ASSIGNMENT OF CERTIFICATE OF DEPOSIT
TO THE ARKANSAS DEPARTMENT OF ENVIRONMENTAL QUALITY
FOR USE AS A COLLATERAL RECLAMATION BOND

The attached original instrument, Certificate of Deposit No. __________________________ issued by _____________________________ in the amount of __________________________ in the amount of __________________________ dollars ( $ _____________________ ) is hereby assigned, transferred to, and pledged with the Arkansas Department of Environmental Quality (Department) by _____________________________.

Name of Principal

The Certificate shall be automatically renewed at intervals designated by the above named Financial Institution. The Department will be notified after each renewal.

The Certificate is not and will not be considered as, or used as, collateral for any other purpose by the undersigned Principal or Financial Institution.

The amount of the Certificate shall not exceed the maximum insurable amount as determined by the FDIC or the FSLIC.

All interest accrued or accruing hereafter on said Certificate is to remain the property of the Principal. The Financial Institution may direct the interest to another account held by the Principal.

This assignment is made as, and shall constitute, collateral bond for the faithful performance of the Principal’s obligations for reclamation pursuant to the Arkansas Quarry Operation Reclamation and Safe Closure Act.

The Certificate of Deposit shall be payable in part or in full to the Department upon demand with a notice of bond forfeiture signed by the Director of the Department.

This assignment shall remain in full force and effect throughout all renewals until released in writing by the Mining Program of the Department.

Dated this __________ day of _____________, _____________

Principal

By _____________________________

Signature of Principal Official

________________________________________

Name of Principal Official

________________________________________

Position of Principal Official

________________________________________

Financial Institution

Address _____________________________

________________________________________

Telephone No. _____________________________

By _____________________________

Signature of Institution Official

________________________________________

Name of Institution Official

________________________________________

Position of Institution Official