



02416196

JOEMWYO-01

WCOWAN

DATE (MM/DD/YYYY)

11/8/2024

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 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).

PRODUCER Fort Worth-Alliant Insurance Services, Inc. 111 Boland Street, Suite 100 Fort Worth, TX 76107	CONTACT NAME: PHONE (A/C, No, Ext): (817) 877-1884 FAX (A/C, No): (817) 654-3552 E-MAIL ADDRESS:
INSURED JoeMar Wyoming Operating LLC 8055 FM 359 Road South Unit 370 Fulshear, TX 77441	INSURER(S) AFFORDING COVERAGE INSURER A: Indian Harbor Insurance Company INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:
	NAIC # 36940

COVERAGES

CERTIFICATE NUMBER:

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 PERTAIN, 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.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:			OLS44850925	9/1/2024	9/1/2025	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			OLS44850925	9/1/2024	9/1/2025	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			OLSX30260925	9/1/2024	9/1/2025	EACH OCCURRENCE \$ 4,000,000 AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/> N/A					PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER

CANCELLATION

Colorado Energy & Carbon Management Commission
1120 Lincoln Street Ste 801
Denver, CO 80203

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

This endorsement, effective 12:01 a.m., , forms a part of
Policy No. issued to
by .

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

THIRTY DAY (30) NOTICE OF CANCELLATION

This endorsement modifies insurance provided under the following:

**COMMERCIAL GENERAL LIABILITY COVERAGE FORM
OWNERS AND CONTRACTORS PROTECTIVE LIABILITY COVERAGE FORM
PRODUCTS/COMPLETED OPERATIONS LIABILITY COVERAGE FORM**

It is understood and agreed that should this Policy be cancelled before the expiration date thereof, the issuing Company will mail thirty (30) days written notice, ten (10) days for non-payment, (with the exception of a premium finance company notice where the insured has provided power of attorney), to the following Additional Insured:

Blanket as required by written contract.

But failure to mail such notice shall impose no obligation or liability of any kind upon the Company, its Agents or Representatives.

All other terms and conditions of this policy remain unchanged.

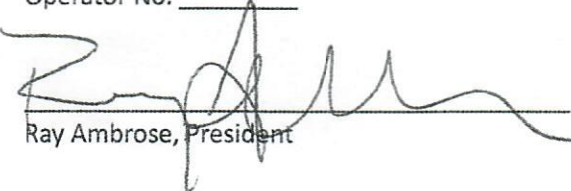
FORM 9 – INTENT ATTESTATION

Western American Resources, LLC, Operator No. 10809 ("Western") and JoeMar Wyoming Operating, LLC, Operator No. _____ ("JoeMar") (each a "Party" and collectively the "Parties"), hereby submit this Attestation to the Colorado Energy & Carbon Management Commission ("Commission") in connection with that certain Form 9 – Intent [eForm Document No. _____] ("Form 9") for transfer of Transferable Items being acquired by JoeMar, as Buying Operator, from Western, as Selling Operator. All capitalized terms used, but not specifically defined herein, shall have their meaning as set forth in the Commission's Rules. The Parties hereby attest as follows.

The Transferable Items set forth on the Form 9 are being transferred from Western to JoeMar. The information and content set forth in the Form 9 are true and correct to the best of the Parties' knowledge. Western is retaining no responsibility for any open and/or unresolved inspection items, warning letters, NOAVs, or compliance deficiencies associated with the Transferable Items set forth on the Form 9.


BUYING OPERATOR

JoeMar Wyoming Operating, LLC
Operator No. _____


Ray Ambrose, President

SELLING OPERATOR

Western American Resources, LLC
Operator No. 10809

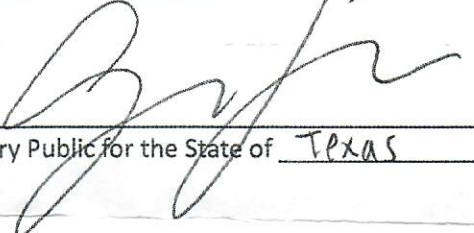

Margaret Hando, Managing Member

STATE OF Texas)
) ss.
COUNTY OF Fort Bend)

The foregoing instrument was acknowledged before me this 15 day of November, 2024 by Ray Ambrose, as President of JoeMar Wyoming Operating, LLC.

Witness my hand and official seal.

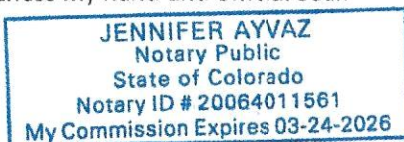



Notary Public for the State of Texas

STATE OF COLORADO)
) ss.
COUNTY OF DENVER)

The foregoing instrument was acknowledged before me this 20th day of November, 2024 by Margaret Hando, as Managing Member of Western American Resources, LLC.

Witness my hand and official seal.




Notary Public for the State of Colorado