OKLAHOMA
NON-MINING BLASTING PERMIT
APPLICATION

DYKON BLASTING CORP.

POSTED FROM
07/20/2022 to 08/03/2022
STATE OF OKLAHOMA
DEPARTMENT OF MINES

APPLICATION FOR BLASTING PERMIT
IN ACCORDANCE WITH 63 O.S., (1995) 123.1 et seq.
(SECTION 1)

DATE: 07-06-2022

PERMIT TYPE: _______One Time _____Limited Time _____Continuous Blasting Operations

If this is for renewal of a current blasting permit, list your permit number: P-023

CORPORATION/BUSINESS NAME: Dykon Blasting Corp.

8120 W 81st Street Tulsa OK 74131
Mailing Address (Street, R.F.D., Box No.) City State Zip

8120 W 81st street Tulsa OK 74131
Physical Address of Business (Location where blasting records are held for review)

73-1525595 / 918-592-5278 918-592-5277
Federal Tax ID# Business Telephone Number Fax Number

I hereby make application for a permit to use explosives or engage in blasting in the State of Oklahoma.

PLEASE ATTACH COPIES OF THE FOLLOWING: (For all Certified Blasters)
· Copy of the Blaster’s Certificate
· Any information concerning administrative or judicial proceedings in which the applicant is involved and the current status; notification of permit suspension or revocation (460:25-5-6)
· Verification of application
· Proof of Liability Insurance (460:25-11-3)

OFFICIAL USE ONLY

DATE RECEIVED: __________________________
DATE APPLICATION WAS APPROVED: _______
STATE PERMIT NUMBER: _______
RENEWAL DATE FOR PERMIT: __________________________

NMODM06/28/2017
OKLAHOMA APPLICATION FOR A BLASTING PERMIT
Compliance and Related Information
(Section 2)

Date 07-06-2022

Dykon Blasting Corp.
Name of company

<table>
<thead>
<tr>
<th>Mine name or number</th>
</tr>
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<tbody>
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</table>

8120 W 81st Street
Company address

<table>
<thead>
<tr>
<th>Tulsa</th>
<th>OK</th>
<th>74131</th>
</tr>
</thead>
<tbody>
<tr>
<td>City</td>
<td>State</td>
<td>Zip Code</td>
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NOTE: ANSWER ALL QUESTIONS ON THIS FORM. (If no answer, write "none"). PROPERLY IDENTIFY AND SECURE ANY ATTACHED EXHIBITS, IF USED. PLEASE REFER TO THE SPECIFIC ITEM NUMBER OF THIS FORM.

IDENTIFICATION OF INTERESTS: In compliance with section 460:25-5-5 of the Rules and Regulations for Blasting, the APPLICANT is required to furnish the following:

460:25-5-5
1a. Applicant is an Individual or Single Proprietorship ( ) If yes, provide Social Security #:

1b. Applicant is a: (X)Corporation ( )Joint Venture ( )Partnership ( )Other _______________

2. Please provide the names of every officer, partner, director, or other person performing similar to director of the applicant.

Jared Redyke 8120 W 81st Street, Tulsa, OK 74131 President/Owner

<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
<th>City</th>
<th>State</th>
<th>Zip</th>
<th>Position</th>
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<th>Zip</th>
<th>Position</th>
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NMODM05/29/14
COMPLIANCE INFORMATION

460:25-5-6

1. Has the applicant for the permit, or any subsidiary, affiliate or by or under common control with the applicant has a suspended or revoked permit in the last five (5) years? _Yes_ X _No_

2. If the answer to the above question was yes, applicant should provide the following information:

460:25-5-6(2)(A)
Permit Identification # _N/A_ Date of Issuance ____________

460:25-5-6(2)(B)
What is the current status of the permit involved? _N/A_

460:25-5-6(C)
Provide the date, location and type of any administrative or judicial proceedings initiated concerning the suspension, revocation or forfeiture:

<table>
<thead>
<tr>
<th>Date</th>
<th>Location</th>
<th>Type</th>
</tr>
</thead>
</table>

460:25-5-6(D)
What is the current status of these proceedings? ____________
VERIFICATION OF BLASTING PERMIT APPLICATION

In accordance with 460:25-5-8 of the State of Oklahoma Blasting Regulations this is verification that the information contained in this application is true and correct to the best of my information and belief; and the applicant has not had a permit suspended or revoked in the last five years.

