

STATE OF OHIO
DEPARTMENT OF NATURAL
RESOURCES

Division of Oil and Gas
Resources Management
WELL PERMIT

API WELL NUMBER

34-099-2-3157-00-00

OWNER NAME, ADDRESS

R E DISPOSAL LLC
366 WALKER DRIVE
STATE COLLEGE

PA 16801

DATE ISSUED

12/23/2015

PERMIT EXPIRES

12/22/2017

TELEPHONE NUMBER

(814) 278-7267

IS HEREBY GRANTED PERMISSION TO: Plug and Abandon

AND ABANDON WELL IF UNPRODUCTIVE

PURPOSE OF WELL: Water Injection - Disposal

COMPLETION DATE IF PERMIT TO PLUG: 10/5/2011

DESIGNATION AND LOCATION:

LEASE NAME NORTHSTAR KHALIL (SWIW #11)
WELL NUMBER 3
COUNTY MAHONING
CIVIL TOWNSHIP COITSVILLE
TRACT OR ALLOTMENT
SURFACE FOOTAGE LOCATION 10,769' SL & 1012' WL OF COITSVILLE TWP.
TARGET FOOTAGE LOCATION

SURFACE NAD27

X: 2520217
Y: 524113
LAT: 41.0898331172455
LONG: -80.6126089450529

TARGET NAD27

TYPE OF TOOLS: Service Rig

PROPOSED TOTAL DEPTH 8774 FEET
GROUND LEVEL ELEVATION 1036 FEET

GEOLOGICAL FORMATION(S):

KNOX-CONASAUGA FORMATION

SPECIAL PERMIT CONDITIONS:

CASING PROGRAM (CASING MUST BE CENTRALIZED AND IS SUBJECT TO APPROVAL OF THE OIL AND GAS INSPECTOR):

CASING IN HOLE:

13-5/8" - 50'
10-1/2" - 1017'
7-5/8" - 8080'
4-1/2" - 7972'

This permit is NOT TRANSFERABLE. This permit, or an exact copy thereof, must be displayed in a conspicuous and easily accessible place at the well site before permitted activity commences and remain until the well is completed. Ample notification to inspector is necessary.

OIL AND GAS WELL INSPECTOR:

STEPHEN OCHS (330) 933-2090
THOMAS HILL - Supervisor (330) 283-3204
DISTRICT #: (330) 896-0616

FIRE AND EMERGENCY NUMBERS

FIRE: (330) 755-5115
MEDICAL SERVICE (330) 746-7211

INSPECTOR NOTIFICATION

The oil and gas inspector must be notified at least 24 hours prior to:

1. Commencement of site construction
2. Pit excavation and closure
3. Commencement of drilling, reopening, converting or plugback operations
4. Installation and cementing of all casing strings
5. BOP testing
6. Well stimulation
7. Plugging operations
8. Well pad construction

The oil and gas inspector must be notified immediately upon:

1. Discovery of defective well construction
2. Detection of any natural gas or H2S gas during drilling in urban areas
3. Discovery of defective well construction during well stimulation
4. Determination that a well is a lost hole
5. Determination that a well is a dry hole

FLARING NOTIFICATION

The oil and gas inspector and local fire authority must be notified prior to flaring.

Richard J. Simmers

CHIEF, Division of Oil and Gas Resources
Management

STATE OF OHIO
DEPARTMENT OF NATURAL
RESOURCES

Division of Oil and Gas
Resources Management
WELL PERMIT

API WELL NUMBER
34-099-2-3157-00-00

SUZANNE REYNOLDS
R E DISPOSAL LLC
366 WALKER DRIVE
STATE COLLEGE, PA 16801

AUTHORIZATION FOR EXPEDITING AN APPLICATION

NAME OF OWNER : R E Disposal LLC

Application # aPATT028512

DATE : Dec 07, 2015 **TELEPHONE:** (814) 278-7149

COUNTY: Mahoning **TOWNSHIP:** Coitsville

LOCATION: 10,769'SL & 1012'WL of Coitsville Township

LEASE NAME: Northstar Khalil (SWIW #11) 3 **Permit No.** 2-3157-00

CALLED REGIONAL OFFICE: _____

MAILED COUNTY ENGINEER: 12/08/2015

COMMENTS:

PROPOSED DATE: 12/14/2015 **FAX NO:** _____

REGIONAL SUPERVISOR: _____
(NAME)

WAS NOTIFIED BY: _____
(NAME)

AT: _____ **ON** _____
(TIME) (DATE)

REVISED 5/11/04

DAILY ROUTE SLIP *Coitsoille*

APPLICATION NO. aPATT028512

TYPE: Plug and Abandon

CONAME R E DISPOSAL LLC

API 34099231570000

WELL NAME /NO. NORTHSTAR KHALIL (SWIW # 11)B

COUNTY 99 MAHONING

INITIALS

DATE

DATE APPLICATION REC'D

pn

12/7/2015

PERMIT FEE AND CHECK NO.

