

Certificate of Training

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



Approved OMB Number 1219-0009, Expires July 31, 2014.

This certificate is required under Public Law 91-173 as amended by Public Law 95-164. Failure to comply may result in penalties and other sanctions as provided by sections 108 and 110, Public Law 91-173 as amended by Public Law 95-164.

Issue Certificate Immediately
Upon Completion of Training

Serial Number (for operator's use)

1. Print Full Name of Person Trained (first, middle, last)
Richard L. Bolin

2. Check Type of Approved Training Received:

- Annual Refresher
 New Task (specify below)
 Experienced Miner
 Newly Employed Inexperienced Miner
 Hazard Training
 Other (specify)

Date	Task	Initials	Date	Task	Initials
		Instr Studt			Instr Studt

3. Check Type of Operation and Related Industry:

- A. Surface Construction Underground Shaft & Slope
 B. Coal Metal Nonmetal

4. Date Training Requirements Completed

February 15, 2012

Check if not completed and go to item 5, below.

→ If completed, go to item 6, below.

5. Check Subjects Completed (Use only for partially completed training):

- | | | |
|---|---|--|
| <input type="checkbox"/> Introduction to Work Environment | <input type="checkbox"/> Roof/Ground Control & Ventilation | <input type="checkbox"/> Health |
| <input type="checkbox"/> Hazard Recognition | <input type="checkbox"/> Mine Map; Escapeways; Emergency Evacuation; Barricading | <input type="checkbox"/> Electrical Hazards |
| <input type="checkbox"/> Emergency Medical Procedures | <input type="checkbox"/> Cleanup; Rock Dusting | <input type="checkbox"/> First Aid |
| <input type="checkbox"/> H&S Aspects of Tasks Assigned | <input type="checkbox"/> Mandatory Health & Safety Standards | <input type="checkbox"/> Mine Gases |
| <input type="checkbox"/> Statutory Rights of Miners | <input type="checkbox"/> Authority & Responsibility of Supervisors & Miners Representatives | <input type="checkbox"/> Explosives |
| <input type="checkbox"/> Self-Rescue & Respiratory Devices | | <input type="checkbox"/> Prevention of Accidents |
| <input type="checkbox"/> Transport & Communications Systems | | <input type="checkbox"/> Other (specify) |

6. False certification is punishable under section 110 (a) and (f) of the Federal Mine Safety & Health Act (P. L. 91-173 as amended by P. L. 95-164).

I certify that the above training has been completed
(signature of person responsible for training)

[Signature]

7. Mine Name, ID, & Location of Training (if institution, give name & address)

General Drilling Inc Y68 Fishers, IN

8. Date

February 15, 2012

I verify that I have completed the above training
(signature of person trained)

Richard L. Bolin

Certificate of Training

U.S. Department of Labor
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Serial Number (for operator's use)

1. Print Full Name of Person Trained (first, middle, last)

Alan Addison

2. Check Type of Approved Training Received:

- Annual Refresher
 New Task (specify below)
 Experienced Miner
 Newly Employed Inexperienced Miner
 Hazard Training
 Other (specify)

Date	Task	Initials		Date	Task	Initials	
		Instr	Studt			Instr	Studt

3. Check Type of Operation and Related Industry:

- A. Surface Construction Underground Shaft & Slope
 B. Coal Metal Nonmetal

4. Date Training Requirements Completed

12/17/2011

Check if not completed and go to item 5, below.

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5. Check Subjects Completed (Use only for partially completed training):

- Introduction to Work Environment
 Hazard Recognition
 Emergency Medical Procedures
 H&S Aspects of Tasks Assigned
 Statutory Rights of Miners
 Self-Rescue & Respiratory Devices
 Transport & Communications Systems
 Roof/Ground Control & Ventilation
 Mine Map; Escapeways; Emergency Evacuation; Barricading
 Cleanup; Rock Dusting
 Mandatory Health & Safety Standards
 Authority & Responsibility of Supervisors & Miners Representatives
 Health
 Electrical Hazards
 First Aid
 Mine Gases
 Explosives
 Prevention of Accidents
 Other (specify)

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(signature of person responsible for training)

7. Mine Name, ID, & Location of Training (if institution, give name & address)

General Drilling Inc

Y68

Fishers, IN

8. Date

12/17/2011

I verify that I have completed the above training
(signature of person trained)

Alan Addison

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Serial Number (for operator's use)

1. Print Full Name of Person Trained (first, middle, last)

Chris Andrae

2. Check Type of Approved Training Received:

- Annual Refresher Experienced Miner Hazard Training
 New Task (specify below) Newly Employed Inexperienced Miner Other (specify)

Date	Task	Initials	Date	Task	Initials
		Instr / Studt			Instr / Studt

3. Check Type of Operation and Related Industry:

- A. Surface Construction Underground Shaft & Slope
 B. Coal Metal Nonmetal

4. Date Training Requirements Completed

12/17/2011

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5. Check Subjects Completed (Use only for partially completed training):

- | | | |
|---|---|--|
| <input type="checkbox"/> Introduction to Work Environment | <input type="checkbox"/> Roof/Ground Control & Ventilation | <input type="checkbox"/> Health |
| <input type="checkbox"/> Hazard Recognition | <input type="checkbox"/> Mine Map; Escapeways; Emergency Evacuation; Barricading | <input type="checkbox"/> Electrical Hazards |
| <input type="checkbox"/> Emergency Medical Procedures | <input type="checkbox"/> Cleanup; Rock Dusting | <input type="checkbox"/> First Aid |
| <input type="checkbox"/> H&S Aspects of Tasks Assigned | <input type="checkbox"/> Mandatory Health & Safety Standards | <input type="checkbox"/> Mine Gases |
| <input type="checkbox"/> Statutory Rights of Miners | <input type="checkbox"/> Authority & Responsibility of Supervisors & Miners Representatives | <input type="checkbox"/> Explosives |
| <input type="checkbox"/> Self-Rescue & Respiratory Devices | | <input type="checkbox"/> Prevention of Accidents |
| <input type="checkbox"/> Transport & Communications Systems | | <input type="checkbox"/> Other (specify) |

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General Drilling Inc

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Fishers, IN

8. Date

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Chris Andrae

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1. Print Full Name of Person Trained (first, middle, last)

Darren E. Burton

2. Check Type of Approved Training Received:

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 New Task (specify below) Newly Employed Inexperienced Miner Other (specify)

Date	Task	Initials		Date	Task	Initials	
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5. Check Subjects Completed (Use only for partially completed training):

- Introduction to Work Environment Roof/Ground Control & Ventilation Health
 Hazard Recognition Mine Map; Escapeways; Emergency Evacuation; Barricading Electrical Hazards
 Emergency Medical Procedures Cleanup; Rock Dusting First Aid
 H&S Aspects of Tasks Assigned Mandatory Health & Safety Standards Mine Gases
 Statutory Rights of Miners Authority & Responsibility of Supervisors & Miners Representatives Explosives
 Self-Rescue & Respiratory Devices Prevention of Accidents
 Transport & Communications Systems Other (specify)

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Red + Clark

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General Drilling Inc

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Randall W Cook

2. Check Type of Approved Training Received:

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 New Task (specify below)
 Experienced Miner
 Newly Employed Inexperienced Miner
 Hazard Training
 Other (specify)

Date	Task	Initials	Date	Task	Initials
		Instr / Studt			Instr / Studt

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[Signature]

7. Mine Name, ID, & Location of Training (if institution, give name & address)

General Drilling Inc

Y68

Fishers, IN

Randall W. Cook

8. Date

12/17/2011

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1. Print Full Name of Person Trained (first, middle, last)

Bruce Cowles

2. Check Type of Approved Training Received:

- Annual Refresher
 New Task (specify below)
 Experienced Miner
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 Hazard Training
 Other (specify)

Date	Task	Initials	Date	Task	Initials
		Instr / Studt			Instr / Studt

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1. Print Full Name of Person Trained (first, middle, last)

Robert W. Canning

2. Check Type of Approved Training Received:

- Annual Refresher
 New Task (specify below)
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 Newly Employed Inexperienced Miner
 Hazard Training
 Other (specify)

Date	Task	Initials		Date	Task	Initials	
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[Signature]

7. Mine Name, ID, & Location of Training (if institution, give name & address)

General Drilling Inc

Y68

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Serial Number (for operator's use)

1. Print Full Name of Person Trained (first, middle, last)

DANA A. DASHIELL

2. Check Type of Approved Training Received:

- Annual Refresher
 New Task (specify below)
 Experienced Miner
 Newly Employed Inexperienced Miner
 Hazard Training
 Other (specify)

Date	Task	Initials	Date	Task	Initials
		Instr / Studt			Instr / Studt

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[Signature]

7. Mine Name, ID, & Location of Training (if institution, give name & address)

General Drilling Inc

Y68

Fishers, IN

[Signature: Dana A. Dashiehl]

8. Date

12/17/2011

I verify that I have completed the above training
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1. Print Full Name of Person Trained (first, middle, last)

Maurice Diehr

2. Check Type of Approved Training Received:

- Annual Refresher
 New Task (specify below)
 Experienced Miner
 Newly Employed Inexperienced Miner
 Hazard Training
 Other (specify)

Date	Task	Initials	Date	Task	Initials
		Instr Studt			Instr Studt

3. Check Type of Operation and Related Industry:

- A. Surface Construction Underground Shaft & Slope
 B. Coal Metal Nonmetal

4. Date Training Requirements Completed

12/17/11

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5. Check Subjects Completed (Use only for partially completed training):

- Introduction to Work Environment
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 H&S Aspects of Tasks Assigned
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Serial Number (for operator's use)

1. Print Full Name of Person Trained (first, middle, last)

Seth Gambrell

2. Check Type of Approved Training Received:

- Annual Refresher Experienced Miner Hazard Training
 New Task (specify below) Newly Employed Inexperienced Miner Other (specify)

Date	Task	Initials	Date	Task	Initials
		Instr / Studt			Instr / Studt

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- A. Surface Construction Underground Shaft & Slope
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4. Date Training Requirements Completed

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5. Check Subjects Completed (Use only for partially completed training):

- Introduction to Work Environment Roof/Ground Control & Ventilation Health
 Hazard Recognition Mine Map; Escapeways; Emergency Evacuation; Barricading Electrical Hazards
 Emergency Medical Procedures Cleanup; Rock Dusting First Aid
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 Transport & Communications Systems Other (specify)

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[Signature]

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General Drilling Inc Y68 Fishers, IN

Seth Gambrell

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Serial Number (for operator's use)

1. Print Full Name of Person Trained (first, middle, last)

Harley Geesman

2. Check Type of Approved Training Received:

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 New Task (specify below)
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Date	Task	Initials		Date	Task	Initials	
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[Signature]

7. Mine Name, ID, & Location of Training (if institution, give name & address)

General Drilling Inc

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Serial Number (for operator's use)

1. Print Full Name of Person Trained (first, middle, last)

Steve Geist

2. Check Type of Approved Training Received:

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[Signature]

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Mine Safety and Health Administration



Approved OMB Number 1219-0009, Expires July 31, 2014.

This certificate is required under Public Law 91-173 as amended by Public Law 95-164. Failure to comply may result in penalties and other sanctions as provided by sections 108 and 110, Public Law 91-173 as amended by Public Law 95-164.

Issue Certificate Immediately Upon Completion of Training	Serial Number (for operator's use)
---	------------------------------------

1. Print Full Name of Person Trained (first, middle, last)

David Hightower

2. Check Type of Approved Training Received:

- | | | |
|--|--|--|
| <input type="checkbox"/> Annual Refresher | <input type="checkbox"/> Experienced Miner | <input type="checkbox"/> Hazard Training |
| <input checked="" type="checkbox"/> New Task (specify below) | <input checked="" type="checkbox"/> Newly Employed Inexperienced Miner | <input type="checkbox"/> Other (specify) |

Date	Task	Initials		Date	Task	Initials	
		Instr	Studt			Instr	Studt

3. Check Type of Operation and Related Industry:

- | | | | |
|--|---|--|--|
| A. <input checked="" type="checkbox"/> Surface | <input type="checkbox"/> Construction | <input type="checkbox"/> Underground | <input type="checkbox"/> Shaft & Slope |
| B. <input type="checkbox"/> Coal | <input checked="" type="checkbox"/> Metal | <input checked="" type="checkbox"/> Nonmetal | |

4. Date Training Requirements Completed

12/17/2011

Check if not completed and go to item 5, below.

→ If completed, go to item 6, below.