Signature of an Official of the Company

President
Title of Official

ATTEST:

Subscribed and sworn to before me this 6th day of July 20 22

Notary Public

My Commission Expires:

09/05/2022
CERTIFIED BLASTERS*  
FOR INFORMATIONAL PURPOSES ONLY

OAC 460:25-13-6 (b) states “The blaster certification shall be carried by the blaster or shall be on file at the blasting area during the blasting operation.”

<table>
<thead>
<tr>
<th>BLASTER'S STATE CERTIFICATION #:</th>
<th>1785</th>
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<tr>
<td>ISSUED DATE:</td>
<td>12/14/2021</td>
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<tr>
<td>EXPIRATION DATE:</td>
<td>12/31/2023</td>
</tr>
<tr>
<td>Name of Certified Blaster</td>
<td>Joshua Neil Case</td>
</tr>
<tr>
<td>Telephone Number</td>
<td>606-875-7405</td>
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<tr>
<th>BLASTER'S STATE CERTIFICATION #:</th>
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<td>EXPIRATION DATE:</td>
<td>12/31/2022</td>
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<tr>
<td>Name of Certified Blaster</td>
<td>David A Hersey</td>
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<tr>
<td>Telephone Number</td>
<td>918-640-0360</td>
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<tr>
<td>EXPIRATION DATE:</td>
<td>12/31/2023</td>
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<tr>
<td>Name of Certified Blaster</td>
<td>Robert Duncan</td>
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<td>Telephone Number</td>
<td>918-397-2516</td>
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<tr>
<td>EXPIRATION DATE:</td>
<td>12/31/2023</td>
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<tr>
<td>Name of Certified Blaster</td>
<td>Jimmy Floyd</td>
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<tr>
<td>Telephone Number</td>
<td>580-364-4954</td>
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<td>EXPIRATION DATE:</td>
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<tr>
<td>Name of Certified Blaster</td>
<td>Robbie Godsey</td>
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<td>Telephone Number</td>
<td>918-645-3148</td>
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</table>

*A current certification is required to conduct blasting.
**CERTIFIED BLASTERS**

* FOR INFORMATIONAL PURPOSES ONLY

OAC 460:25-13-6 (b) states "The blaster certification shall be carried by the blaster or shall be on file at the blasting area during the blasting operation."

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<td>EXPIRATION DATE:</td>
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<tr>
<td>Steve Homan</td>
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<td>Name of Certified Blaster</td>
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<td>Telephone Number</td>
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<td>Kenny Massie</td>
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<tr>
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<td>Telephone Number</td>
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<tr>
<td>Jared Redyke</td>
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<td>Name of Certified Blaster</td>
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<td>Telephone Number</td>
<td>918-740-3426</td>
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<tr>
<td>Ryan Redyke</td>
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<td>Name of Certified Blaster</td>
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<td>Telephone Number</td>
<td>918-855-6569</td>
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<td>EXPIRATION DATE:</td>
<td>12/31/2023</td>
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<tr>
<td>Jeremiah Wilson</td>
<td></td>
</tr>
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<td>Name of Certified Blaster</td>
<td></td>
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<tr>
<td>Telephone Number</td>
<td>330-429-3386</td>
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</table>

*A current certification is required to conduct blasting.*

NMODM07/19/2018
CERTIFIED BLASTERS*
FOR INFORMATIONAL PURPOSES ONLY

OAC 460:25-13-6 (b) states "The blaster certification shall be carried by the blaster or shall be on file at the blasting area during the blasting operation."