\$250.00

72083

RUSH AMOUNT RUSH CHECK NO.

\$500.00

72084

APPLICATION ENTERED

pn

12-7-15

APPLICATIONS AND PLATS SENT
FOR MINE APPROVAL

COAL APPROVAL RECEIVED

OIL/GAS AFFIDAVIT REC'D

URBANIZED AREA YES (NO)

pn

12-7-15

URBANIZED AREA NOTIFICATION SENT

PRE-PERMIT REVIEW SENT TO
INSPECTOR/REC'D BACK

URBAN MAP REVIEW

STATE LAND YES NO

SAMPLES: YES _____/SPECIAL AREAS

GEOLOGIST APPROVAL

KB

12/23/2015

DATA ENTRY /ISSUED

JG

12/23/2015

PERMIT: TAKEN _____ MAILED _____

FAX TO: _____

FINAL MAP CHECK

KB

12/23/2015

COMMENTS:

Proof Sheet

APPL NUMBER aPATT028512
OWNER NUMBER 8893
OWNER NAME R E DISPOSAL LLC
EXISTING WELL -1
API PERMIT NO 34099231570000
APPL TYPE PA
TYPE OF WELL SWD
VARIANCE REQUEST
WELL NAME NORTHSTAR KHALIL (S
WELL NUMBER 3
PREV/PROPOSED TD 8774 -9300
DRILL UNIT ACRES 6.7
TYPE OF TOOL SERV
WELL CLASS
FIRE PHONE (330) 755-5115
MEDICAL PHONE (330) 746-7211
COUNTY CODE 99
COUNTY NAME MAHONING
COAL (Y=-1/N=0) -1
CIVIL TOWNSHIP COITSVILLE
SURF QUAD CAMPBELL
Nad 27 SURF ORIG X 2,520,217
Nad 27 SURF ORIG Y 524,113
GROUND ELEVATION 1036
SURF SEC
SURF LOT
SURF QTR TWP
SURF ALLOT
SURF TRACT
SURF FRACTION

URBANIZED AREA ? ☐

NAME

STATE LAND ? ☐

MP Check # 0

PROPOSED FORMATIONS

KNOX-PRECAMBRIAN
 Conasauga formation

UTICA/PT PLEASANT ☐

MARCELLUS ☐

TAKE POINT ORIG X

TAKE POINT ORIG Y

TARG COUNTY CODE

TARG COUNTY NAME

TARG CIVIL TWP

TARG QUAD

Nad 27 TARG ORIG X

Nad 27 TARG ORIG Y

TARG ELEV 0

TARG SECTION

TARG LOT

TARG QTR TWP

TARG ALLOT

TARG TRACT

TARG FRACTION

Proof Sheet

SURFACE FOOTAGE

10,769' SL & 1012' WL OF COITSVILLE TWP.

TAKE POINT FOOTAGE

TARGET FOOTAGE

CASING PROGRAM

SPECIAL CONDITIONS/COMMENTS

23		
24	13 5/8	50
24	10 1/2	1017
24	7 5/8	8080
24	4 1/2	7972

COMPLETION DT

10/5/2011

MINES APPROVAL

AFFIDAVIT APPROV

SOURCES OF WATER

WATERSHED LAKE ERIE

☐

OHIO RIVER

☐

EST WITHDRAWAL RATE (GAL/DAY)

EST TOTAL VOLUME (GALLONS)

RECYCLED WATER EST TOTAL
VOLUME (GALLONS)

RUMA ATTACHED

☐

NON AGREEMENT AFFIDAVIT
ATTACHED

☐

WATER WELL SAMPLING RESULTS

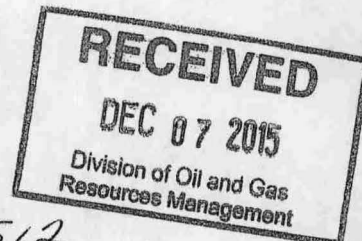
☐

DATE SUBMITTED

#72083
#250⁰⁰
#72084
#500⁰⁰



OHIO DEPARTMENT OF NATURAL RESOURCES
DIVISION OF OIL AND GAS RESOURCES MANAGEMENT
2045 MORSE RD., BLDG. F-2, COLUMBUS, OH 43229-6693
Phone: (614) 265-6922 • Fax: (614) 265-6910