5. Check Subjects Completed (Use only for partially completed training):

- | | | |
|---|---|--|
| <input type="checkbox"/> Introduction to Work Environment | <input type="checkbox"/> Roof/Ground Control & Ventilation | <input type="checkbox"/> Health |
| <input type="checkbox"/> Hazard Recognition | <input type="checkbox"/> Mine Map; Escapeways; Emergency Evacuation; Barricading | <input type="checkbox"/> Electrical Hazards |
| <input type="checkbox"/> Emergency Medical Procedures | <input type="checkbox"/> Cleanup; Rock Dusting | <input type="checkbox"/> First Aid |
| <input type="checkbox"/> H&S Aspects of Tasks Assigned | <input type="checkbox"/> Mandatory Health & Safety Standards | <input type="checkbox"/> Mine Gases |
| <input type="checkbox"/> Statutory Rights of Miners | <input type="checkbox"/> Authority & Responsibility of Supervisors & Miners Representatives | <input type="checkbox"/> Explosives |
| <input type="checkbox"/> Self-Rescue & Respiratory Devices | | <input type="checkbox"/> Prevention of Accidents |
| <input type="checkbox"/> Transport & Communications Systems | | <input type="checkbox"/> Other (specify) |

6. False certification is punishable under section 110 (a) and (f) of the Federal Mine Safety & Health Act (P. L. 91-173 as amended by P. L. 95-164).

I certify that the above training has been completed
(signature of person responsible for training)

[Handwritten Signature]

7. Mine Name, ID, & Location of Training (if institution, give name & address)

General Drilling Inc

Y68

Fishers, IN

8. Date

12/17/2011

I verify that I have completed the above training
(signature of person trained)

[Handwritten Signature]

Certificate of Training

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



Approved OMB Number 1219-0009, Expires July 31, 2014.

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Issue Certificate Immediately
Upon Completion of Training

Serial Number (for operator's use)

1. Print Full Name of Person Trained (first, middle, last)

Browdon L Hutson

2. Check Type of Approved Training Received:

- Annual Refresher Experienced Miner Hazard Training
 New Task (specify below) Newly Employed Inexperienced Miner Other (specify)

Date	Task	Initials	Date	Task	Initials
		Instr / Studt			Instr / Studt

3. Check Type of Operation and Related Industry:

- A. Surface Construction Underground Shaft & Slope
 B. Coal Metal Nonmetal

4. Date Training Requirements Completed

12/17/2011

Check if not completed and go to item 5, below.

→ If completed, go to item 6, below.

5. Check Subjects Completed (Use only for partially completed training):

- Introduction to Work Environment Roof/Ground Control & Ventilation Health
 Hazard Recognition Mine Map; Escapeways; Emergency Evacuation; Barricading Electrical Hazards
 Emergency Medical Procedures Cleanup; Rock Dusting First Aid
 H&S Aspects of Tasks Assigned Mandatory Health & Safety Standards Mine Gases
 Statutory Rights of Miners Authority & Responsibility of Supervisors & Miners Representatives Explosives
 Self-Rescue & Respiratory Devices Prevention of Accidents
 Transport & Communications Systems Other (specify)

6. False certification is punishable under section 110 (a) and (f) of the Federal Mine Safety & Health Act (P. L. 91-173 as amended by P. L. 95-164).

I certify that the above training has been completed
(signature of person responsible for training)

[Signature]

7. Mine Name, ID, & Location of Training (if institution, give name & address)

General Drilling Inc Y68 Fishers, IN

8. Date

12/17/2011

I verify that I have completed the above training
(signature of person trained)

Certificate of Training

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



Approved OMB Number 1219-0009, Expires July 31, 2014.

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Issue Certificate Immediately Upon Completion of Training	Serial Number (for operator's use)
---	------------------------------------

1. Print Full Name of Person Trained (first, middle, last)

Bruce E. Hutson

2. Check Type of Approved Training Received:

- | | | |
|--|--|--|
| <input type="checkbox"/> Annual Refresher | <input type="checkbox"/> Experienced Miner | <input type="checkbox"/> Hazard Training |
| <input checked="" type="checkbox"/> New Task (specify below) | <input checked="" type="checkbox"/> Newly Employed Inexperienced Miner | <input type="checkbox"/> Other (specify) |

Date	Task	Initials		Date	Task	Initials	
		Instr	Stu			Instr	Stu

3. Check Type of Operation and Related Industry:

- | | | | |
|--|---|--|--|
| A. <input checked="" type="checkbox"/> Surface | <input type="checkbox"/> Construction | <input type="checkbox"/> Underground | <input type="checkbox"/> Shaft & Slope |
| B. <input type="checkbox"/> Coal | <input checked="" type="checkbox"/> Metal | <input checked="" type="checkbox"/> Nonmetal | |

4. Date Training Requirements Completed

12/17/2011

Check if not completed and go to item 5, below.

→ If completed, go to item 6, below.

5. Check Subjects Completed (Use only for partially completed training):

- | | | |
|---|---|--|
| <input type="checkbox"/> Introduction to Work Environment | <input type="checkbox"/> Roof/Ground Control & Ventilation | <input type="checkbox"/> Health |
| <input type="checkbox"/> Hazard Recognition | <input type="checkbox"/> Mine Map; Escapeways; Emergency Evacuation; Barricading | <input type="checkbox"/> Electrical Hazards |
| <input type="checkbox"/> Emergency Medical Procedures | <input type="checkbox"/> Cleanup; Rock Dusting | <input type="checkbox"/> First Aid |
| <input type="checkbox"/> H&S Aspects of Tasks Assigned | <input type="checkbox"/> Mandatory Health & Safety Standards | <input type="checkbox"/> Mine Gases |
| <input type="checkbox"/> Statutory Rights of Miners | <input type="checkbox"/> Authority & Responsibility of Supervisors & Miners Representatives | <input type="checkbox"/> Explosives |
| <input type="checkbox"/> Self-Rescue & Respiratory Devices | | <input type="checkbox"/> Prevention of Accidents |
| <input type="checkbox"/> Transport & Communications Systems | | <input type="checkbox"/> Other (specify) |

6. False certification is punishable under section 110 (a) and (f) of the Federal Mine Safety & Health Act (P. L. 91-173 as amended by P. L. 95-164).

I certify that the above training has been completed
(signature of person responsible for training)

7. Mine Name, ID, & Location of Training (if institution, give name & address)

General Drilling Inc

Y68

Fishers, IN

8. Date

12/17/2011

I verify that I have completed the above training
(signature of person trained)

Certificate of Training

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



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Issue Certificate Immediately
Upon Completion of Training

Serial Number (for operator's use)

1. Print Full Name of Person Trained (first, middle, last)

Henry Bryan Hutson

2. Check Type of Approved Training Received:

- Annual Refresher
 New Task (specify below)
 Experienced Miner
 Newly Employed Inexperienced Miner
 Hazard Training
 Other (specify)

Date	Task	Initials	Date	Task	Initials
		Instr / Studt			Instr / Studt

3. Check Type of Operation and Related Industry:

- A. Surface Construction Underground Shaft & Slope
 B. Coal Metal Nonmetal

4. Date Training Requirements Completed

12/17/2011

Check if not completed and go to item 5, below.

→ If completed, go to item 6, below.

