

**U. S. Department of Labor**

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



APR 13 2006

Mr. Craig Boggs  
President  
Performance Coal Company  
POB 69  
Naoma, WV 25140

Dear Mr. Boggs:

Subject: Upper Big Branch Mine - South, ID No. 46-08436, Performance Coal  
Company, 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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POB 69  
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Dear Mr. Boggs:

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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.

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Sincerely,

/s/ Richard J. Kline

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

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SUPERVISORY ACKNOWLEDGEMENT

Initials LS Date 4/13/06

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 copy.

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 Office of Assessments, 202-693-9700.

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.

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: 04 - 14 - 06

### Mine Information

1. Federal Mine Identification Number: 46 - 08436

2. Mine Name: Upper Big Branch Mine - South

3. Directions to this mine: Rt. 3 Montcoal WV

4. Mine location address: Street Address: 130 Frontier St.  
City: Montcoal State: WV Zip Code: 25135  
County: Raleigh

5. Official Business Name of Operator: Performance Coal Co

6. Principal Office Address for this Operator: Street Address: PO Box 69  
City: Marmora State: WV Zip Code: 25140

7. Telephone number for this mine: Area Code: 304 Telephone Number: 854-1762 Extension: (In the Event of an Emergency)

8. Commodity: Coal  
Type of Product: Underground Mine  
Type of Operation:

9. Person at Mine in Charge of Health and Safety: (Superintendent or Principal Officer)

Last Name First Name MI  
Title  
Street or P.O. Box Address  
City State Zip 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 First Name MI  
Title  
Street or P.O. Box Address  
City State Zip Code  
E-mail Address

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 MI  
Title: BOJUS Craig  
Street Address: 130 Frontier St.  
City: Montcoal WV State: WV Zip Code: 25135  
Foreign Country Foreign Zip Code

P.O. Box Address: PO Box 69  
City: Marmora State: WV Zip Code: 25140  
Area Code: 304 Telephone Number: 854-1762 Extension: E-mail Address: Craig Bojys @Masseyenergyco.com

### Ownership Information

12. This Official Business is a: Sole Proprietorship Partnership Corporation Other

13. If Business is listed as Other, what Type of Organization: Joint Venture, County Government, Limited Liability Company, etc.

14. Tax Identification Number (TIN) for this Business: For individuals, this is your social security number (SSN). For other entities, this is your employer identification number (EIN).

SSN for Individuals:

EIN for Entities

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.

15. 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	
b.			
	Title		
	Organization/Company Name		
	Street or P.O. Box Address		
	City		
		State	Zip Code
	Foreign Country	Foreign Zip Code	

Check box below if a separate sheet is attached for additional space.

16. If Business is listed as Other, what are the names of Principal Organization Officials or Members?

	Last Name	First Name	MI
a.			
	Title		
	Street or P.O. Box Address		
	City		
		State	Zip Code
	Foreign Country	Foreign Zip Code	
b.			
	Title		
	Street or P.O. Box Address		
	City		
		State	Zip Code
	Foreign Country	Foreign Zip Code	

Check box below if a separate sheet is attached for additional space.

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				
City				
		State	Zip Code	
Foreign Country	Foreign Zip Code			

d. Employer Identification Number for this Business (EIN):

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Signature and Title of Official Completing Form

Date Form Completed