APPLICATION FOR A PERMIT (Form 1)

(REVISED 0915)

APR 4028512

SEE INSTRUCTIONS ON BACK

1. We (applicant) <u>R.E. Disposal, LLC</u>	2. OWNER NUMBER: <u>8,893</u>
Address: <u>366 Walker Drive, State College, PA 16801</u>	Phone Number: (<u>814</u>) <u>278</u> - <u>7149</u>
hereby apply this date <u>12/2</u> , 20 <u>1</u> <u>5</u> for a permit to:	
<input type="checkbox"/> Drill Vertical Well	<input type="checkbox"/> Revised Location
<input type="checkbox"/> Drill Horizontally	<input type="checkbox"/> Plug Back
<input type="checkbox"/> Drill Directionally	<input checked="" type="checkbox"/> Plug and Abandon
<input type="checkbox"/> Reissue	<input type="checkbox"/> Temporary Inactive: <input type="radio"/> 1 st year <input type="radio"/> 2 nd year <input type="radio"/> 3 rd year _____ th year
<input type="checkbox"/> Convert	<input type="checkbox"/> Deepen
	<input type="checkbox"/> Reopen

3. TYPE OF WELL: <input type="checkbox"/> Oil & Gas	<input type="checkbox"/> Annular Disposal	<input checked="" type="checkbox"/> Saltwater Injection
<input type="checkbox"/> Stratigraphic Test	<input type="checkbox"/> Gas Storage	<input type="checkbox"/> Other (explain):
<input type="checkbox"/> Solution Mining*	<input type="checkbox"/> Enhanced Recovery* (*if checked, select appropriate box below)	
<input type="radio"/> Input/Injection	<input type="radio"/> Water Supply	<input type="radio"/> Observation
		<input type="radio"/> Production/Extraction

4. Is the well location or production facility(s) within an urbanized area as defined by ORC 1509.01 (Y)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	20. TYPE OF TOOLS: <input type="checkbox"/> Cable <input type="checkbox"/> Rotary (<input type="radio"/> Air <input type="radio"/> Fluid) <input type="checkbox"/> Cable/Rotary <input type="checkbox"/> Service Rig
---	---

5. MAIL PERMIT TO: <u>Suzanne Reynolds - R.E. Disposal, LLC</u> <u>366 Walker Drive</u> <u>State College</u> <u>PA 16801</u>	21. SOURCE(S) OF GROUND AND/OR SURFACE WATER USED IN PRODUCTION OPERATION: <u>N/A</u> Watershed: <input type="checkbox"/> Lake Erie <input type="checkbox"/> Ohio River
---	---

6. COUNTY: <u>MAHONING</u>	Estimated Withdrawal Rate (gal/day): <u>--</u>
----------------------------	--

7. CIVIL TOWNSHIP: <u>Coitsville</u>	Estimated Total Volume (gal): <u>--</u>
--------------------------------------	---

8. SECTION: <u>--</u>	9. LOT: <u>--</u>	If Recycled Water - Estimated Total Volume (gal): <u>--</u>
-----------------------	-------------------	---

10. FRACTION: <u>--</u>	11. QTR TWP: <u>--</u>	
-------------------------	------------------------	--

12. TRACT/ALLOT: <u>--</u>	22. EMERGENCY TELEPHONE NUMBERS (closest to well site):
----------------------------	---

13. WELL NUMBER: <u>1</u>	Fire: (330) 755-5115
---------------------------	----------------------

14. LEASE NAME: <u>R.E. Disposal(Northstarkhalil #3)</u>	Medical: (330) 746-7211
--	-------------------------

15. PROPOSED TOTAL DEPTH: <u>9,300.00</u>	23. MEANS OF INGRESS AND EGRESS:
---	----------------------------------

16. PROPOSED GEOLOGICAL FORMATION(S): <u>Knox-Precambrian</u>	Road: <u>US422 (1933 Old McCartney Road, Campbell, OH 44405)</u>
--	--

	24. ROAD USE FOR HORIZONTAL WELL:
--	-----------------------------------

	<input type="checkbox"/> Maintenance Agreement Attached
--	---

	<input type="checkbox"/> Non-agreement Affidavit Attached
--	---

	<input checked="" type="checkbox"/> State Route (Not Required)
--	--

17. DRILLING UNIT ACRES: <u>6.700</u>	25. ARE THE SURFACE RIGHTS OWNED BY THE STATE OF OHIO?
---------------------------------------	--

18. ATTACH LANDOWNER ROYALTY LISTING:	Agency Name: <u>N/A</u>
---------------------------------------	-------------------------

19. IF PERMITTED PREVIOUSLY: API Number: <u>34099231570000</u>	26. FOR PLUGGING APPLICATIONS: Date of Last Production:
---	---

	Amount of Oil: _____ (bbl) Gas: _____ (mcf)
--	---

27. PROPOSED CASING AND CEMENTING PROGRAM

Type Casing	Borehole Diameter (in)	Borehole Depth (ft)	Casing Diameter (in)	Casing Depth (ft)	Cement Volume (sacks)	Formation	Zone Tested or Produced (✓ if Yes)	Hydraulic Fracturing (✓ if Yes)
Drive Pipe								
Conductor	20	50	20	50	425			
Mine String								
Surface	13-1/2	1,019	10-3/4	1,017	449			
1 st Intermediate	9-7/8	8,096	7-5/8	8,080	221			
2 nd Intermediate								
Production			4-1/2	7,972		Knox-Precambrian		
Liner								

I, the undersigned, being first duly sworn, depose and state under penalties of law, that I am authorized to make this application, that this application was prepared by me or under my supervision and direction, and that the facts stated herein are true, correct, and complete, to the best of my knowledge.

I, the undersigned, further depose and state that I am the person who has the right to drill on the tract or drilling unit and to drill into and produce from a pool and to appropriate the oil or gas that I produce therefrom either for myself or others as described in this application. And furthermore, I the undersigned, being duly sworn, depose and state at this time that I am not liable for any final nonappealable order of a court for damage to streets, roads, highways, bridges, culverts, or drainage ways pursuant to Section 5577.12 of the Ohio Revised Code (ORC). I, the undersigned, further depose and state that all notices required by 1509.06 (A) (9) ORC for this application have been duly provided by me. If applying for a permit to plug and abandon a well, I hereby certify that the written notices, as required in Section 1509.13, ORC, have been given.

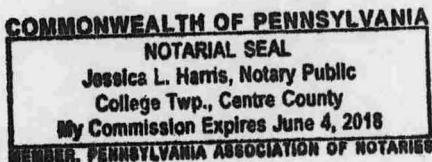
That I hereby agree to conform with all provisions of Chapter 1509., ORC, and Chapter 1501., OAC, and all orders and conditions issued by the Chief, Division of Oil and Gas Resources Management.

Signature of Owner/Authorized Agent: Suzanne Reynolds

Name (Type or Print): Suzanne Reynolds Title: Manager, Permitting

_____ if signed by Authorized Agent, a certificate of appointment of agent must be on file.

Sworn to and subscribed before me this the 3rd day of December, 20 15.



Jessie Harris (Notary Public)
June 4, 2018 (Date Commission Expires)



476 Rolling Ridge Drive
Suite 300
State College, PA 16801
Ph: 814.278.7120
Fax: 814.278.7286
www.rexenergy.com

August 30, 2012

Mr. Bob Worstall
Deputy Chief
Division of Oil and Gas Resource Management
3575 Forest Lake Drive, Suite 150
Uniontown, OH 44685-8116

RE: Proposed plug back procedure and request for operational approval on the Northstar Khalil #3 Class II deep injection well, Mahoning County, OH (API # 34-099-2-3157-00-00).

Dear Mr. Worstall:

Please accept this correspondence and the procedures outlined in the enclosed documentation as R.E. Gas Development, LLC's formal request for approval to begin procedures to plug back the above captioned well to a depth of [500'] above the top of the Pre-Cambrian basement complex and prepare for the operation of the well.

In March 2012, the Ohio Department of Natural Resources (ODNR) issued the "PRELIMINARY REPORT ON THE NORTHSTAR 1 CLASS II INJECTION WELL AND SEISMIC EVENTS IN THE YOUNGSTOWN, OHIO, AREA", which contained new requirements for Class II deep injection wells, including the plug back prior to injection of any well drilled in Precambrian basement rock for testing purposes. The enclosed proposal includes a plug back procedure as well as other related procedures intended to prepare the well for operation, and the results of a radioactive tracer survey performed prior to the issuance of the report. Importantly, these test results indicate that no formation(s) below 9280', the approximate top of the Mount Simon Sandstone, received any discernible radioactive tracer material. With the proposed plug back total depth of 8,930' there will be 556' of cement above the Pre-Cambrian basement, which is believed to be the locus of faulting that was responsible for seismic activity during water injection.

