## U. S. Department of Labor

Mine Safety and Health Administration 100 Bluestone Road Mount Hope, WV 25880-1000



MAR 3 0 2006

Mr. Bill Potter

President Performance Coal Company POB 69 Naoma, WV 25140

Dear Mr. Potter:

Subject:

Upper Big Branch Mine, ID No. 46-08436, Performance Coal

Company, Inc., Montcoal, Raleigh County, West Virginia

This will acknowledge receipt of the following:

Legal Identity Report - Requirements of Part 41, Title 30, Code of Federal Regulations; this office must be notified of all changes in the legal identity of your company within 30 days of such changes.

If you have any questions concerning this matter, please contact Roger Richmond at this office, (304) 877-3900, extension 119.

Sincerely,

Jesse P. Cole

District Manager

Coal Mine Safety and Health, District 4

**Enclosure** 

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/9/ JESSE P. COLE

Jesse P. Cole District Manager Coal Mine Safety and Health, District 4

Enclosure

SUPERVISORY ACKNOWLEDGEMENT

| identification number (EIN).   |  |  |
|--|--|--|
| II   | N for Individuals:   | EIN for Entities   |
| Pri  | vacy Act Notice. We are authorized to request this information under the E | Debt Collection Improvement Act of 1995, Title 31 U.S.C. amended section 7701, new subsection  |
| (c)(1), which mandates us to require regulated entities and persons who are doing business with a Federal agency to furnish a TIN.  15. The Individual(s) or Organization(s) with ownership interest in this Business or Corporate Officers/Directors are: |  |  |
|  | Last Name  | First Name MI  |
| a.   |  | The state of the s |
|  | Title  |  |
|  | Organization/Company Name  |  |
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|  | Street or P.O. Box Address   |  |
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|  | City   | State Zip Code   |
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|  | Last Name  | First Name MI  |
| b.   |  |  |
|  | Title  |  |
|  | Organization/Company Name  |  |
|  |  |  |
|  | Street or P.O. Box Address   |  |
|  | City   | Check box below  |
|  | City   | State Zip Code if a separate sheet is attached for   |
|  | Foreign Country  | Foreign Zip Code additional space.   |
|  |  |  |
| 16. If Business is listed as Other, what are the names of Principal Organization Officials or Members?   |  |  |
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|  | Last Name  | First Name M!  |
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|  | City   | State Zip Code is attached for additional space.   |
|  | Foreign Country  | Foreign Zip Code   |
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| 17. If Business is a Corporation, please answer the following:   |  |  |
| 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   |  |
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|  | Fareigo Country  |  |
|  | Foreign Country  | Foreign Zip Code   |
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| d. Employer Identification Number for this Business (EIN):   |  |  |
| Privacy Act Notice. We are authorized to request this information under the Debt Collection Improvement Act of 1996, Title 31 U.S.C. amended section 7701, new subsection  |  |  |
| (C)(1), which mandates us to require regulated entities and persons who are doing business with a Federal agency to furnish a TIN.   |  |  |
| 2,9  | A / / / / / / / / / / / / / / / / / / /                                    | Date Form Completed  |
| $\angle$   | 11161 land to balate Drawfor   | 2/07/11  |
| MSH  | A Form 2000-7, February 2002 (Revised, Právious Editinos are Obsolete)     |  |

U.S. GPO: 2002-709-420

Copy 2 - MSHA Local District Office

separate sheet. Instructions are on the reverse side of the last copy. burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Information Management NOTE: You must mail copies 1 and 2 of this completed form to your local MSHA office. Department of Labor, Room N-1301, 200 Constitution Avenue, N.W., Washington, Questions about filing this form should be directed to the Office of Assessments, 202-D.C. 20210; and to the Office of Management and Budget, Paperwork Reduction Project 1219-0008, Washington, D.C. 20503. ALL INFORMATION PREVIOUSLY SUBMITTED REMAINS IN EFFECT EXCEPT WHERE CHANGES HAVE BEEN SUBMITTED. IF THE CHANGES PROVIDED ON THIS FORM AFFECT OTHER MINES, A SEPARATE FORM MUST BE FILED FOR EACH MINE IDENTIFICATION NUMBER. Initial Notice Update Notice Effective Date: 03-39-30/6 Mine Information . Federal Mine Identification Number: 역시기간 2. Mine Name: 3. Directions to this mine: 4. Mine location address: 5. Official Business Name of Operator: 6. Principal Office Address for this Operator: Telephone Number 7. Telephone number for this mine: (In the Event of an Emergency) 8. Commodity: Type of Operation. 9. Pérson at Mine in Charge of Health and Safety: (Superintendent or Principal Officer) Street or P.O. Box Address Zio Code E-mail Address 10. Person with Overall Responsibility for a Health and Safety Program at ALL of the Operator's Mines, if the Operator is Not Directly Involved in the Daily Operation of the Mine: (Safety Director) Last Name 11. Address of Record and Telephone Number: [Address and Person designated to receive Official Mail - Service of documents upon the operator will be completed by mailing or personal service of the documents to this address. If P.O. Box or General Delivery is used for mailing address, a separate street address for personal service must be provided. ] Last Name First Name Street Address Zio Code oreign Country O. Box Address City E-mail Address Area Code Telephone Number Ownership Information 12. This Official Business is a: Sole Proprietorship Partnership Other 13. If Business is listed as Other, what Type of Organization: Joint Venture, County Government, Limited Liability Company, etc. is the type of Organization?