

COAL MINING SAFETY & HEALTH ACT 1999 ("the Act") COAL MINING SAFETY & HEALTH REGULATION 2001 ("the Regulation")

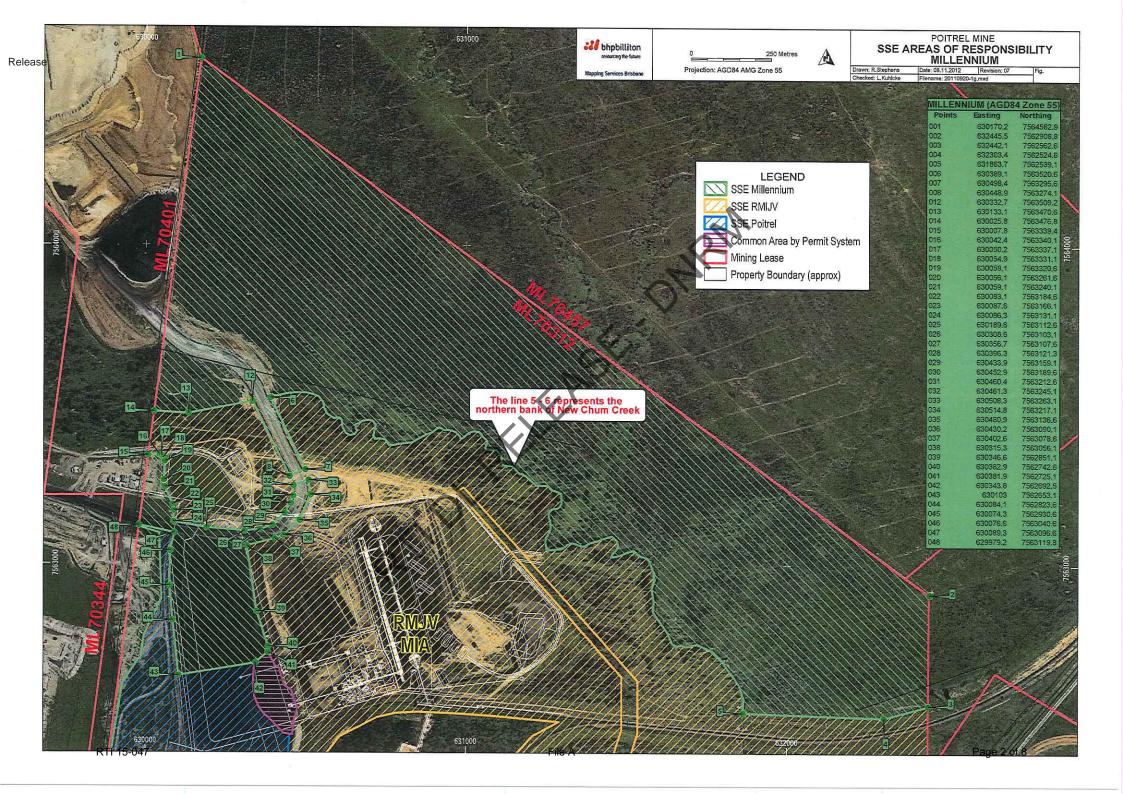
NOTICE OF DETAILS OF HOLDER OF A MINING TENURE

GEORGE SCHULLER	, do hereby confirm that the
(Print Full Name) holder, under section 5 of the Mineral Resources Act	×
for the coal mine known as the Millennium Mine (covering MLs 70313, 70344, 70401, 70457, 70482, 70483, 70484 and 70485, Chum Creek Haul Road, ROM stockpile, car park and laydown areas) and the Common Area (by pe	those parts of ML70312 as shown on the attached plan (being the Nevermitting system) (part of ML 70312) as and when activities occur
is MILLENNIUM COAL PTY LTD (Print Full Name of Company or Individual Holder –	delete as applicable)
of GPO BOX 1025, Brisbane QLD 4000 (Attention: Kayle	en O'Dowd)
Telephone: 3239 7661 Fax: Mobile (Full address for the purposes of serving po	6) Personal information (mobile) kodowd@peabodyenergy.com
I am aware of my obligations under the Act as the holde named coal mine. The details of this confirmation have	er of the mining tenure(s) for the above been entered in the Mine Record.
sch4p4(6) Personal information (signature) Signed: (Holder or regresentative/of holder – delete as applicable)	Date: 1.912013

Note: Retain original in Mine Record. Person appointed to retain a copy. Return a copy to the Regional or District Inspector of Mines at the address closest to the location of the mine.