Executive Order 2012-09K, signed by Governor Kasich on July 10, 2012, confirmed that the Division of Oil and Gas Resource Management has the responsibility to oversee the regulation of underground injection wells. It also authorized the Division to, among other things, outline the tests that an applicant may be required to operate an underground injection control well. R.E. Gas respectfully seeks to confirm the tests and parameters the Division will require to enable R.E. Gas to operate the above captioned well. We believe the enclosed materials adequately describe the proposed plug back procedure and will facilitate the Division's approval to commence operations on the well. R.E. Gas will provide additional details of its proposal and solicit your feedback regarding the procedures necessary to place the well into operation.

We appreciate your consideration of the enclosed proposal, and look forward to meeting with you.

Sincerely,

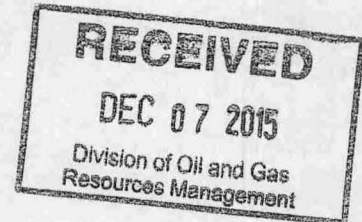
Patrick M. McKinney
President and Chief Operating Officer



366 Walker Drive
State College, PA 16801
Ph: 814.278.7267
Fax: 814.278.7286
www.rexenergy.com

December 3, 2015

Ms. Patty Nicklaus
Permitting Support Supervisor
Ohio Department of Natural Resources
2045 Morse Road, Building F-2
Columbus, Ohio 43229-6693



RE: R.E. Disposal #1 (Northstar Khalil #3) Permit Application for Plug and Abandon
Coitsville Township, Mahoning County

Dear Ms. Nicklaus,

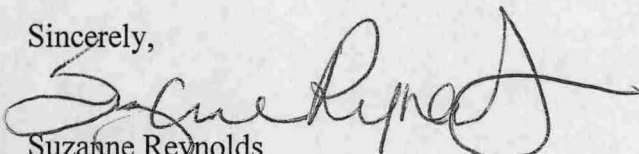
R.E. Gas Disposal, LLC would like to request an expedited review for a Plug and Abandon permit application for the R.E. Disposal #1 (Northstar Khalil #3) (Permit #34-099-2-3157-00-00). Also enclosed is the additional documentation needed for the submission:

- One original Application for a Permit
- A \$500.00 check to cover the application fee
- A \$250.00 check to cover the expedited review fee
- 2 copies of the Ohio registered surveyors plat originally filed
- 3 copies of the Well Completion Record (Form 8)

If you have any questions or comments, please do not hesitate to contact me by e-mail at sreynolds@rexenergycorp.com, or by telephone at 814-278-7149 (work)/813-375-1060 (cell).

Thank you for your review and I do look forward to working with you and your team.

Sincerely,


Suzanne Reynolds
Manager, Permitting

Enclosure(s)

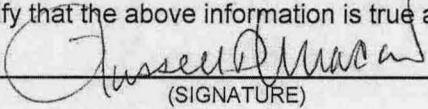
WELL COMPLETION RECORD (Form 8)

Ohio Department of Natural Resources
Division of Oil and Gas Resources Management
2045 Morse Road, Bldg. H-3, Columbus, OH 43229-6693
Telephone: 614-265-6633 Fax: 614-265-7998

This report is due in duplicate 60 days after completion of the well. If the permit has expired and the well was not drilled, check the box below, sign on reverse side (Back), and return to our office within 30 days after expiration.
☐