BLASTER'S STATE CERTIFICATION #: 1720

ISSUED DATE: 12/15/2020 EXPIRATION DATE: 12/31/2022

Nick Davis 606-875-7405
Name of Certified Blaster Telephone Number

BLASTER'S STATE CERTIFICATION #:

ISSUED DATE: EXPIRATION DATE:

Name of Certified Blaster Telephone Number

BLASTER'S STATE CERTIFICATION #:

ISSUED DATE: EXPIRATION DATE:

Name of Certified Blaster Telephone Number

BLASTER'S STATE CERTIFICATION #:

ISSUED DATE: EXPIRATION DATE:

Name of Certified Blaster Telephone Number

BLASTER'S STATE CERTIFICATION #:

ISSUED DATE: EXPIRATION DATE:

Name of Certified Blaster Telephone Number

* A current certification is required to conduct blasting.

NMODM07/19/2018
STATE OF OKLAHOMA MINING COMMISSION
BLASTER'S CERTIFICATE

This certifies that

[Blaster's Name]

has completed the requirements of a Certified Blaster as prescribed by the Oklahoma Department of Mines.

[Signature]

Director

OMTI ID: [ID Number]
Certificate No: [Certificate Number]

Date: [Date]
Expires: [Expiration Date]
This certificate is issued to:

1. STEVE JOHNSON
   Date: 12/14/2021
   OMTI ID: 12856
   Certificate No: 1842
   Has completed the requirements to be a Certified Blaster as prescribed by the Oklahoma Department of Mines.
   Signed: Michael Reed

2. ROBBIE COOTER
   Date: 12/14/2021
   OMTI ID: 2371
   Certificate No: 1849
   Has completed the requirements to be a Certified Blaster as prescribed by the Oklahoma Department of Mines.
   Signed: Michael Reed

3. JIMMY BLAIR
   Date: 12/14/2021
   OMTI ID: 7164
   Certificate No: 1324
   Has completed the requirements to be a Certified Blaster as prescribed by the Oklahoma Department of Mines.
   Signed: Michael Reed

4. ROBERT DURAN
   Date: 12/14/2021
   OMTI ID: 16938
   Certificate No: 1467
   Has completed the requirements to be a Certified Blaster as prescribed by the Oklahoma Department of Mines.
   Signed: Michael Reed
STATE OF OKLAHOMA
MINING COMMISSION
BLASTER'S CERTIFICATE

This certifies that:

DAVID A. HERSEY

has completed the requirements to be a Certified Blaster
as prescribed by the Oklahoma Department of Mines.

Michael [Signature]
Director

Date: 12/16/20
Certification No: 0944
Expires: 12/31/2022

STATE OF OKLAHOMA
MINING COMMISSION
BLASTER CERTIFICATE

This certifies that:

JOSHUA D. CASE

has completed the requirements to be a Certified Blaster
as prescribed by the Oklahoma Department of Mines.

Michael [Signature]
Director

Date: 12/14/2011
OAMI ID: 2370
Certification No: 1783
Expires: 12/31/2013
CERTIFICATE OF LIABILITY INSURANCE

This certificate is issued as a matter of information only and confers no rights upon the certificate holder. This certificate does not affirmatively or negatively amend, extend or alter the coverage afforded by the policies listed below. This certificate of insurance does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder.

