CERTIFICATE OF DEPOSIT ASSIGNMENT FORM

THE FOLLOWING LETTER MUST BE PRINTED ON FINANCIAL INSTITUTION LETTERHEAD STATIONERY CONTAINING THE ADDRESS OF THE ISSUING BRANCH AND ALL INFORMATION MUST BE TYPED

(DATE)	
New York State Department of Environmental Conservation Division of Mineral Resources 625 Broadway - 3 rd Floor Albany, New York 12233-6500	
RE: Mine File #	
Dear NYSDEC:	
[Insert Financial Institution Name] holds Certificate of Deposit No for [Insert Permittee Name] in the amount of \$ in escrow for the New York State Department of Environmental Conservation. This account is in lieu of a mined land reclamation bond for the above referenced mine owner, pursuant to Section 23-2715 of the Environmental Conservation Law.	on

This Certificate of Deposit shall be automatically renewed for additional terms of one (1) year or more unless the bank gives the Department of Environmental Conservation, State of New York at least ninety (90) days written notice of its intent to terminate the Certificate at the end of any term. The bank shall also notify the Department ninety (90) days prior to taking any action which would modify, cancel or allow the withdrawal of funds from the account other than accrued interest.

The Department shall have the rights to draw on this Certificate of Deposit at any time to and including the maturity date up to the aggregate amount, less any prior drafts by the Department, and hold it as cash collateral guarantee if [Insert Permittee Name] fails to replace this Certificate of Deposit with other acceptable financial security no later than thirty (30) business days after being informed by the Department that the bank has given its ninety (90) days written notice to terminate the credit, or if the [Insert Permittee Name] has violated the Environmental Conservation Law Article 23, Title 27, and/or its attendant rules and regulations.

Interest accruing to the account remains the property of the mine owner.

Sincerely,

[Authorized Signature]

[Bank Officer Name and Title - Must be Typed] [SIGNATURE MUST BE NOTARIZED]

Acknowledgement Form

STATE OF					
COUNTY OF				SS.:	
On this	_day of		_ in the year	, before m	ıe,
the undersigne	ed notary public, perso	nally appeared _			
satisfactory e and acknowled that by his/her	vidence to be the individence to be the individence to me that he/shewitheir signature on the vidual acted, executed	vidual whose nar e/they executed t instrument, the i	me is subscribed the same in his/he	to the within ins er/their capacity	trument , and
		Notary Public			