1. Owner #: 2651		3. API #: 34-099-23157-0000	
2. Owner name, address and telephone numbers: B&L Energy 2761 Salt Springs Rd. Youngstown, OH 44509		4. Type of Permit: NEW WELL, SALT WATER INJECTION	
		5. County: MAHONING	
		6. Civil Township: COITSVILLE	
		7. Footage: 10769 FL 1012 WL	
8. Type of Well: Salt Water Disposal			
9. X: 41.08983308 Y: -80.6126089		21. Date drilling commenced: 8/28/2011	
10. Quad: CAMPBELL		22. Date drilling completed: 10/20/2011	
11. Section: 12. Lot:		23. Date put into production:	
13. Fraction: 14. Qtr. Twp:		24. Date plugged if dry:	
15. Tract:		25. Producing formation: NA	
16. Allot:		26. Deepest formation:	
17. Well #: 3		27. Driller's total depth: 9581 ft	
18. Lease Name: NORTHSTAR KHALIL		28. Logger's total depth: 9580 ft	
19. PTD: 9300 20. Drilling Unit: 6.7		29. Lost hole at _____ feet.	
30. Type of tools: <input type="checkbox"/> Cable <input type="checkbox"/> Fluid Rotary <input type="checkbox"/> Cable/Air Rotary <input type="checkbox"/> Cable/Fluid Rotary		31. Type of completion: <input checked="" type="checkbox"/> Open Hole <input checked="" type="checkbox"/> Through Casing <input type="checkbox"/> Slotted Liner	
<input type="checkbox"/> Air Rotary <input checked="" type="checkbox"/> Air/Fluid Rotary <input type="checkbox"/> Service Rig <input type="checkbox"/> Cable/Air Rotary/Fluid Rotary		32. Elevation: Ground Level 1036 ft Derrick Floor 1052 ft Kelly Bushing 1052 ft	
33. Perforated intervals and number of shots: 0			
34. Name of Frac Company: NA			
35. Method of shot, acid, or fracture treatments, production tests, pressures, etc.:			
SHOT: Lbs. _____ Qts. _____ Type _____ ACID: Gals. _____ Type _____ Percent _____ FRAC FLUIDS: Water (gals) NA Water (bbl) NA CO2 (tons) NA N2 (mscf) NA SAND: Lbs. NA Sks. NA PRESSURES (psi): Breakdown NA ATP NA ISIP NA 5 min. SIP NA Avg. Rate NA			
METHOD OF FLUID CONTAINMENT FLUIDS: Swab <input type="checkbox"/> Flowback <input type="checkbox"/> PIT: <input type="checkbox"/> FRAC TANK: <input type="checkbox"/> DATE TREATED: NA			
36. Amount of initial production per day: (MCF.) (Bbls.) (Bbls.) Natural: Gas _____ Oil _____ Brine _____ After Treatment: Gas 0 Oil 0 Brine 0 SERC Data: Number of Tanks: 0 Maximum Storage Capacity of all Tanks (bbls.) 0			
37. Casing and tubing record: Please indicate which is used (cement or mudding)			
Type	Size	Feet Used in Drilling	Amount of Cement or Mud
Conductor/Drive Pipe:			
Surface:	10.75	1019	CMT 449 sks
Intermediate:	7.625	8096	CMT 221 sks
Production:	4.5	7972	
Tubing:			
Comments:			
38. Name of drilling contractor: UNION DRILLING			
39. Type of electrical and/or radioactivity logs run: (all logs must be submitted) LITHO-DENSITY, COMP. NEUTRON, GAMMA RAY,			
40. Name of logging company: SCHLUMBERGER			

DIVISION USE ONLY	
Log Submitted: Y / N	FRAC DATA SUBMITTED:
Confidential: Y / N	Pressure/Rate Graph <input type="checkbox"/>
	Record <input type="checkbox"/>
	Invoice <input type="checkbox"/>
	Well Class:

FORMATION	TOP	BASE	Shows of oil, gas, fresh water, or brine; indicate depth or interval	REMARKS
Freshwater Strata				
Glacial Deposits				
Coal Seams				
1st Cow Run				
Buell Run				
2nd Cow Run				
Salt Sand				
Maxton Sand				
Keener Sand				
Big Injun Sand				
Squaw Sand				
Mississippian Shale				
Weir Sand				
Berea Sand				
Bedford Shale				
2nd Berea				
Ohio Shale				
Gantz				
Thirty Foot				
Gordon				
Cinnamon				
Marcellus				
Big Lime				
Sylvania				
Oriskany				
Bass Island				
Salina	4040			
Salt Section				
Newburg				
Lockport	4713			
Little Lime				
Packer Shell				
Stray Clinton	5210			
Red Clinton				
White Clinton				
Medina	5290			
Queenston	5462	7055		
Utica	7055	7348		gas shows
Trenton	7348			
Black River				
Gull River				
Glenwood Shale				
Knox Unconformity	8096			
Beekmantown				
Rose Run	8310			
Trempealeau/Copper Ridge				
"B" Zone				
Krysik				
Kerbel				
Conasauga				
Rome				
Mt. Simon	9280			
Granite Wash				
Middle Run				
Granite				
I certify that the above information is true and correct, to the best of my knowledge:				
 (SIGNATURE)			2/15/2012 (DATE)	
Russell Macaw (NAME typed or printed)			Vice President - Appalachian Regional Manager (TITLE)	
(REPRESENTING)				