South Region.	Central Region	Central Region	North Region	North Region	North Region
PO Box 1475	PO Box 548	PO Box 1801	PO Box 1752	PO Box 334	PO Box 210
Coorparoo Q 4151	Rockhampton Q 4700	Mackay Q 4740	Townsville Q 4810	Mount Isa Q 4825	Atherton Q 4883
Fax (07) 3405 5346	Fax (07) 4938 4331	Fax (07) 4953 2761	Fax (07) 4760 7400	Fax (07) 4743 7165	Fax (07) 4091 2844

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COAL MINING SAFETY & HEALTH ACT 1999 ("the Act") COAL MINING SAFETY & HEALTH REGULATION 2001 ("the Regulation")

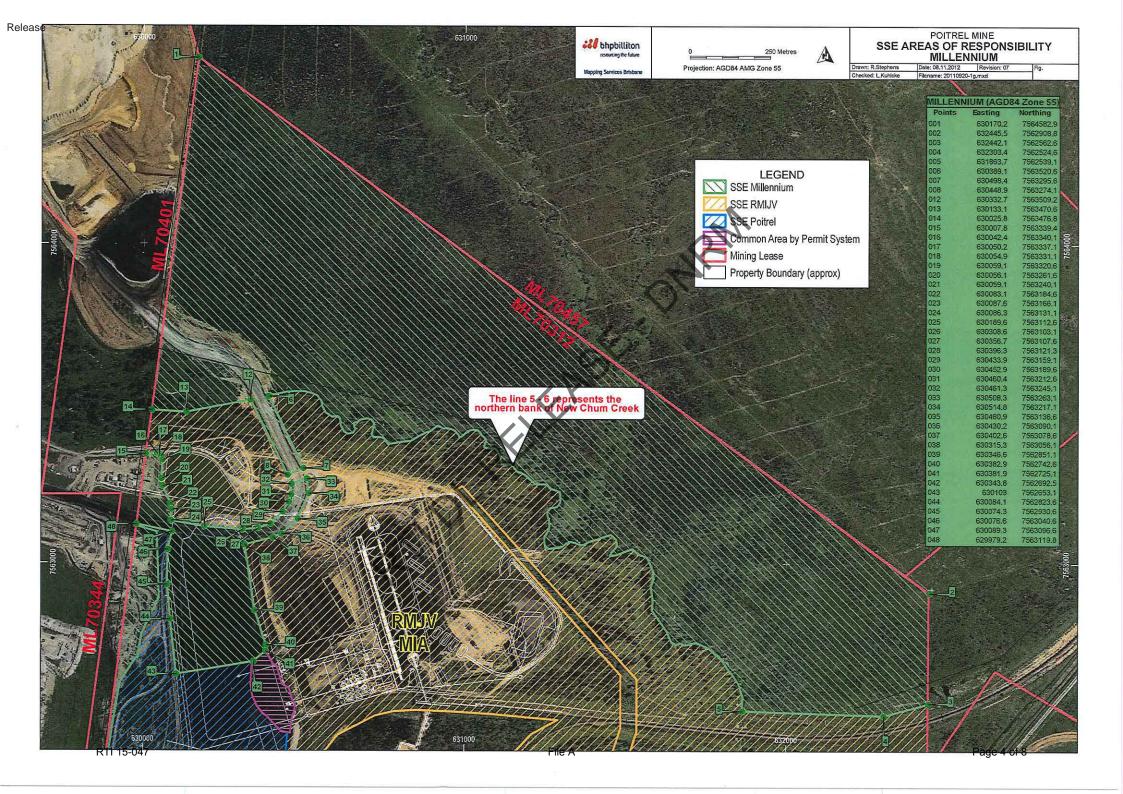
NOTICE OF APPOINTMENT OF AN OPERATOR FOR A COAL MINE

GEORGE SCHULLER I / We
I / We, the undersigned, (Full Name)
the <u>holder(s)/representative of the holder(s)</u> of the mining tenure(s), under section 5 of the
Mineral Resources Act 1989, for the coal mine known as
the Millennium Mine (covering MLs 70313, 70344, 70401, 70457, 70482, 70483, 70484 and 70485, those parts of ML70312 as shown on the attached plan (being the New Chum Creek Haul Road, ROM stockpile, car park and laydown areas) and the Common Area (by permitting system)(part.of.ML 70312).as and when activities occur
do hereby give notice under section 49 of the Act that the holder has appointed
MILLENNIUM COAL PTY LTD
Australian Business Number: 21 089 566 021 (Full name of company or individual – delete as applicable)
of c/- Peabody Energy, GPO BOX 1025, BRISBANE QLD 4001
Telephone: (07) 3018 2942 Fax: MS61484 6) Personal information (probable) GSchuller@peabodyenergy.com (Full address for the purposes of serving notices)
as the coal mine operator ¹ of the above mentioned coal mine. Appointment date: / /
The appointment has been entered in the Mine Record.
Signed:sch4p4(6) Personal information (signature)
I am aware of my obligations under the Act as the operator of the above named coal mine and I accept appointment to this position. The details of this confirmation have been entered in the Mine Record.
sch4p4(6) Personal information (signature) Signed:

Note: Retain original in Mine Record. Person appointed to retain a copy. Return a copy to the Regional or District Inspector of Mines at the address closest to the location of the mine.

