signed, sealed and delivered on behalf of said corporation by authority of its Board of Directors, and he/she, as such officer, acknowledged said instrument to be the free act and deed of said corporation for the uses and purposes of said instrument as therein set forth.

IN WITNESS WHEREOF, I have hereunto set my hand and official seal on the 16<sup>TH</sup> day of FEBRUARY, 2015, at LA PLATA, Colorado.

My Commission Expires: 5/14/2015

  
\_\_\_\_\_  
Notary Public in aforesaid County and State



NOTE: Where negotiable securities are used as collateral, a completed POWER of ATTORNEY AND AGREEMENT must be attached.

**Paperwork Reduction Act Notice**

We use the information required by this form to ensure that the requirements for a collateral bond under 30 CFR 800.21 are met. You must provide the requested information to obtain or retain a benefit (a collateral bond). Under 30 CFR 842.16, the information collected is a matter of public record.

The time needed to complete this form and submit the requested information will vary depending on individual circumstances. We estimate that the average time will be 2 hours per response. This number includes the time spent reviewing instructions, learning about the regulations, gathering and maintaining information, and completing and reviewing the form. If you have comments concerning the accuracy of this estimate or suggestions for simplifying the form or instructions, you may write to the Information Collection Clearance Officer, Office of Surface Mining Reclamation and Enforcement, Room 202 SIB, 1951 Constitution Ave, NW; Washington, D.C. 20240.

Under the Paperwork Reduction Act of 1995 (44 U.S.C. 3501 et seq.), you are not required to respond to, nor will you be subject to a penalty for a failure to comply with, a collection of information unless it displays a currently valid OMB control number.

OMB Control No. 1029-0043; expires 9/30/2015



# CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY)  
08/29/2016

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> Aon Risk Services Southwest, Inc. Houston TX Office 5555 San Felipe Suite 1500 Houston TX 77056 USA	<b>CONTACT NAME:</b> PHONE (A/C. No. Ext): (866) 283-7122      FAX (A/C. No.): (800) 363-0105		
	<b>E-MAIL ADDRESS:</b>		
<b>INSURED</b> GCC Energy, LLC 6473 County Road 120 Hesperus CO 81326 USA	<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
	INSURER A: Zurich American Ins Co		16535
	INSURER B: Zurich American Ins Co of Illinois		27855
	INSURER C: American Zurich Ins Co		40142
	INSURER D: Liberty Insurance Underwriters, Inc.		19917
	INSURER E:		
INSURER F:			

<b>COVERAGES</b>	<b>CERTIFICATE NUMBER: 570063465004</b>	<b>REVISION NUMBER:</b>
------------------	---	-------------------------

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS. **Limits shown are as requested**

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
C	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b> <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GENL AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			GL0655124107	09/01/2016	09/01/2017	EACH OCCURRENCE \$2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$1,000,000 MED EXP (Any one person) \$10,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$4,000,000 PRODUCTS - COMP/OP AGG \$4,000,000
A	<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			BAP6551242-07	09/01/2016	09/01/2017	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident)
D	<input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE DED    RETENTION			100005937506	09/01/2016	09/01/2017	EACH OCCURRENCE \$25,000,000 AGGREGATE \$25,000,000 Products/Completed O \$25,000,000
B	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below			WC655124007	09/01/2016	09/01/2017	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$2,000,000 E.L. DISEASE-EA EMPLOYEE \$2,000,000 E.L. DISEASE-POLICY LIMIT \$2,000,000

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)**  
RE: OSM Permit CO-0106A; CDRMS Permit CO-1981-035. Office of Surface Mining Western Regional Coordinating is included as Additional Insured in accordance with the policy provisions of the General Liability policy. BI & PD Coverage. XCU Exclusion does not apply. Coverage for explosives is included. Should any of the above described policies be cancelled before the expiration date thereof, the policy provisions will govern how notice of cancellation may be delivered to certificate holders in accordance with the policy provisions of each policy.

