Permit No: (DMM use only)	
Bond Applied To: (DMM use only)	

## IRREVOCABLE STANDBY LETTER OF CREDIT

Irrevocable Standby Letter of Credit Number:	Date:			
	Bank Name			
Commonwealth of Virginia Department of Mines, Minerals and Energy Division of Mineral Mining			(Name Address &	
900 Natural Resources Drive, Suite 400 Charlottesville, VA 22903			Telephone Number)	
DMM Representative: In accordance with 4VAC25-31-260.C. of the Vi of Credit (on certain designated funds) in your favo permit)				
[CHECK ONE ONLY]: Permit Applic	cation Number of	or Permit Number		
for the sum or sums not to exceed a total of U.S. Dollars (\$ USD	) available by	your draft(s) on us at sight.	_	
This Letter of Credit will expire at our counters of	_			
to as "DMM"), 900 Natural Resources Drive, Suite or we may hand deliver the written Notice to, and o Charlottesville office.  • This credit is subject to the Uniform (International Chamber of Commerce (Power further agree that unless expressly stated otherw governed by the Uniform Commercial Code of the We agree that the proper forum for trial of any Department of Mines, Minerals and Energy, Division County Circuit Court, Charlottesville, Virginia pur Virginia.	Customs and Dublication No.  vise herein, the Commonweal of dispute involved on of Mineral Months.	Practice for Documentary Credit 600).  terms and obligations represented by the of Virginia and/or any other pertiving our liability to the Commonw Lining, on this Letter of Credit shall list	MM at the DMM's s (2007 Revision) this credit shall be nent Virginia law. realth of Virginia, e in the Albemarle	
Attached hereto is a certified copy of the Corpora	ation's Resoluti	•		
Letter of Credit on behalf of  All drafts drawn under this credit shall state that dated  [CHECK ONE ONLY]		vn under Letter of Credit No.	name of Bank).	
We hereby agree that drafts drawn under and in oduly honored on due presentation to the Drawee.	<u> </u>	<u>—</u>		
By: Signature of Person Executing Instrument	Ti	itle:		
Notarization:		thic	day of	
Subscribed and sworn to before me by, , 20, in the State of				
Notary Public Name (printed or typed) My Commission Expires			, 1.oury I done	
DMM Approval Date:	By:			