South Region.	Central Region	Central Region	North Region	North Region	North Region
PO Box 1475	PO Box 548	PO Box 1801	PO Box 1752	PO Box 334	PO Box 210
Coorparoo Q 4151	Rockhampton Q 4700	Mackay Q 4740	Townsville Q 4810	Mount Isa Q 4825	Atherton Q 4883
Fax (07) 3405 5346	Fax (07) 4938 4331	Fax (07) 4953 2761	Fax (07) 4760 7400	Fax (07) 4743 7165	Fax (07) 4091 2844

¹ As defined in section 21 of the Act





COAL MINING SAFETY & HEALTH ACT 1999 ("the Act") COAL MINING SAFETY & HEALTH REGULATION 2001 ("the Regulation")

NOTICE OF APPOINTMENT OF A SITE SENIOR EXECUTIVE FOR A COAL MINE

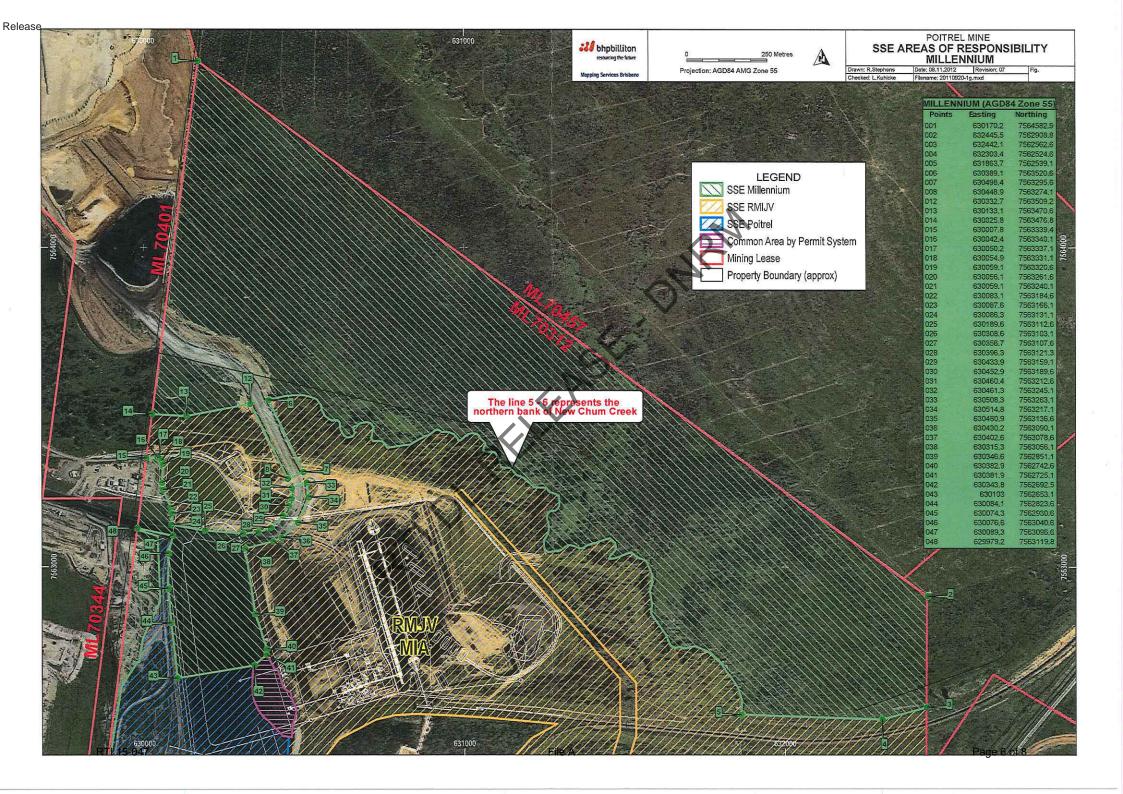
STEVE J HEDGES I, the undersigned,	
I,, the undersigned,	
coal mine operator / appointed representative of the coal mine operator of the	the coal mine known
(Delete as applicable) the Millennium Mine (covering MLs 70313, 70344, 70401, 70457, 70482, 70483, 70484 and 70485, those parts of ML70312 as shown of AS New Chum Creek Hawl Road, ROM stockpile, car.park.and.laydown areas) and the Common Area (by permitting system).(part of ML-70312)	on the attached plan (being the Q312) as and when activities occur.
(Name of Coal Mine or Specific Parts of Mine Relating to Appointment)	
do hereby appoint .WILLIAM HALL	
do nereby appoint (Print Full Name)	
of c/- Peabody Energy, GPO Box 1025, Brisbane QLD 4001)
Site senior executive notice number: BOE – SSE / /	
Telephone: (07) 3018 2966 Fax: N种的格的 Personal information (序的	मंश्री: whall@peabodyenergy.com
under Section 41 (1) (d) of the Act, as the site senior executive ² of the coal mentioned above. The position is so placed in the organisation structure of the appointed person to carry out the duties of site senior executive required	the mine to enable
(Coal mine operator or appointed representative)	Date: .6 / .9 / .13.
Telephone: (07) 3239 7615 Fax: Mobile 6) Personal information (reh	SHedges@peabodyenergy.com
I,, the undersigned part and acknowledge by my signature below, my appointment as the site senior coal mine or part thereof mentioned above. I am aware of my duties as the executive under the Act.	r executive of the
Signed: Date:	09 2013 //