**CERTIFICATE HOLDER****CANCELLATION**

Office of Surface Mining Reclamation and Enforcement Western Region 1999 Broadway, Suite 3320 Denver CO 80202 USA	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE  <i>Aon Risk Services Southwest, Inc.</i>
---	---

Holder Identifier :

Certificate No : 570063465004



Policy Number  
GLO 6551241-05

THIS ENDORSEMENT CHANGES THE POLICY.  
PLEASE READ IT CAREFULLY.  
COMMON POLICY CHANGE ENDORSEMENT

Endorsement No. 001

AMERICAN ZURICH INSURANCE COMPANY

Named Insured GCC ENERGY LLC

Effective Date: 09-01-14  
12:01 A.M., Standard Time

Agent Name AON RISK SERVICES SOUTHWEST, INC.

Agent No. 14340-000

This endorsement will not be used to decrease coverages, increase rates or deductibles or alter any terms or conditions of coverage unless at the sole request of the insured.

COVERAGE PART INFORMATION – Coverage parts affected by this change as indicated by  below.

- Commercial Property
- Commercial General Liability NO CHARGE
- Commercial Crime
- Commercial Inland Marine
- 
- 

The following item(s):

- |  |   |
|--|---|
| <input type="checkbox"/> Insured's Name                        | <input type="checkbox"/> Insured's Mailing Address                  |
| <input type="checkbox"/> Policy Number                         | <input type="checkbox"/> Company                                    |
| <input type="checkbox"/> Effective/Expiration Date             | <input type="checkbox"/> Insured's Legal Status/Business of Insured |
| <input type="checkbox"/> Payment Plan                          | <input type="checkbox"/> Premium Determination                      |
| <input type="checkbox"/> Additional Interested Parties         | <input checked="" type="checkbox"/> Coverage Forms and Endorsements |
| <input type="checkbox"/> Limits/Exposures                      | <input type="checkbox"/> Deductibles                                |
| <input type="checkbox"/> Covered Property/Location Description | <input type="checkbox"/> Classification/Class Codes                 |
| <input type="checkbox"/> Rates                                 | <input type="checkbox"/> Underlying Exposure/Insurance              |

is (are) changed to read **{See Additional Page(s)}**

THE FOLLOWING FORM(S) HAS BEEN ADDED:

U-GL-1447-A CW 05-10 NOTIF TO OTHERS OF CANC NONR OR REDUCT

The above amendments result in a change in the premium as follows:

**This premium does not include taxes and surcharges.**

<input checked="" type="checkbox"/> No Changes	<input type="checkbox"/> To be Adjusted at Audit	Additional NO CHARGE	Return NO CHARGE
--	--	----------------------	------------------

**Tax and Surcharge Changes**

Additional	Return
------------	--------

Countersigned By:

\_\_\_\_\_  
AUTHORIZED AGENT

**Policy Number**  
**GLO 6551241-05**

**COMMON POLICY CHANGE ENDORSEMENT**

Endorsement No. 001

**AMERICAN ZURICH INSURANCE COMPANY**

Named Insured GCC ENERGY LLC

Effective Date: 09-01-14  
12:01 A.M., Standard Time

Agent Name AON RISK SERVICES SOUTHWEST, INC.

Agent No. 14340-000

**POLICY CHANGES ENDORSEMENT DESCRIPTION (CONT'D)**

ALL OTHER TERMS AND CONDITIONS REMAIN THE SAME

**REMOVAL PERMIT**

If this policy includes the Commercial Property Coverage Part, the following applies with respect to the Coverage Part:  
If Covered Property is removed to a new location that is described on this Policy Change, you may extend this insurance to include that Covered Property at each location during the removal. Coverage at each location will apply in the proportion that the value at each location bears to the value of all Covered Property being removed. This permit applies up to 10 days after the effective date of this Policy Change; after that, this insurance does not apply at the previous location.



ZURICH®

# Notification to Others of Cancellation, Nonrenewal or Reduction of Insurance

Policy No.	Eff. Date of Pol.	Exp. Date of Pol.	Eff. Date of End.	Producer No.	Add'l. Prem	Return Prem.

