

1.) CORPORATION NAME:

JEWELL RIDGE COAL CORPORATION

DUE DATE: **9/30/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM
4701 COX RD STE 301
GLEN ALLEN, VA 23060-6802**

SCC ID NO: **00077503**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	50,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: P.O. BOX 18100

CITY/ST/ZIP: RICHMOND, VA 23226-8100

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

<p>NAME: ARTHUR E. WHEATLEY TITLE: VICE PRESIDENT ADDRESS: P.O. BOX 18100 CITY/ST/ZIP/CO: RICHMOND, VA 23226-8100</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: ELIZABETH C. RESTIVO TITLE: SECRETARY ADDRESS: P.O. BOX 18100 CITY/ST/ZIP/CO: RICHMOND, VA 23226-8100</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: JONATHAN ANDREW LEON TITLE: TREASURER ADDRESS: P.O. BOX 18100 CITY/ST/ZIP/CO: RICHMOND, VA 23226-8100</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: LISA M. LANDRY TITLE: ASST TREASURER ADDRESS: ASSISTANT TREASURER - TAX CITY/ST/ZIP/CO: P.O. BOX 18100 RICHMOND, VA 23226-8100</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: MCALISTER C. MARSHALL, II TITLE: DIRECTOR ADDRESS: DIRECTOR, PRESIDENT CITY/ST/ZIP/CO: P.O. BOX 18100 RICHMOND, VA 23226-8100</p>	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: WILLIAM M. LEIDIG TITLE: VICE PRESIDENT ADDRESS: P.O. BOX 1268 CITY/ST/ZIP/CO: ABINGDON, VA 24212-1268</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR

NAME: JOSEPH W. DZIEDZIC TITLE: DIRECTOR ADDRESS: P.O. BOX 18100 CITY/ST/ZIP/CO: RICHMOND, VA 23226	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: KEVIN L. YOCUM TITLE: DIRECTOR ADDRESS: P.O. BOX 18100 CITY/ST/ZIP/CO: RICHMOND, VA 23226	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

/s/ LISA M. LANDRY SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	LISA M. LANDRY, ASST TREASURER PRINTED NAME AND CORPORATE TITLE	8/6/2012 DATE
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It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.