5. Check Subjects Completed (Use only for partially completed training):

- Introduction to Work Environment
 Hazard Recognition
 Emergency Medical Procedures
 H&S Aspects of Tasks Assigned
 Statutory Rights of Miners
 Self-Rescue & Respiratory Devices
 Transport & Communications Systems
 Roof/Ground Control & Ventilation
 Mine Map; Escapeways; Emergency Evacuation; Barricading
 Cleanup; Rock Dusting
 Mandatory Health & Safety Standards
 Authority & Responsibility of Supervisors & Miners Representatives
 Health
 Electrical Hazards
 First Aid
 Mine Gases
 Explosives
 Prevention of Accidents
 Other (specify)

6. False certification is punishable under section 110 (a) and (f) of the Federal Mine Safety & Health Act (P. L. 91-173 as amended by P. L. 95-164).

I certify that the above training has been completed (signature of person responsible for training)

[Signature]

7. Mine Name, ID, & Location of Training (if institution, give name & address)

General Drilling Inc

Y68

Fishers, IN

8. Date

12/17/2011

I verify that I have completed the above training (signature of person trained)

Certificate of Training

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



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Issue Certificate Immediately
Upon Completion of Training

Serial Number (for operator's use)

1. Print Full Name of Person Trained (first, middle, last)

HENRY HERMAN HUTSON

2. Check Type of Approved Training Received:

- Annual Refresher
 New Task (specify below)
 Experienced Miner
 Newly Employed Inexperienced Miner
 Hazard Training
 Other (specify)

Date	Task	Initials	Date	Task	Initials
		Instr / Studt			Instr / Studt

3. Check Type of Operation and Related Industry:

- A. Surface Construction Underground Shaft & Slope
 B. Coal Metal Nonmetal

4. Date Training Requirements Completed

12/17/2011

Check if not completed and go to item 5, below.

→ If completed, go to item 6, below.

5. Check Subjects Completed (Use only for partially completed training):

- Introduction to Work Environment
 Hazard Recognition
 Emergency Medical Procedures
 H&S Aspects of Tasks Assigned
 Statutory Rights of Miners
 Self-Rescue & Respiratory Devices
 Transport & Communications Systems
 Roof/Ground Control & Ventilation
 Mine Map; Escapeways; Emergency Evacuation; Barricading
 Cleanup; Rock Dusting
 Mandatory Health & Safety Standards
 Authority & Responsibility of Supervisors & Miners Representatives
 Health
 Electrical Hazards
 First Aid
 Mine Gases
 Explosives
 Prevention of Accidents
 Other (specify)

6. False certification is punishable under section 110 (a) and (f) of the Federal Mine Safety & Health Act (P. L. 91-173 as amended by P. L. 95-164).

I certify that the above training has been completed
(signature of person responsible for training)

[Signature]

7. Mine Name, ID, & Location of Training (if institution, give name & address)

General Drilling Inc

Y68

Fishers, IN

8. Date

12/17/2011

I verify that I have completed the above training
(signature of person trained)

[Signature: Henry Herman Hutson]

Certificate of Training

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



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Issue Certificate Immediately Upon Completion of Training	Serial Number (for operator's use)
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1. Print Full Name of Person Trained (first, middle, last)

Troy Jennings

2. Check Type of Approved Training Received:

- Annual Refresher
 Experienced Miner
 Hazard Training
 New Task (specify below)
 Newly Employed Inexperienced Miner
 Other (specify)

Date	Task	Initials	Date	Task	Initials
		Instr / Studt			Instr / Studt

3. Check Type of Operation and Related Industry:

- A. Surface Construction Underground Shaft & Slope
 B. Coal Metal Nonmetal

4. Date Training Requirements Completed

12/17/2011

Check if not completed and go to item 5, below.

→ If completed, go to item 6, below.

5. Check Subjects Completed (Use only for partially completed training):

- | | | |
|---|---|--|
| <input type="checkbox"/> Introduction to Work Environment | <input type="checkbox"/> Roof/Ground Control & Ventilation | <input type="checkbox"/> Health |
| <input type="checkbox"/> Hazard Recognition | <input type="checkbox"/> Mine Map; Escapeways; Emergency Evacuation; Barricading | <input type="checkbox"/> Electrical Hazards |
| <input type="checkbox"/> Emergency Medical Procedures | <input type="checkbox"/> Cleanup; Rock Dusting | <input type="checkbox"/> First Aid |
| <input type="checkbox"/> H&S Aspects of Tasks Assigned | <input type="checkbox"/> Mandatory Health & Safety Standards | <input type="checkbox"/> Mine Gases |
| <input type="checkbox"/> Statutory Rights of Miners | <input type="checkbox"/> Authority & Responsibility of Supervisors & Miners Representatives | <input type="checkbox"/> Explosives |
| <input type="checkbox"/> Self-Rescue & Respiratory Devices | | <input type="checkbox"/> Prevention of Accidents |
| <input type="checkbox"/> Transport & Communications Systems | | <input type="checkbox"/> Other (specify) |

6. False certification is punishable under section 110 (a) and (f) of the Federal Mine Safety & Health Act (P. L. 91-173 as amended by P. L. 95-164).

I certify that the above training has been completed
(signature of person responsible for training)

[Signature]

7. Mine Name, ID, & Location of Training (if institution, give name & address)

General Drilling Inc Y68 Fishers, IN

8. Date

12/17/2011

I verify that I have completed the above training
(signature of person trained)

Troy Jennings

Certificate of Training

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



Approved OMB Number 1219-0009, Expires July 31, 2014.

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Albert Keil

Issue Certificate Immediately
Upon Completion of Training

Serial Number (for operator's use)

1. Print Full Name of Person Trained (first, middle, last)

2. Check Type of Approved Training Received:

- Annual Refresher
 New Task (specify below)
 Experienced Miner
 Newly Employed Inexperienced Miner
 Hazard Training
 Other (specify)

Date	Task	Initials		Date	Task	Initials	
		Instr	Studt			Instr	Studt

3. Check Type of Operation and Related Industry:

- A. Surface Construction Underground Shaft & Slope
 B. Coal Metal Nonmetal

4. Date Training Requirements Completed

12/17/2011

Check if not completed and go to item 5, below.

→ If completed, go to item 6, below.

5. Check Subjects Completed (Use only for partially completed training):

- Introduction to Work Environment
 Hazard Recognition
 Emergency Medical Procedures
 H&S Aspects of Tasks Assigned
 Statutory Rights of Miners
 Self-Rescue & Respiratory Devices
 Transport & Communications Systems
 Roof/Ground Control & Ventilation
 Mine Map; Escapeways; Emergency Evacuation; Barricading
 Cleanup; Rock Dusting
 Mandatory Health & Safety Standards
 Authority & Responsibility of Supervisors & Miners Representatives
 Health
 Electrical Hazards
 First Aid
 Mine Gases
 Explosives
 Prevention of Accidents
 Other (specify)

6. False certification is punishable under section 110 (a) and (f) of the Federal Mine Safety & Health Act (P. L. 91-173 as amended by P. L. 95-164).

I certify that the above training has been completed
(signature of person responsible for training)

7. Mine Name, ID, & Location of Training (if institution, give name & address)

General Drilling Inc

Y68

Fishers, IN

8. Date

12/17/2011

I verify that I have completed the above training
(signature of person trained)

Albert Keil

Certificate of Training

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



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Issue Certificate Immediately
Upon Completion of Training

Serial Number (for operator's use)

1. Print Full Name of Person Trained (first, middle, last)

DAVID W. Keil

2. Check Type of Approved Training Received:

- Annual Refresher
 New Task (specify below)
 Experienced Miner
 Newly Employed Inexperienced Miner
 Hazard Training
 Other (specify)

Date	Task	Initials	Date	Task	Initials
		Instr / Studt			Instr / Studt

3. Check Type of Operation and Related Industry:

- A. Surface Construction Underground Shaft & Slope
 B. Coal Metal Nonmetal

4. Date Training Requirements Completed

12/17/2011

Check if not completed and go to item 5, below.

→ If completed, go to item 6, below.

5. Check Subjects Completed (Use only for partially completed training):

- Introduction to Work Environment
 Hazard Recognition
 Emergency Medical Procedures
 H&S Aspects of Tasks Assigned
 Statutory Rights of Miners
 Self-Rescue & Respiratory Devices
 Transport & Communications Systems
 Roof/Ground Control & Ventilation
 Mine Map; Escapeways; Emergency Evacuation; Barricading
 Cleanup; Rock Dusting
 Mandatory Health & Safety Standards
 Authority & Responsibility of Supervisors & Miners Representatives
 Health
 Electrical Hazards
 First Aid
 Mine Gases
 Explosives
 Prevention of Accidents
 Other (specify)

6. False certification is punishable under section 110 (a) and (f) of the Federal Mine Safety & Health Act (P. L. 91-173 as amended by P. L. 95-164).

I certify that the above training has been completed
(signature of person responsible for training)

[Signature]

7. Mine Name, ID, & Location of Training (if institution, give name & address)

General Drilling Inc

Y68

Fishers, IN

8. Date

12/17/2011

I verify that I have completed the above training
(signature of person trained)

[Signature]

Certificate of Training

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



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Issue Certificate Immediately
Upon Completion of Training

Serial Number (for operator's use)

1. Print Full Name of Person Trained (first, middle, last)

Jeffrey Brandt Keil

2. Check Type of Approved Training Received:

- Annual Refresher
 New Task (specify below)
 Experienced Miner
 Newly Employed Inexperienced Miner
 Hazard Training
 Other (specify)

Date	Task	Initials	Date	Task	Initials
		Instr / Studt			Instr / Studt

3. Check Type of Operation and Related Industry:

- A. Surface Construction Underground Shaft & Slope
 B. Coal Metal Nonmetal

4. Date Training Requirements Completed

12/17/2011

Check if not completed and go to item 5, below.

→ If completed, go to item 6, below.

5. Check Subjects Completed (Use only for partially completed training):

- Introduction to Work Environment
 Hazard Recognition
 Emergency Medical Procedures
 H&S Aspects of Tasks Assigned
 Statutory Rights of Miners
 Self-Rescue & Respiratory Devices
 Transport & Communications Systems
 Roof/Ground Control & Ventilation
 Mine Map; Escapeways; Emergency Evacuation; Barricading
 Cleanup; Rock Dusting
 Mandatory Health & Safety Standards
 Authority & Responsibility of Supervisors & Miners Representatives
 Health
 Electrical Hazards
 First Aid
 Mine Gases
 Explosives
 Prevention of Accidents
 Other (specify)

6. False certification is punishable under section 110 (a) and (f) of the Federal Mine Safety & Health Act (P. L. 91-173 as amended by P. L. 95-164).

I certify that the above training has been completed
(signature of person responsible for training)

[Signature]

7. Mine Name, ID, & Location of Training (if institution, give name & address)

General Drilling Inc

Y68

Fishers, IN

8. Date

12/17/2011

I verify that I have completed the above training
(signature of person trained)

Certificate of Training

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



Approved OMB Number 1219-0009, Expires July 31, 2014.

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Issue Certificate Immediately
Upon Completion of Training

Serial Number (for operator's use)

1. Print Full Name of Person Trained (first, middle, last)

MARK MAPPE

2. Check Type of Approved Training Received:

- Annual Refresher
 New Task (specify below)
 Experienced Miner
 Newly Employed Inexperienced Miner
 Hazard Training
 Other (specify)

Date	Task	Initials	Date	Task	Initials
		Instr / Studt			Instr / Studt

3. Check Type of Operation and Related Industry:

- A. Surface Construction Underground Shaft & Slope
 B. Coal Metal Nonmetal

4. Date Training Requirements Completed

12/17/2011

Check if not completed and go to item 5, below.

→ If completed, go to item 6, below.

5. Check Subjects Completed (Use only for partially completed training):

- Introduction to Work Environment
 Hazard Recognition
 Emergency Medical Procedures
 H&S Aspects of Tasks Assigned
 Statutory Rights of Miners
 Self-Rescue & Respiratory Devices
 Transport & Communications Systems
 Roof/Ground Control & Ventilation
 Mine Map; Escapeways; Emergency Evacuation; Barricading
 Cleanup; Rock Dusting
 Mandatory Health & Safety Standards
 Authority & Responsibility of Supervisors & Miners Representatives
 Health
 Electrical Hazards
 First Aid
 Mine Gases
 Explosives
 Prevention of Accidents
 Other (specify)

6. False certification is punishable under section 110 (a) and (f) of the Federal Mine Safety & Health Act (P. L. 91-173 as amended by P. L. 95-164).

