

CERTIFICATE OF TRAINING

SPECIFIC TASK COMPLETED

Fall Protection

TASK TRAINING

"surface" "metal/non-metal"

Mine I.D. #02-00024

SAFETY

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.

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

"MSHA Approved Alternate Form 5000-23

Advanced Lining PAYROLL NUMBER	RAFAEL BOTELLO E. EMPLOYEE NAME
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MCB007 - Fall Protection

GROUP CODE-TASK CODE AND DESCRIPTION

I certify that task training was completed on


SUPERVISOR SIGNATURE

3/2/2012
DATE

093361

PAYROLL NUMBER

I verify that I have completed the above training on

Rafael E. Botello
EMPLOYEE SIGNATURE

3/2/2012
DATE

1-3-12
DATE

CERTIFICATE OF TRAINING

SPECIAL TASK COMPLETED

Fall Protection

TASK TRAINING

"surface" "metal/non-metal"

Mine I.D. #02-00024

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"MSHA Approved Alternate Form 5000-23"

A.L.S	Ramon Castell
PAYROLL NUMBER	EMPLOYEE NAME

MCB007 - Fall Protection
GROUP CODE-TASK CODE AND DESCRIPTION

I certify that task training was completed on

[Signature]
SUPERVISOR SIGNATURE

2/8/2012
DATE

08/11/55
PAYROLL NUMBER

I verify that I have completed the above training on

[Signature]
EMPLOYEE SIGNATURE

02/08/2012
DATE

02/08/2012
DATE

CERTIFICATE OF TRAINING

SPECIFIC TASK COMPLETED

Fall Protection

TASK TRAINING

"surface" "metal/non-metal"

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"MSHA Approved Alternate Form 5000-23"

A.L.S.	ROBERTO LOZANO
PAYROLL NUMBER	EMPLOYEE NAME

MCB007 - Fall Protection
GROUP CODE-TASK CODE AND DESCRIPTION

I certify that task training was completed on

[Signature]
SUPERVISOR SIGNATURE

2/8/55
DATE
08/11/55
PAYROLL NUMBER

I verify that I have completed the above training on

ROBERTO LOZANO
EMPLOYEE SIGNATURE

2-8-12
DATE
2-8-12
DATE

CERTIFICATE OF TRAINING

SPECIFIC TASK COMPLETED

SDFPRO - Fall Protection Training

TASK TRAINING



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**"MSHA Approved Alternate Form 5000-23
May 1996"**

"surface" "metal/non-metal"

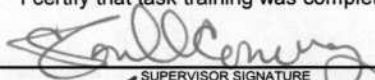
Mine I.D. #02-03131

ALS PAYROLL NUMBER	EDMUNDO URIBE EMPLOYEE NAME
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SDFPRO - Fall Protection Training

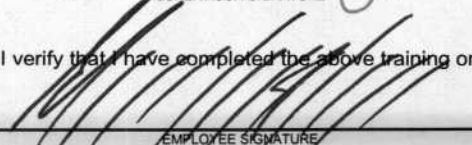
GROUP CODE-TASK CODE AND DESCRIPTION

I certify that task training was completed on


SUPERVISOR SIGNATURE

1/25/2012
DATE
093361
PAYROLL NUMBER

I verify that I have completed the above training on


EMPLOYEE SIGNATURE

1/25/12
DATE
ALS
PAYROLL NUMBER

CERTIFICATE OF TRAINING

SPECIFIC TASK COMPLETED

TASK TRAINING



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**"MSHA Approved Alternate Form 5000-23
May 1996"**

SDFPRO - Fall Protection Training

"surface" "metal/non-metal"

Mine I.D. #02-03131

Advanced L PAYROLL NUMBER	Alejandro Lobato EMPLOYEE NAME
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SDFPRO - Fall Protection Training
GROUP CODE-TASK CODE AND DESCRIPTION

I certify that task training was completed on

[Signature]
SUPERVISOR SIGNATURE

2/8/2012
DATE
093361
PAYROLL NUMBER

I verify that I have completed the above training on

Alejandro Lobato
EMPLOYEE SIGNATURE

02-08-2012
DATE
Advanced L.S.
PAYROLL NUMBER

CERTIFICATE OF TRAINING

SPECIFIC TASK COMPLETED

SDFPRO - Fall Protection Training

TASK TRAINING



"surface" "metal/non-metal"

Mine I.D. #02-03131

SAFETY

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**"MSHA Approved Alternate Form 5000-23
May 1996"**

Advanced PAYROLL NUMBER	EMPLOYEE NAME Florencio M Castillo
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SDFPRO - Fall Protection Training

