## Legal Identity Report

## U.S. Department of Labor Mine Safety and Health Administration



This report is required by law (30 C.F.R. 41). Failure to report can result in assessment of a civil penalty. Knowingly making a false statement can result in criminal prosecution under Section 110 of the Federal Min Safety and Health Act of 1977. This report should be prepared only by an official with full knowledge of ownership information. This report must be signed by the Official completing the form to be valid. 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 page.

Form Approved: OMB Number 1219-0042: Approval Expires 12/31/2023

5 C.F.R. 1320.21-Public reporting burden for this collection of information is estimated to average 30 minutes per written response and 20 minutes per electronic response, ncluding the time for reviewing instructions, searching existing data sources, gathering and maintaining the data need, and completing and reviewing the collection of information. Send comments regarding the collection of information, including suggestions for reducing this burden, to the Mine Safety and Health Administration, U.S

NOTE: You must mail copies 1 and 2 of this completed form to about filing this form should be directed to the Wilkes-Barre Assess			uestions		Department of Labor, Office of Standards, Regulations and Variances, 201 12th Street South, Suite 401, Arlington, Virginia 22202-5452. Persons are not required to respond to the south of
				CHAN	to this collection of information unless it displays a currently valid OMB Control Number NGES HAVE BEEN SUBMITTED. IF THE CHANGES PROVIDED ON THIS
	Update Notice	FORM	MOSTBE		ED FOR EACH MINE IDENTIFICATION NUMBER.  Effective Date:   -
4 Fodoval Mino Idovátilostica Number:		Mine	nforma	ation	n T
1. Federal Mine Identification Number: 2. Mine Name:	1 1-1				. <b>L</b>
z. witte Natile.	+				
3. Directions to this mine:					
	Street Address		·		
4. Mine location address:	City				State Zip Code
	County				
5. Official Business Name of Operator:					
C. Duineinal Office Address for this Organizary	Street Address				
6. Principal Office Address for this Operator:	City				State Zip Code
7. Telephone number for this mine:	Area Code Type of Product.	Tele	phone Nur	mber -	Extension (In the Event of an Emergency)
8. Commodity:	Type of Operation.				
9. Person at Mine in Charge of Health and Safety: (Super Last Name	erintendent or Prin		ficer) 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					MI
Title					
Street or P.O. Box Address					
City State Zip Code					
E-mail Address					
11. Address of Record and Telephone Number: [Addres or personal service of the documents to this address. If P.C provided.]	s and Person desi ). Box or General i	ignated Delivery	to receive is used f	e Officia or mail	icial Mail - Service of documents upon the operator will be completed by mailing ailing address, a separate street address for personal service must be
Last Name		First	Name		MI
Title					
Street Address					
City					State Zip Code
Foreign Country					Foreign Zip Code
P. O. Box Address					
City					State Zip Code
Area Code Telephone Number	Exten	nsion			E-mail Address
	Ov	vners	nip Info	rmati	ation
12. This Official Business is a: Sole Proprietorship Partnership Corporation Other  13. If Business is listed as Other, what is the type of Type of Organization: Joint Venture, County Government, Limited Liability Company, etc.					
Organization?					
14. Tax Identification Number (TIN) for this Business: F (EIN).	or individuals, this	s is your	social se	curity i	y number (SSN). For other entities, this is your employer identification number
SSN for Individuals:  - Privacy Act Notice. We are authorized to request this information	under the Debt Coll	lection Im	provement	Act of	EIN for Entities

to require regulated entities and persons who are doing business with a Federal agency to furnish a TIN.

5. The li	e Individual(s) or Organization(s) with ownership interest in this Business or Co	orporate Officers/Directors are:
		rst Name MI
a.		
	Title	
	Organization/Company Name	
	Street or P.O. Box Address	
	City	State Zip Code
	City	State Zip Code
	Foreign Country	Foreign Zip Code
	, orași, coultur	, 510/g/. <u>Elp</u> 5000
	Last Name Fir	rst Name MI
h		
b.	Title	
	Organization/Company Name	
	Organization/Company Name	
	Street or P.O. Box Address	
		Check box belo
	City	State Zip Code if a separate she is attached for
		additional space
	Foreign Country	Foreign Zip Code
. If Bus	Business is listed as Other, what are the names of Principal Organization Officia	als or Members?
	Last Name Fir	rst Name MI
a.		
	Title	
	Street or P.O. Box Address	
	01	7.04
	City	State Zip Code
	Foreign Country	Foreign Zip Code
	r oraign country	Poteigh Zip Code
	Last Name Fir	rst Name MI
b.		
	Title	
	Street or P.O. Box Address	Check box belo
	Street of P.O. Box Address	if a separate she
	City	State Zip Code additional space
	Foreign Country	Foreign Zip Code
If Rus	Business is a Corporation, please answer the following:	
а.	State of Incorporation:	b. Is this Corporation a subsidiary?
c.	If yes, what is the name and address of your Parent Corporation?	b. Is this corporation a substituting:
	Name	
	Street or P.O. Box Address	
	City	State Zip Code
	Foreign Country	Foreign Zip Code
d.	Employer Identification Number for this Business (EIN):	enert Act of 1996, Title 31 U.S.C. amended section 7701, new subsection (c)(1), which mandates
	r <b>Act Notice.</b> We are authorized to request this information under the Debt Collection Improvemere regulated entities and persons who are doing business with a Federal agency to furnish a TIN	
nature	ure and Title of Official Completing Form	Date Form Completed
HA Form	orm 2000-7, A1 (Revised, Previous Editions are Obsolete)	Copy 1 - MSHA Wilkes-Barre Assessment Center