Important: If the certificate holder is an additional insured, the policy(ies) must have additional insured provisions or be endorsed. If subrogation is waived, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

Produced by: Texas AGA, a Marsh McLennan Agency LLC Company 8144 Walnut Hill Lane, 16th Floor Dallas, TX 75231

www.aga-us.com

Insured:
Dykon Blasting Corp.; Rock Drilling, Inc.;
Dykon Pipeline Blasting Corp.
8120 West 81st Street
Tulsa OK 74131

Contact:
AGA DAL Natasha Davis
Phone (A/G/No., Ext): 469-759-1797
Fax (A/C/No.): 469-709-1305
E-mail: natasha.davis@marsh.com

NAIC #
26077

Insurer A: Lancer Insurance Company
15911

Insurer B: Berkley Casualty Company

Insurer C:

Insurer D:

Insurer E:

Insurer F:

COVERAGES

Certificate Number: 67713678

Revision Number:

This is to certify that the policies of insurance listed below have been issued to the insured named above for the policy period indicated. Notwithstanding any requirement, term or condition of any contract or other document with respect to which this certificate may be issued or may exist, the insurance afforded by the policies described herein is subject to all the terms, exclusions and conditions of such policies. Limits shown may have been reduced by paid claims.

<table>
<thead>
<tr>
<th>Letter</th>
<th>Type of Insurance</th>
<th>Allied</th>
<th>Subscribed</th>
<th>Policy Number</th>
<th>Policy Start Date</th>
<th>Policy End Date</th>
<th>Limits</th>
<th>Description</th>
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</thead>
<tbody>
<tr>
<td>A</td>
<td>Commercial General Liability</td>
<td>✓ Claims-Made</td>
<td>✓ Occur</td>
<td>GL80294119</td>
<td>10/1/2021</td>
<td>10/1/2022</td>
<td>$1,000,000</td>
<td>Damage to Rented Premises (Ea occurrence) $100,000, Med Exp (Any one person) $5,000, Personal &amp; Adv Injury $1,000,000, General Aggregate $2,000,000, Products - Compo/Prod $2,000,000, Other:</td>
</tr>
<tr>
<td>A</td>
<td>Automobile Liability</td>
<td>✓ Any Auto</td>
<td>Owned Autos Only</td>
<td>BA80294019</td>
<td>10/1/2021</td>
<td>10/1/2022</td>
<td>$1,000,000</td>
<td>Combined Single Limit (Ea accident) $1,000,000, Bodily Injury (Per person) $, Bodily Injury (Per accident) $, Property Damage (Per accident) $, Other:</td>
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<tr>
<td>A</td>
<td>Umbrella Liability</td>
<td>✓ Occur</td>
<td>Claims-Made</td>
<td>XS80294219</td>
<td>10/1/2021</td>
<td>10/1/2022</td>
<td>$10,000,000</td>
<td>Each Occurrence $10,000,000, Aggregate $10,000,000, Other:</td>
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<td>B</td>
<td>Workers' Compensation and Employers' Liability</td>
<td>✓</td>
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<td>AMWC150809</td>
<td>5/1/2021</td>
<td>5/1/2023</td>
<td>$1,000,000</td>
<td>E.L. Each Accident $1,000,000, E.L. Disease - E.A. Employee $1,000,000, E.L. Disease - Policy Limit $1,000,000, Other:</td>
</tr>
</tbody>
</table>

Description of Operations/locations/vehicles: (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Re: Blasting Permit No. P-023

Jul 15 2022

State of Oklahoma
Department of Mines
Non-Coal/Minerals Division
2915 N. Classen Blvd.
Suite 213
Oklahoma City OK 73106

Certificate Holder

Cancellation

Should any of the above described policies be cancelled before the expiration date thereof, notice will be delivered in accordance with the policy provisions.

Authorized Representative
Texas AGA, a Marsh McLennan Agency LLC Company

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DEPARTMENT OF MINES
2915 N. CLASSEN BLVD., STE 213
OKLAHOMA CITY, OK 73106
405/427-3859

DATE 7/15/2022

72300

RECEIVED FROM Dyker Blasting Corp.

THE SUM OF one-thousand five hundred and 00/100 DOLLARS $1500-

FOR Non-mining Blasting Renewal for Blasting Permit P-023

AMOUNT OF ACCOUNT $1375
AMOUNT PAID $1375
BALANCE DUE $0

CHECK □ M.O. □ CREDIT CARD

☐ CASH

Thank You! MS Martin