GROUP CODE-TASK CODE AND DESCRIPTION

I certify that task training was completed on

[Signature]
SUPERVISOR SIGNATURE

2/8/2012
DATE

093361
PAYROLL NUMBER

I verify that I have completed the above training on

[Signature]
EMPLOYEE SIGNATURE

2-8-12
DATE

Advanced
PAYROLL NUMBER

X

CERTIFICATE OF TRAINING

SPECIFIC TASK COMPLETED

TASK TRAINING



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**"MSHA Approved Alternate Form 5000-23
May 1996"**

SDFPRO - Fall Protection Training

"surface" "metal/non-metal"

Mine I.D. #02-03131

<u>A.L.S.</u> PAYROLL NUMBER	<u>SCORNO TARASCO</u> EMPLOYEE NAME
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SDFPRO - Fall Protection Training
GROUP CODE-TASK CODE AND DESCRIPTION

I certify that task training was completed on

[Signature]
SUPERVISOR SIGNATURE

2/8/2012
DATE
093361
PAYROLL NUMBER

I verify that I have completed the above training on

[Signature]
EMPLOYEE SIGNATURE

2-8-2012
DATE
A.L.S.
PAYROLL NUMBER

X

CERTIFICATE OF TRAINING

SPECIFIC TASK COMPLETED

SDFPRO - Fall Protection Training

TASK TRAINING



"surface" "metal/non-metal"

Mine I.D. #02-03131

SAFETY

<u>A.L.S</u> PAYROLL NUMBER	<u>Ramon Castillo</u> EMPLOYEE NAME
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SDFPRO - Fall Protection Training

GROUP CODE-TASK CODE AND DESCRIPTION

I certify that task training was completed on

2/8/2012
DATE

093301
PAYROLL NUMBER

[Signature]
SUPERVISOR SIGNATURE

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

I verify that I have completed the above training on

02/08/2012
DATE

02/08/2012
PAYROLL NUMBER

[Signature]
EMPLOYEE SIGNATURE

**"MSHA Approved Alternate Form 5000-23
May 1996"**

CERTIFICATE OF TRAINING

SPECIFIC TASK COMPLETED

SDFPRO - Fall Protection Training

TASK TRAINING



"surface" "metal/non-metal"

Mine I.D. #02-03131

SAFETY

A.L.S. PAYROLL NUMBER	ROBERTO FORANO EMPLOYEE NAME
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SDFPRO - Fall Protection Training

GROUP CODE-TASK CODE AND DESCRIPTION

I certify that task training was completed on

2/8/2012
DATE

SUPERVISOR SIGNATURE

093361
PAYROLL NUMBER

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I verify that I have completed the above training on

2-8-12
DATE

EMPLOYEE SIGNATURE

A.L.S.
PAYROLL NUMBER

**"MSHA Approved Alternate Form 5000-23
May 1996"**

X



CERTIFICATE OF TRAINING

Fall Protection

SPECIFIC TASK COMPLETED

TASK TRAINING

"surface" "metal/non-metal"

I.D. #02-00024

SAFETY

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**"MSHA Approved Alternate Form 5000-23
May 1996"**

<i>A-65</i>	<i>Lorenzo Hernandez</i>
PAYROLL NUMBER	EMPLOYEE NAME

MCB007 Fall Protection
GROUP CODE-TASK CODE AND DESCRIPTION

I certify that task training was completed on

[Signature]

SUPERVISOR SIGNATURE

2/9/2012

DATE

55679

PAYROLL NUMBER

I verify that I have completed the above training on

[Signature]

EMPLOYEE SIGNATURE

2/9/2012

DATE

2/9/2012

DATE

CERTIFICATE OF TRAINING

SPECIFIC TASK COMPLETED

Fall Protection

TASK TRAINING

"surface" "metal/non-metal"

Mine I.D. #02-00024

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"MSHA Approved Alternate Form 5000-23

<i>A-L-5</i>	<i>Manuel Delgado</i>
PAYROLL NUMBER	EMPLOYEE NAME

MCB007 - Fall Protection
GROUP CODE-TASK CODE AND DESCRIPTION

I certify that task training was completed on

[Signature]
SUPERVISOR SIGNATURE

2/3/2012
DATE

093361
PAYROLL NUMBER

I verify that I have completed the above training on

Manuel Delgado
EMPLOYEE SIGNATURE

02-03-12
DATE

DATE

CERTIFICATE OF TRAINING

SPECIFIC TASK COMPLETED

Fall Protection

TASK TRAINING

"surface" "metal/non-metal"