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

This endorsement modifies insurance provided under the:

- Commercial General Liability Coverage Part**
- Liquor Liability Coverage Part**
- Products/Completed Operations Liability Coverage Part**

- A.** If we cancel or non-renew this Coverage Part(s) by written notice to the first Named Insured for any reason other than nonpayment of premium, we will mail or deliver a copy of such written notice of cancellation or non-renewal:
  1. To the name and address corresponding to each person or organization shown in the Schedule below; and
  2. At least 10 days prior to the effective date of the cancellation or non-renewal, as advised in our notice to the first Named Insured, or the longer number of days notice if indicated in the Schedule below.
- B.** If we cancel this Coverage Part(s) by written notice to the first Named Insured for nonpayment of premium, we will mail or deliver a copy of such written notice of cancellation to the name and address corresponding to each person or organization shown in the Schedule below at least 10 days prior to the effective date of such cancellation.
- C.** If coverage afforded by this Coverage Part(s) is reduced or restricted, except for any reduction of Limits of Insurance due to payment of claims, we will mail or deliver notice of such reduction or restriction:
  1. To the name and address corresponding to each person or organization shown in the Schedule below; and
  2. At least 10 days prior to the effective date of the reduction or restriction, or the longer number of days notice if indicated in the Schedule below.
- D.** If notice as described in Paragraphs **A.**, **B.** or **C.** of this endorsement is mailed, proof of mailing will be sufficient proof of such notice.

## SCHEDULE

Name and Address of Other Person(s) / Organization(s):	Number of Days Notice:
OFFICE OF SURFACE MINING RECLAMATION AND ENFORCEMENT, WESTERN REGION	30
1999 BROADWAY, SUITE 3320	
DENVER, CO 80202- 3050	

All other terms and conditions of this policy remain unchanged.



**NOTIFICATION TO OTHERS OF CANCELLATION ENDORSEMENT**

This endorsement is used to add the following to Part Six of the policy.

**PART SIX  
CONDITIONS**

- A.** If we cancel this policy by written notice to you for any reason other than nonpayment of premium, we will mail or deliver a copy of such written notice of cancellation to the name and address corresponding to each person or organization shown in the Schedule below. Notification to such person or organization will be provided at least 10 days prior to the effective date of the cancellation, as advised in our notice to you, or the longer number of days notice if indicated in the Schedule below.
- B.** If we cancel this policy by written notice to you for nonpayment of premium, we will mail or deliver a copy of such written notice of cancellation to the name and address corresponding to each person or organization shown in the Schedule below at least 10 days prior to the effective date of such cancellation.
- C.** If notice as described in Paragraphs **A.** or **B.** of this endorsement is mailed, proof of mailing will be sufficient proof of such notice.

<b>SCHEDULE</b>	
<b>Name and Address of Other Person(s) / Organization(s):</b>	<b>Number of Days Notice:</b>
OFFICE OF SURFACE MINING RECLAMATION	30
AND ENFORCEMENT, WESTERN REGION	
1999 BROADWAY, SUITE 3320	
DENVER, CO 80202- 3050	

All other terms and conditions of this policy remain unchanged.

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.  
**(The information below is required only when this endorsement is issued subsequent to preparation of the policy.)**

Endorsement Effective  
Insured

Policy No.

Endorsement No.  
Premium \$

Insurance Company

Policy Number  
BAP 6551242-05

THIS ENDORSEMENT CHANGES THE POLICY.  
PLEASE READ IT CAREFULLY.  
COMMON POLICY CHANGE ENDORSEMENT

Endorsement No. 002

ZURICH AMERICAN INSURANCE COMPANY

Named Insured GCC ENERGY LLC

Effective Date: 09-01-14  
12:01 A.M., Standard Time

Agent Name AON RISK SERVICES SOUTHWEST, INC.

Agent No. 14340-000

This endorsement will not be used to decrease coverages, increase rates or deductibles or alter any terms or conditions of coverage unless at the sole request of the insured.

COVERAGE PART INFORMATION – Coverage parts affected by this change as indicated by  below.

