

July 16, 2014



AMERICAN COLLOID COMPANY

Permitting & Reclamation Department
P.O. Box 2010 • Belle Fourche, South Dakota 57717
(605) 892.6950 • Fax (605) 892.3178

Eric Holm, Natural Resources Engineer
Minerals and Mining Program
Dept. of Environment & Natural Resources
Joe Foss Building, 523 E. Capitol
Pierre, SD 57501-3181

RECEIVED
JUL 17 2014
MINERALS & MINING PROGRAM

Re: L&S Access Road Request for Determination Special and Unique

Dear Eric:

Please find enclosed US mail delivery receipts for the submittals of the Request for Determination Special and Unique Lands” packet to the following individuals:

- Raymond Sowers, Dept. of Agriculture
- Mike Fosha, Dept. of Tourism
- Stan Michals, Dept. of Game, Fish & Parks
- Jay Vogt, Dept. of Tourism
- Jim Hagen, Dept. of Tourism

Please call me at (605) 892-7160 or email me at nick.semenza@colloid.com if you have any questions or require further information during the permit review process.

Sincerely,

A handwritten signature in black ink, appearing to read 'Nick Semenza', is written over a light blue horizontal line.

Nick Semenza
Environmental Specialist

Enclosures

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

STAN MICHALS
 DEPT. OF GAME, FISH, AND PARKS
 4130 ADVENTURE TRAIL
 RAPID CITY, SD 57702

2. Article Number
(Transfer from service label)

7011 1570 0002 9148 8262

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

- A. Signature  Agent
 Addressee
- B. Received by (Printed Name) S. Peterson C. Date of Delivery 7/11
- D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

RECEIVED
 JUL 17 2014
 MINERALS & MINING PROGRAM

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.
4. Restricted Delivery? (Extra Fee) Yes

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

JAY VOGT
 DEPT. OF TOURISM
 STATE HISTORICAL SOCIETY
 900 GOVERNORS DR
 PIERRE, SD 57501-2217

2. Article Number
(Transfer from service label)

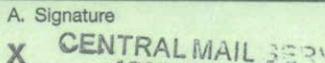
7011 1570 0002 9148 8224

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

- A. Signature  Agent
 Addressee
- B. Received by (Printed Name) CENTRAL MAIL SERVICE C. Date of Delivery JUL 11 2014
1320 E SIOUX AVE
PIERRE SD 57501
- D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.
4. Restricted Delivery? (Extra Fee) Yes

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

MICHAEL FOSHA
 DEPT. OF TOURISM
 SD ARCHAEOLOGICAL SOCIETY
 1600 SEDIVY LANE, ROOM 207
 RAPID CITY, SD 57703

2. Article Number
(Transfer from service label)

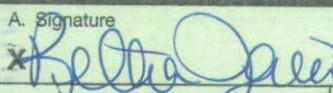
7011 1570 0002 9148 8255

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

- A. Signature  Agent
 Addressee
- B. Received by (Printed Name) Betha JARVIS C. Date of Delivery 7/11/14
- D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.
4. Restricted Delivery? (Extra Fee) Yes

SENDER: COMPLETE THIS SECTION

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- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

JIM HAGEN
 DEPT. OF TOURISM, OFFICE OF
 TOURISM
 500 EAST CAPITOL
 PIERRE, SD 57501

2. Article Number
(Transfer from service label)

7011 1570 0002 9148 8217

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X **CENTRAL MAIL SERVICES** Agent
 1320 E SIOUX AVE Addressee
 PIERRE SD 57501 Date of Delivery

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

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- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

RAYMOND SOWERS
 DEPT. OF RESOURCE
 CONSERVATION & FORESTRY
 JOE FOSS BUILDING, 523 E. CAPITOL
 PIERRE, SD 57501

2. Article Number
(Transfer from service label)

7011 1570 0002 9148 8248

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X **CENTRAL MAIL SERVICES** Agent
 1320 E SIOUX AVE Addressee
 PIERRE SD 57501 Date of Delivery

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 If YES, enter delivery address below: No

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 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes