

1.) CORPORATION NAME:

**Arch Reclamation Services, Inc.**

DUE DATE: **10/31/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM  
4701 COX ROAD, SUITE 285  
GLEN ALLEN, VA**

SCC ID NO: **F1231093**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**HENRICO COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**DE**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: CITY PLACE 1 SUITE 300

CITY/ST/ZIP: ST LOUIS, MO 63141

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.

NAME:	JOHN K. O'HARE	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	CITY PLACE ONE		
CITY/ST/ZIP/CO:	STE 300 ST LOUIS, MO 63141		
NAME:	JOLENE J MERMIS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	CITYPLACE ONE, SUITE 300		
CITY/ST/ZIP/CO:	ST. LOUIS, MO 63141		
NAME:	JOHN T. DREXLER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	CITY PLACE ONE, STE 300		
CITY/ST/ZIP/CO:	ST LOUIS, MO 63141		
NAME:	JAMES E. FLORCZAK	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VP & TREAS		
ADDRESS:	CITY PLACE ONE, STE 300		
CITY/ST/ZIP/CO:	ST LOUIS, MO 63141		
NAME:	C DAVID STEELE	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	CITY PLACE ONE		
CITY/ST/ZIP/CO:	STE 300 ST LOUIS, MA 63141		
NAME:	JON S PLOETZ	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	CITY PLACE ONE		
CITY/ST/ZIP/CO:	STE 300 ST LOUIS, MO 63141		

NAME: ROBERT G JONES TITLE: DIRECTOR ADDRESS: CITYPLACE ONE, SUITE 300 CITY/ST/ZIP/CO: ST. LOUIS, MO 63141	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: PAUL A LANG TITLE: DIRECTOR ADDRESS: CITYPLACE ONE, SUITE 300 CITY/ST/ZIP/CO: ST. LOUIS, MO 63141	<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/ C DAVID STEELE SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	C DAVID STEELE, VICE PRESIDENT PRINTED NAME AND CORPORATE TITLE	10/29/2014 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.