- Commercial Property
- Commercial General Liability
- Commercial Crime
- Commercial Inland Marine
- BUSINESS AUTOMOBILE NO CHARGE
- 

The following item(s):

- |  |   |
|--|---|
| <input type="checkbox"/> Insured's Name                        | <input type="checkbox"/> Insured's Mailing Address                  |
| <input type="checkbox"/> Policy Number                         | <input type="checkbox"/> Company                                    |
| <input type="checkbox"/> Effective/Expiration Date             | <input type="checkbox"/> Insured's Legal Status/Business of Insured |
| <input type="checkbox"/> Payment Plan                          | <input type="checkbox"/> Premium Determination                      |
| <input type="checkbox"/> Additional Interested Parties         | <input checked="" type="checkbox"/> Coverage Forms and Endorsements |
| <input type="checkbox"/> Limits/Exposures                      | <input type="checkbox"/> Deductibles                                |
| <input type="checkbox"/> Covered Property/Location Description | <input type="checkbox"/> Classification/Class Codes                 |
| <input type="checkbox"/> Rates                                 | <input type="checkbox"/> Underlying Exposure/Insurance              |

is (are) changed to read **{See Additional Page(s)}**

THE FOLLOWING FORM(S) HAS BEEN ADDED:

U-CA-811-A CW 05-10 NOTIF TO OTHERS OF CANC NONRNW RED

The above amendments result in a change in the premium as follows:

**This premium does not include taxes and surcharges.**

<input checked="" type="checkbox"/> No Changes	<input type="checkbox"/> To be Adjusted at Audit	Additional NO CHARGE	Return NO CHARGE
--	--	----------------------	------------------

**Tax and Surcharge Changes**

Additional	Return
------------	--------

Countersigned By:

\_\_\_\_\_  
AUTHORIZED AGENT

**Policy Number**  
**BAP 6551242-05**

**COMMON POLICY CHANGE ENDORSEMENT**

Endorsement No. 002

**ZURICH AMERICAN INSURANCE COMPANY**

Named Insured GCC ENERGY LLC

Effective Date: 09-01-14  
12:01 A.M., Standard Time

Agent Name AON RISK SERVICES SOUTHWEST, INC.

Agent No. 14340-000

**POLICY CHANGES ENDORSEMENT DESCRIPTION (CONT'D)**

ALL OTHER TERMS AND CONDITIONS REMAIN THE SAME

**REMOVAL PERMIT**

If this policy includes the Commercial Property Coverage Part, the following applies with respect to the Coverage Part:

If Covered Property is removed to a new location that is described on this Policy Change, you may extend this insurance to include that Covered Property at each location during the removal. Coverage at each location will apply in the proportion that the value at each location bears to the value of all Covered Property being removed. This permit applies up to 10 days after the effective date of this Policy Change; after that, this insurance does not apply at the previous location.

# Notification to Others of Cancellation, Nonrenewal or Reduction of Insurance



Policy No.	Eff. Date of Pol.	Exp. Date of Pol.	Eff. Date of End.	Producer No.	Add'l. Prem	Return Prem.

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

This endorsement modifies insurance provided under the:

**Commercial Automobile Coverage Part**

- A.** If we cancel or non-renew this Coverage Part by written notice to the first Named Insured for any reason other than nonpayment of premium, we will mail or deliver a copy of such written notice of cancellation or non-renewal:
  - 1. To the name and address corresponding to each person or organization shown in the Schedule below; and
  - 2. At least 10 days prior to the effective date of the cancellation or non-renewal, as advised in our notice to the first Named Insured, or the longer number of days notice if indicated in the Schedule below.
- B.** If we cancel this Coverage Part by written notice to the first Named Insured for nonpayment of premium, we will mail or deliver a copy of such written notice of cancellation to the name and address corresponding to each person or organization shown in the Schedule below at least 10 days prior to the effective date of such cancellation.
- C.** If coverage afforded by this Coverage Part is reduced or restricted, except for any reduction of Limits of Insurance due to payment of claims, we will mail or deliver notice of such reduction or restriction:
  - 1. To the name and address corresponding to each person or organization shown in the Schedule below; and
  - 2. At least 10 days prior to the effective date of the reduction or restriction, or the longer number of days notice if indicated in the Schedule below.
- D.** If notice as described in Paragraphs **A.**, **B.** or **C.** of this endorsement is mailed, proof of mailing will be sufficient proof of such notice.

<b>SCHEDULE</b>	
<b>Name and Address of Other Person(s) / Organization(s):</b>	<b>Number of Days Notice:</b>
OFFICE OF SURFACE MINING RECLAMATION	30
AND ENFORCEMENT, WESTERN REGION	
1999 BROADWAY, SUITE 3320	
DENVER, CO 80202- 3050	

All other terms and conditions of this policy remain unchanged.