I certify that the above training has been completed
(signature of person responsible for training)

[Signature]

7. Mine Name, ID, & Location of Training (if institution, give name & address)

General Drilling Inc

Y68

Fishers, IN

8. Date

12/17/2011

I verify that I have completed the above training
(signature of person trained)

[Signature]

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



Approved OMB Number 1219-0009, Expires December 31, 2010

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➔ Issue Certificate Immediately Upon Completion of Training
Serial Number (for operator's use)
X 3539

1. Print Full Name of Person Trained (first, middle, last)
X Jeffrey C. Nelson

2. Check Type of Approved Training Received: Part 48 subpart B 24 Hr Initial
 Annual Refresher
 Experienced Miner
 Hazard Training
 New Task (specify below)
 Newly Employed, Inexperienced Miner
 Other (specify)

Date	Task	Initials		Date	Task	Initials	
		Instr	Studi			Instr	Studi
					Noise, Haz-Com		
					Alcohol & Substance Abuse		
					(1 Hr)		

3. Check Type of Operation and Related Industry:
A. Surface Construction Underground Shaft & Slope
B. Coal Metal Nonmetal

4. Date Training Requirements Completed
7-14-11
➔ If completed, go to item 6, below. Check if not completed and go to item 5, below.

5. Check Subjects Completed (use only for partially completed training):
 Introduction to Work Environment
 Hazard Recognition
 Emergency Medical Procedures
 H&S Aspects of Tasks Assigned
 Statutory Rights of Miners
 Self-Rescue & Respiratory Devices
 Transport & Communication Systems
 Roof/Ground Control & Ventilation
 Mine Map; Escapeways; Emergency Evacuation; Barricading
 Cleanup; Rock Dusting
 Mandatory Health & Safety Standards
 Authority & Responsibility of Supervisors & Miners' Representatives
 Health
 Electrical Hazards
 First Aid
 Mine Gases
 Explosives
 Prevention Of Accidents
 Other (specify)

6. False certification is punishable under section 110 (a) and (f) of the Federal Mine Safety & Health Act (P. L. 91-173 as amended by P. L. 95-164).
I certify that the above training has been completed (signature of person responsible for training)
John M. Wardlaw

7. Mine Name, ID, & Location of Training (if institution, give name & address)
John M. Wardlaw Co. LLC-1494 Klondike II Mine site
Mutton, Ky Fire Dept

8. Date
7-14-11 X
I verify that I have completed the above training (signature of person trained)
Jeffrey C. Nelson

Certificate of Training

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



Approved OMB Number 1219-0009, Expires July 31, 2014.

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Issue Certificate Immediately
Upon Completion of Training

Serial Number (for operator's use)

1. Print Full Name of Person Trained (first, middle, last)

Ervin L Phillips Jr

2. Check Type of Approved Training Received:

- Annual Refresher Experienced Miner Hazard Training
 New Task (specify below) Newly Employed Inexperienced Miner Other (specify)

Date	Task	Initials	Date	Task	Initials
		Instr / Studt			Instr / Studt

3. Check Type of Operation and Related Industry:

- A. Surface Construction Underground Shaft & Slope
 B. Coal Metal Nonmetal

4. Date Training Requirements Completed

12/17/2011

Check if not completed and go to item 5, below.

→ If completed, go to item 6, below.

5. Check Subjects Completed (Use only for partially completed training):

- Introduction to Work Environment Roof/Ground Control & Ventilation Health
 Hazard Recognition Mine Map; Escapeways; Emergency Evacuation; Barricading Electrical Hazards
 Emergency Medical Procedures Cleanup; Rock Dusting First Aid
 H&S Aspects of Tasks Assigned Mandatory Health & Safety Standards Mine Gases
 Statutory Rights of Miners Authority & Responsibility of Supervisors & Miners Representatives Explosives
 Self-Rescue & Respiratory Devices Prevention of Accidents
 Transport & Communications Systems Other (specify)

6. False certification is punishable under section 110 (a) and (f) of the Federal Mine Safety & Health Act (P. L. 91-173 as amended by P. L. 95-164).

I certify that the above training has been completed
(signature of person responsible for training)

[Signature]

7. Mine Name, ID, & Location of Training (if institution, give name & address)

General Drilling Inc

Y68

Fishers, IN

8. Date

12/17/2011

I verify that I have completed the above training
(signature of person trained)

Ervin L Phillips Jr

Certificate of Training

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



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Issue Certificate Immediately
Upon Completion of Training

Serial Number (for operator's use)

1. Print Full Name of Person Trained (first, middle, last)

Dennis Rankin

2. Check Type of Approved Training Received:

- Annual Refresher
 New Task (specify below)
 Experienced Miner
 Newly Employed Inexperienced Miner
 Hazard Training
 Other (specify)

Date	Task	Initials	Date	Task	Initials
		Instr / Studt			Instr / Studt

3. Check Type of Operation and Related Industry:

- A. Surface Construction Underground Shaft & Slope
 B. Coal Metal Nonmetal

4. Date Training Requirements Completed

12/17/2011

Check if not completed and go to item 5, below.

→ If completed, go to item 6, below.

5. Check Subjects Completed (Use only for partially completed training):

- Introduction to Work Environment
 Hazard Recognition
 Emergency Medical Procedures
 H&S Aspects of Tasks Assigned
 Statutory Rights of Miners
 Self-Rescue & Respiratory Devices
 Transport & Communications Systems
 Roof/Ground Control & Ventilation
 Mine Map; Escapeways; Emergency Evacuation; Barricading
 Cleanup; Rock Dusting
 Mandatory Health & Safety Standards
 Authority & Responsibility of Supervisors & Miners Representatives
 Health
 Electrical Hazards
 First Aid
 Mine Gases
 Explosives
 Prevention of Accidents
 Other (specify)

6. False certification is punishable under section 110 (a) and (f) of the Federal Mine Safety & Health Act (P. L. 91-173 as amended by P. L. 95-164).

I certify that the above training has been completed
(signature of person responsible for training)

[Signature]

7. Mine Name, ID, & Location of Training (if institution, give name & address)

General Drilling Inc Y68 Fishers, IN

Dennis Rankin

8. Date

12/17/2011

I verify that I have completed the above training
(signature of person trained)

Certificate of Training

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



Approved OMB Number 1219-0009, Expires July 31, 2014.

This certificate is required under Public Law 91-173 as amended by Public Law 95-164. Failure to comply may result in penalties and other sanctions as provided by sections 108 and 110, Public Law 91-173 as amended by Public Law 95-164.

Issue Certificate Immediately
Upon Completion of Training

Serial Number (for operator's use)

1. Print Full Name of Person Trained (first, middle, last)

Charles L Reed

2. Check Type of Approved Training Received:

- Annual Refresher Experienced Miner Hazard Training
 New Task (specify below) Newly Employed Inexperienced Miner Other (specify)

Date	Task	Initials	Date	Task	Initials
		Instr / Studt			Instr / Studt

3. Check Type of Operation and Related Industry:

- A. Surface Construction Underground Shaft & Slope
 B. Coal Metal Nonmetal

4. Date Training Requirements Completed

12/17/2011

Check if not completed and go to item 5, below.

→ If completed, go to item 6, below.