Note: Retain original in Mine Record. Person appointed to retain a copy. Return a copy to the Regional or District Inspector of Mines at the address closest to the location of the mine.

Southern Region.	Central Region	Central Region	Northern Region	North Region	North Region
PO Box 1475	PO Box 548	PO Box 1801	PO Box 1752	PO Box 334	PO Box 210
Coorparoo Q 4151	Rockhampton Q 4700	Mackay Q 4740	Townsville Q 4810	Mount Isa Q 4825	Atherton Q 4883
Fax (07) 3405 5346	Fax (07) 4938 4331	Fax (07) 4953 2761	Fax (07) 4760 7400	Fax (07) 4743 7165	Fax (07) 4091 2844

¹ As defined in Section 21 of the Act

² As defined in Section 25 of the Act



No. Incident Surname First Name Brief description of No. of working days Still off work? Workcover Ref Incapacity Date of firs No. personal damage lost this period No. Type full working

New disabling injuries (See Note 2_

No. Surname First Name Brief description of personal damage

Days this period Still off work? on alt. duties

Incapacity Workcover Type Ref No.

Date of 1st day o alt.duties

Carry over disabling injuries from previous periods (See Note 3)

First Name Brief description of No. Surname personal damage

Days this period Still off work alt. duties

Workcover Incapacity Ref No.

Re-opening claimsNo. Incident Surname

First Name Brief description of personal damage No.

No. of working days Days this period Still off work? Incapacity Workcove lost this period on alt. duties

Ref No. Туре

Note: Incident summary form numbers must be 5 digit
Note 1 List all medical treatments during the period

Note 2 List all new cases of company employees and contractors off during the period Note 3 List carry over incidents from the previous period Note 4 List all re-opened claims. List original form number

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No. Incident Surname First Name Brief description of No. of working days Still off work? Workcover Ref Incapacity Date of firs No. personal damage lost this period No. Type full working

New disabling injuries (See Note 2_

No. Surname First Name Brief description of personal damage

Days this period Still off work? Incapacity Workcover Ref Date of 1st day on alt. duties Type No. on alt.duties

Carry over disabling injuries from previous periods (See Note 3)

First Name Brief description of No. Surname personal damage

Days this period Still off work

Workcover Ref Incapacity

on alt. duties No.

Re-opening claimsNo. Incident Surname

First Name Brief description of personal damage No.

No. of working days Days this period Still off work? Incapacity Workcove lost this period on alt. duties

Туре No.

Note: Incident summary form numbers must be 5 digit
Note 1 List all medical treatments during the period

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