Mine I.D. #02-00024

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"MSHA Approved Alternate Form 5000-23

Advanced Lining	Emmanuel Delgado
PAYROLL NUMBER	EMPLOYEE NAME

MCB007 - Fall Protection

GROUP CODE-TASK CODE AND DESCRIPTION

I certify that task training was completed on

2/3/2012
DATE


SUPERVISOR SIGNATURE

08/11/55

PAYROLL NUMBER

I verify that I have completed the above training on

02-03-12
DATE


EMPLOYEE SIGNATURE

02-03-12
DATE

CERTIFICATE OF TRAINING

SPECIFIC TASK COMPLETED

Fall Protection

TASK TRAINING

"surface" "metal/non-metal"

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"MSHA Approved Alternate Form 5000-23

A.L.S.	Ramon Hinojos
PAYROLL NUMBER	EMPLOYEE NAME

MCB007 - Fall Protection
GROUP CODE-TASK CODE AND DESCRIPTION

I certify that task training was completed on

[Signature]
SUPERVISOR SIGNATURE

1/25/2012
DATE

093361
PAYROLL NUMBER

I verify that I have completed the above training on

Ramon Hinojos
EMPLOYEE SIGNATURE

01-25-2012
DATE

01-25-2012
DATE

CERTIFICATE OF TRAINING

SPECIFIC TASK COMPLETED

Fall Protection

TASK TRAINING

"surface" "metal/non-metal"

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"MSHA Approved Alternate Form 5000-23

A.L.S	Armando Hinojos
PAYROLL NUMBER	EMPLOYEE NAME

MCB007 - Fall Protection
GROUP CODE-TASK CODE AND DESCRIPTION

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SUPERVISOR SIGNATURE

1/25/2012
DATE
093361
PAYROLL NUMBER

I verify that I have completed the above training on


EMPLOYEE SIGNATURE

1/25/12
DATE
1/25/12
DATE

CERTIFICATE OF TRAINING

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ALS	EDMUNDO URIBE
PAYROLL NUMBER	EMPLOYEE NAME

MCB007 - Fall Protection

GROUP CODE-TASK CODE AND DESCRIPTION

I certify that task training was completed on


SUPERVISOR SIGNATURE

1/25/2012
DATE
093301
PAYROLL NUMBER

I verify that I have completed the above training on


EMPLOYEE SIGNATURE

1/25/12
DATE

"MSHA Approved Alternate Form 5000-23"

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"MSHA Approved Alternate Form 5000-23

Advanced C.S.	Alejandro Lobato
PAYROLL NUMBER	EMPLOYEE NAME

MCB007 - Fall Protection

GROUP CODE-TASK CODE AND DESCRIPTION

I certify that task training was completed on

2/8/12
DATE


SUPERVISOR SIGNATURE

093361

PAYROLL NUMBER

I verify that I have completed the above training on

02-08-2012
DATE


EMPLOYEE SIGNATURE
02-08-2012
DATE

CERTIFICATE OF TRAINING

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Fall Protection

TASK TRAINING

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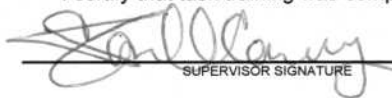
"MSHA Approved Alternate Form 5000-23

Advanced	Florencio M Castillo
PAYROLL NUMBER	EMPLOYEE NAME

MCB007 - Fall Protection

GROUP CODE-TASK CODE AND DESCRIPTION

I certify that task training was completed on



 SUPERVISOR SIGNATURE

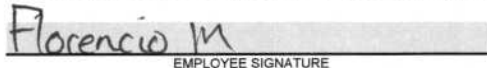


 DATE

08/11/55

PAYROLL NUMBER

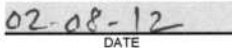
I verify that I have completed the above training on



 EMPLOYEE SIGNATURE



 DATE



 DATE

CERTIFICATE OF TRAINING

SPECIAL TASK COMPLETED

Fall Protection

TASK TRAINING

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"MSHA Approved Alternate Form 5000-23

<i>A.L.S</i>	<i>SOCORNO TARANGO</i>
PAYROLL NUMBER	EMPLOYEE NAME

MCB007 - Fall Protection

GROUP CODE-TASK CODE AND DESCRIPTION

I certify that task training was completed on

[Signature]

SUPERVISOR SIGNATURE

2/8/2012

DATE

093361

PAYROLL NUMBER

I verify that I have completed the above training on

[Signature]

EMPLOYEE SIGNATURE

2-8-2012

DATE

2-8-2012

DATE