5. Check Subjects Completed (Use only for partially completed training):

- Introduction to Work Environment Roof/Ground Control & Ventilation Health
 Hazard Recognition Mine Map; Escapeways; Emergency Evacuation; Barricading Electrical Hazards
 Emergency Medical Procedures Cleanup; Rock Dusting First Aid
 H&S Aspects of Tasks Assigned Mandatory Health & Safety Standards Mine Gases
 Statutory Rights of Miners Authority & Responsibility of Supervisors & Miners Representatives Explosives
 Self-Rescue & Respiratory Devices Prevention of Accidents
 Transport & Communications Systems Other (specify)

6. False certification is punishable under section 110 (a) and (f) of the Federal Mine Safety & Health Act (P. L. 91-173 as amended by P. L. 95-164).

I certify that the above training has been completed
(signature of person responsible for training)

7. Mine Name, ID, & Location of Training (if institution, give name & address)

General Drilling Inc Y68 Fishers, IN

Charles Reed

8. Date

12/17/2011

I verify that I have completed the above training
(signature of person trained)

Certificate of Training

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



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Issue Certificate Immediately Upon Completion of Training	Serial Number (for operator's use)
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1. Print Full Name of Person Trained (first, middle, last)

JEFFERY ALLEN SEELEY

2. Check Type of Approved Training Received:

- Annual Refresher Experienced Miner Hazard Training
 New Task (specify below) Newly Employed Inexperienced Miner Other (specify)

Date	Task	Initials	Date	Task	Initials
		Instr / Studt			Instr / Studt

3. Check Type of Operation and Related Industry:

- A. Surface Construction Underground Shaft & Slope
 B. Coal Metal Nonmetal

4. Date Training Requirements Completed

12/17/2011

Check if not completed and go to item 5, below.

→ If completed, go to item 6, below.

5. Check Subjects Completed (Use only for partially completed training):

- | | | |
|---|---|--|
| <input type="checkbox"/> Introduction to Work Environment | <input type="checkbox"/> Roof/Ground Control & Ventilation | <input type="checkbox"/> Health |
| <input type="checkbox"/> Hazard Recognition | <input type="checkbox"/> Mine Map; Escapeways; Emergency Evacuation; Barricading | <input type="checkbox"/> Electrical Hazards |
| <input type="checkbox"/> Emergency Medical Procedures | <input type="checkbox"/> Cleanup; Rock Dusting | <input type="checkbox"/> First Aid |
| <input type="checkbox"/> H&S Aspects of Tasks Assigned | <input type="checkbox"/> Mandatory Health & Safety Standards | <input type="checkbox"/> Mine Gases |
| <input type="checkbox"/> Statutory Rights of Miners | <input type="checkbox"/> Authority & Responsibility of Supervisors & Miners Representatives | <input type="checkbox"/> Explosives |
| <input type="checkbox"/> Self-Rescue & Respiratory Devices | | <input type="checkbox"/> Prevention of Accidents |
| <input type="checkbox"/> Transport & Communications Systems | | <input type="checkbox"/> Other (specify) |

6. False certification is punishable under section 110 (a) and (f) of the Federal Mine Safety & Health Act (P. L. 91-173 as amended by P. L. 95-164).

I certify that the above training has been completed
(signature of person responsible for training)

[Signature]

7. Mine Name, ID, & Location of Training (if institution, give name & address)

General Drilling Inc Y68 Fishers, IN

8. Date

12/17/2011

I verify that I have completed the above training
(signature of person trained)

[Signature]

Certificate of Training

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



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Issue Certificate Immediately
Upon Completion of Training

Serial Number (for operator's use)

1. Print Full Name of Person Trained (first, middle, last)

Lucas Alan Sealey

2. Check Type of Approved Training Received:

- Annual Refresher Experienced Miner Hazard Training
 New Task (specify below) Newly Employed Inexperienced Miner Other (specify)

Date	Task	Initials	Date	Task	Initials
		Instr / Studt			Instr / Studt

3. Check Type of Operation and Related Industry:

- A. Surface Construction Underground Shaft & Slope
 B. Coal Metal Nonmetal

4. Date Training Requirements Completed

12/17/2011

Check if not completed and go to item 5, below.

→ If completed, go to item 6, below.

5. Check Subjects Completed (Use only for partially completed training):

- Introduction to Work Environment Roof/Ground Control & Ventilation Health
 Hazard Recognition Mine Map; Escapeways; Emergency Evacuation; Barricading Electrical Hazards
 Emergency Medical Procedures Cleanup; Rock Dusting First Aid
 H&S Aspects of Tasks Assigned Mandatory Health & Safety Standards Mine Gases
 Statutory Rights of Miners Authority & Responsibility of Supervisors & Miners Representatives Explosives
 Self-Rescue & Respiratory Devices Other (specify)

6. False certification is punishable under section 110 (a) and (f) of the Federal Mine Safety & Health Act (P. L. 91-173 as amended by P. L. 95-164).

I certify that the above training has been completed
(signature of person responsible for training)

[Signature]

7. Mine Name, ID, & Location of Training (if institution, give name & address)

General Drilling Inc Y68 Fishers, IN

8. Date

12/17/2011

I verify that I have completed the above training
(signature of person trained)

[Signature]

Certificate of Training

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Mine Safety and Health Administration



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Issue Certificate Immediately Upon Completion of Training	Serial Number (for operator's use)
---	------------------------------------

1. Print Full Name of Person Trained (first, middle, last)

Don Selby

2. Check Type of Approved Training Received:

- Annual Refresher Experienced Miner Hazard Training
 New Task (specify below) Newly Employed Inexperienced Miner Other (specify)

Date	Task	Initials	Date	Task	Initials
		Instr / Studt			Instr / Studt

3. Check Type of Operation and Related Industry:

- A. Surface Construction Underground Shaft & Slope
 B. Coal Metal Nonmetal

4. Date Training Requirements Completed

12/17/2011

Check if not completed and go to item 5, below.

→ If completed, go to item 6, below.

5. Check Subjects Completed (Use only for partially completed training):

- | | | |
|---|---|--|
| <input type="checkbox"/> Introduction to Work Environment | <input type="checkbox"/> Roof/Ground Control & Ventilation | <input type="checkbox"/> Health |
| <input type="checkbox"/> Hazard Recognition | <input type="checkbox"/> Mine Map; Escapeways; Emergency Evacuation; Barricading | <input type="checkbox"/> Electrical Hazards |
| <input type="checkbox"/> Emergency Medical Procedures | <input type="checkbox"/> Cleanup; Rock Dusting | <input type="checkbox"/> First Aid |
| <input type="checkbox"/> H&S Aspects of Tasks Assigned | <input type="checkbox"/> Mandatory Health & Safety Standards | <input type="checkbox"/> Mine Gases |
| <input type="checkbox"/> Statutory Rights of Miners | <input type="checkbox"/> Authority & Responsibility of Supervisors & Miners Representatives | <input type="checkbox"/> Explosives |
| <input type="checkbox"/> Self-Rescue & Respiratory Devices | | <input type="checkbox"/> Prevention of Accidents |
| <input type="checkbox"/> Transport & Communications Systems | | <input type="checkbox"/> Other (specify) |

6. False certification is punishable under section 110 (a) and (f) of the Federal Mine Safety & Health Act (P. L. 91-173 as amended by P. L. 95-164).

