

NOTE: **DO NOT CUT OR MODIFY THIS FORM.** Use typewriter or print neatly with blue or black ink. Submit two (2) copies one of which must be an original Form 3 as supplied by the Department of Environmental Quality, Land Quality Division.

**STATE OF WYOMING
DEPARTMENT OF ENVIRONMENTAL QUALITY
LAND QUALITY DIVISION
APPLICATION FOR LICENSE TO MINE**

This application in duplicate for a license to mine is submitted in accordance with the provisions of the Wyoming Statute §35-11-410.

1. Name, telephone number, and mailing address of applicant: Lost Creek ISR, LLC.
10758 West Centennial Rd., Suite 200, Littleton, CO 80127
(720) 981-4588

2. Location of mining operation (County): Sweetwater

3. (a) A copy of the mining permit, submitted herewith, for the lands which are to be affected by the proposed mining operation:

Permit No. _____ Issued _____ day of _____, _____.

(b) If the applicant is other than the permit holder, a copy of the instrument of permission submitted herewith, from the permit holder granting to the applicant the right thereto;

4. Maps showing the location and the numbers of acres to be affected by the proposed mining operation for the first year of operation if less than the full extent of the permit area.

(Map of affected area may be submitted with legal description if desired). The scale of maps shall be reasonable so as to show necessary detail, width of map not to exceed 48".

Suggested scales: Up to 10 acres - 1" = 100'
 Up to 40 acres - 1" = 200'
 40 acres or more - 1" = 400'

5. Date (month and year) when operation will commence: October 2009

Estimated date (year) of termination of the proposed mining operation: December 2019

6. A fee of \$25.00.

7. Name, telephone number, and address of the agent or persons to whom any notice under the provisions of the Wyoming Environmental Quality Act, Land Quality Division or Rules and Regulations adopted thereunder may be sent: John Cash, (307) 265-2373,
5880 Enterprise Drive, Suite 200
Casper, WY 82609

8. The provisions of this license are severable, and if any provision of the license, or the application of any provision of this license to any circumstance, is held invalid, the application of such provision to other circumstances, and the remainder of this license shall not be affected thereby.

FINAL SWORN STATEMENT

State of Wyoming)
)ss.
County of Sweetwater)

I Wayne W. Heili being duly sworn on my oath that I am the applicant (or the President or Vice President if the applicant is a corporation) for the foregoing "License to Mine"; that I have read the said application and fully know the contents, thereof; and that all statements contained in the License to Mine application are true and correct to my best knowledge and belief; by execution of this statement I certify that Lost Creek ISR, LLC, applicant or entities controlled by or under common control with the applicant has the right and power by the legal estate owned to mine from the land for which this License to Mine is desired; that applicant or entities controlled by or under common control with the applicant has not forfeited, or is not involved in forfeiture proceedings for, a bond posted for reclamation purposes nor has had a mining permit or a license to mine suspended or revoked; and if a **surface coal mining application**, that applicant or entities controlled by or under common control with the applicant has paid the reclamation fees for this and all coal mining operations under the jurisdiction of P.L. 95-87 as required by Title IV of that law; and that applicant or entities controlled by or under common control with the applicant has not had any Federal or State Coal mining permits or licenses to mine suspended or revoked in the five years preceding the date of this application.

Dated this _____ day of _____, 20__.

Signature _____

(Corporate Seal)

Name Wayne W. Heili
(printed or typed)

Title President, Lost Creek ISR, LLC

The foregoing instrument was acknowledged before me by _____,
this _____ day of _____, 20__.

Witness my hand and official seal.

Notary Public or Secretary if a Corporation

Title (Name printed or typed)

This application when returned to you with the validating signature of the Administrator of the Land Quality Division, Department of Environmental Quality, becomes your License No. _____.
Effective date: _____.

Approved by:

By: _____
Administrator
Land Quality Division
Department of Environmental Quality

Director
Department of Environmental Quality