I certify that the above training has been completed (signature of person responsible for training)

[Signature]

7. Mine Name, ID, & Location of Training (if institution, give name & address)

General Drilling Inc

Y68

Fishers, IN

8. Date

12/17/2011

I verify that I have completed the above training (signature of person trained)

[Signature]

Certificate of Training

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



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Issue Certificate Immediately
Upon Completion of Training

Serial Number (for operator's use)

1. Print Full Name of Person Trained (first, middle, last)

Jason Eric Skinner

2. Check Type of Approved Training Received:

- Annual Refresher
 New Task (specify below)
 Experienced Miner
 Newly Employed Inexperienced Miner
 Hazard Training
 Other (specify)

Date	Task	Initials	Date	Task	Initials
		Instr / Studt			Instr / Studt

3. Check Type of Operation and Related Industry:

- A. Surface Construction Underground Shaft & Slope
 B. Coal Metal Nonmetal

4. Date Training Requirements Completed

12/17/2011

Check if not completed and go to item 5, below.

→ If completed, go to item 6, below.

5. Check Subjects Completed (Use only for partially completed training):

- Introduction to Work Environment
 Hazard Recognition
 Emergency Medical Procedures
 H&S Aspects of Tasks Assigned
 Statutory Rights of Miners
 Self-Rescue & Respiratory Devices
 Transport & Communications Systems
 Roof/Ground Control & Ventilation
 Mine Map; Escapeways; Emergency Evacuation; Barricading
 Cleanup; Rock Dusting
 Mandatory Health & Safety Standards
 Authority & Responsibility of Supervisors & Miners Representatives
 Health
 Electrical Hazards
 First Aid
 Mine Gases
 Explosives
 Prevention of Accidents
 Other (specify)

6. False certification is punishable under section 110 (a) and (f) of the Federal Mine Safety & Health Act (P. L. 91-173 as amended by P. L. 95-164).

I certify that the above training has been completed
(signature of person responsible for training)

7. Mine Name, ID, & Location of Training (if institution, give name & address)

General Drilling Inc Y68 Fishers, IN

8. Date

12/17/2011

I verify that I have completed the above training
(signature of person trained)

Certificate of Training

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



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Issue Certificate Immediately
Upon Completion of Training

Serial Number (for operator's use)

1. Print Full Name of Person Trained (first, middle, last)

William Bradley Smith

2. Check Type of Approved Training Received:

- Annual Refresher
 New Task (specify below)
 Experienced Miner
 Newly Employed Inexperienced Miner
 Hazard Training
 Other (specify)

Date	Task	Initials	Date	Task	Initials
		Instr / Studt			Instr / Studt

3. Check Type of Operation and Related Industry:

- A. Surface Construction Underground Shaft & Slope
 B. Coal Metal Nonmetal

4. Date Training Requirements Completed

12/17/2011

Check if not completed and go to item 5, below.

→ If completed, go to item 6, below.

5. Check Subjects Completed (Use only for partially completed training):

- Introduction to Work Environment
 Hazard Recognition
 Emergency Medical Procedures
 H&S Aspects of Tasks Assigned
 Statutory Rights of Miners
 Self-Rescue & Respiratory Devices
 Transport & Communications Systems
 Roof/Ground Control & Ventilation
 Mine Map; Escapeways; Emergency Evacuation; Barricading
 Cleanup; Rock Dusting
 Mandatory Health & Safety Standards
 Authority & Responsibility of Supervisors & Miners Representatives
 Health
 Electrical Hazards
 First Aid
 Mine Gases
 Explosives
 Prevention of Accidents
 Other (specify)

6. False certification is punishable under section 110 (a) and (f) of the Federal Mine Safety & Health Act (P. L. 91-173 as amended by P. L. 95-164).

I certify that the above training has been completed
(signature of person responsible for training)

[Signature]

7. Mine Name, ID, & Location of Training (if institution, give name & address)

General Drilling Inc

Y68

Fishers, IN

8. Date

12/17/2011

I verify that I have completed the above training
(signature of person trained)

Brad Smith

Certificate of Training

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



Approved OMB Number 1219-0009, Expires July 31, 2014.

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Issue Certificate Immediately
Upon Completion of Training

Serial Number (for operator's use)

1. Print Full Name of Person Trained (first, middle, last)

Michael A. Van Slyke

2. Check Type of Approved Training Received:

- Annual Refresher
 New Task (specify below)
 Experienced Miner
 Newly Employed Inexperienced Miner
 Hazard Training
 Other (specify)

Date	Task	Initials	Date	Task	Initials
		Instr / Studt			Instr / Studt

3. Check Type of Operation and Related Industry:

- A. Surface Construction Underground Shaft & Slope
 B. Coal Metal Nonmetal

4. Date Training Requirements Completed

12/17/2011

Check if not completed and go to item 5, below.

→ If completed, go to item 6, below.

5. Check Subjects Completed (Use only for partially completed training):

- Introduction to Work Environment
 Hazard Recognition
 Emergency Medical Procedures
 H&S Aspects of Tasks Assigned
 Statutory Rights of Miners
 Self-Rescue & Respiratory Devices
 Transport & Communications Systems
 Roof/Ground Control & Ventilation
 Mine Map; Escapeways; Emergency Evacuation; Barricading
 Cleanup; Rock Dusting
 Mandatory Health & Safety Standards
 Authority & Responsibility of Supervisors & Miners Representatives
 Health
 Electrical Hazards
 First Aid
 Mine Gases
 Explosives
 Prevention of Accidents
 Other (specify)

6. False certification is punishable under section 110 (a) and (f) of the Federal Mine Safety & Health Act (P. L. 91-173 as amended by P. L. 95-164).

I certify that the above training has been completed
(signature of person responsible for training)

[Signature]

7. Mine Name, ID, & Location of Training (if institution, give name & address)

General Drilling Inc

Y68

Fishers, IN

8. Date

12/17/2011

I verify that I have completed the above training
(signature of person trained)

Michael A. Van Slyke