

AI: 76272

Environmental Permits for Industrial Facilities**Request for Transfer of Permit, General Permit Coverage and/or Name Change**

Instructions: For Ownership Change-Complete all Items on Page 1 (except Item VIII) and Page 2 (reverse side).

For Name Change Only-Complete Items I, II, V, VI, VII, VIII, and Page 2 (reverse side).

Note-This form should be submitted to MDEQ when a transferal date is finalized but prior to the actual transfer.

Item I. Facility Name: <u>COLEMAN MINE</u> Location: (Do Not Use P.O. Box) Street: <u>DEES ROAD</u> City: <u>CRYSTAL SPRING</u> State: <u>MS</u> Zip: <u>39059</u> County: <u>COPIAH</u> Telephone: <u>(601) 757-4143</u>	Item II. Responsible official after transfer or name change: Name: <u>LEE M. NICOLS</u> Title: <u>OWNER</u> Mailing Address: Street/P.O. Box: <u>217 DRAPERSTON DR. SUITE100</u> City: <u>RIDGELAND</u> State: <u>MS</u> Zip: <u>39157</u> Telephone: <u>(601) 540-3022</u> Email: <u>ccarmody@themgrsolutions.com</u>		
Item III. Previous Permittee ¹ : <u>JOEL STARK COLEMAN</u> Mailing Address: Street/P.O. Box: <u>P.O. BOX 434</u> City: <u>WESSON</u> State: <u>MS</u> Zip: <u>39191</u> Telephone: <u>(601) 757-4143</u>	Item IV. New Permittee ¹ : <u>LEE M. NICOLS</u> Mailing Address: Street/P.O. Box: <u>217 DRAPERSTON DR. SUITE100</u> City: <u>RIDGELAND</u> State: <u>MS</u> Zip: <u>39157</u> Telephone: <u>(601) 540-3022</u> Email: <u>ccarmody@themgrsolutions.com</u>		
Item V. Industrial Activity SIC Code: <u>1442</u> Brief Description: <u>MINING CLAY GRAVEL</u>	Item VI. Will Facility Operations Change? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> If yes, the appropriate applications and permits may require modification prior to change.		
Item VII. Will Facility Name Change? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If Yes, Provide New Name for Permit Coverage. New Name: <u>LAN FARMS GRAVEL MINE</u>	Item VIII. Signature for Name Change Print Name: <u>LEE M. NICOLS</u> Authorized Signature ² : _____ Title: <u>OWNER</u> Date: _____		
Item IX. We the undersigned request transfer of permit(s) and/or permit coverage(s) listed on the backside of this form. From: <u>JOEL STARK COLEMAN</u> To: <u>LAN FARMS, LLC</u> Acquisition Date: _____ <p>By signature below, the recipient certifies that: 1) they are aware of the requirements of the permit(s), 2) the applicant can demonstrate to the Permit Board it has the financial resources and operational expertise and 3) agrees to accept responsibility and liability for the permit(s) listed on the back of this document. By signature below, the previous permittee is requesting that the permit(s) and/or permit coverage(s) be transferred to the recipient. The transfer of the permit(s) or permit coverage(s) will be by written notification from the Office of Pollution Control (OPC). The OPC may require submittal of information regarding financial capability and past compliance history of the recipient.</p> <table style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> <u>LEE M. NICOLS</u> Print New Permittee¹ Name <u><i>Lee M. Nicols</i></u> New Authorized Signature² <u>OWNER</u> Title Date: <u>4/24/25</u> </td> <td style="width: 50%; vertical-align: top;"> <u>JOEL STARK COLEMAN</u> Print Previous Permittee¹ Name Previous Authorized Signature² <u>OWNER</u> Title Date: _____ </td> </tr> </table>		<u>LEE M. NICOLS</u> Print New Permittee ¹ Name <u><i>Lee M. Nicols</i></u> New Authorized Signature ² <u>OWNER</u> Title Date: <u>4/24/25</u>	<u>JOEL STARK COLEMAN</u> Print Previous Permittee ¹ Name Previous Authorized Signature ² <u>OWNER</u> Title Date: _____
<u>LEE M. NICOLS</u> Print New Permittee ¹ Name <u><i>Lee M. Nicols</i></u> New Authorized Signature ² <u>OWNER</u> Title Date: <u>4/24/25</u>	<u>JOEL STARK COLEMAN</u> Print Previous Permittee ¹ Name Previous Authorized Signature ² <u>OWNER</u> Title Date: _____		

¹A Permittee is a company or individual that has been issued an individual permit or coverage under a general permit.²Authorized Signature must be owner or in the case of a corporation, a corporate officer as defined in Regulations 11 Miss. Admin. Code Pt. 2, Ch. 2 and Pt. 6, Ch. 1.

Mississippi Department of Environmental Quality/Office of Pollution Control
P.O. Box 2261
Jackson, Mississippi 39225-2261
(601) 961-5171

<p>Item X. Storm Water</p> <p>(Check One)</p> <p><input type="checkbox"/> A Storm Water Pollution Prevention Plan (SWPPP) is not required for the site.</p> <p><input checked="" type="checkbox"/> The recipient certifies that they have received a copy of the Office of Pollution Control approved SWPPP from the original owner.</p> <p><input type="checkbox"/> The recipient is submitting a new SWPPP, which is attached to this form.</p> <p><input type="checkbox"/> A copy of the SWPPP cannot be obtained from the original owner.</p>	<p>Item XI. Hazardous Waste ID Number</p> <p>EPA ID No. _____</p> <p>(Check One)</p> <p><input checked="" type="checkbox"/> An EPA Hazardous Waste ID Number is not required for the site.</p> <p><input type="checkbox"/> The site's EPA ID Number is listed above and a Notification of Regulated Waste Activity Form is attached.</p>
Item XII. Permit(s) and/or Coverage(s) to be Transferred	
<p>Permit Type: <u>GEOLOGY PERMIT</u></p> <p>Permit/Coverage No.: <u>P20-007</u></p> <p>Permit Issuance Date: <u>8/2020</u></p> <p>Date of General Permit Coverage: <u>N/A</u></p> <p>Permit Expiration Date: <u>8/2025</u></p>	<p>Permit Type: _____</p> <p>Permit/Coverage No.: _____</p> <p>Permit Issuance Date: _____</p> <p>Date of General Permit Coverage: _____</p> <p>Permit Expiration Date: _____</p>
<p>Permit Type: <u>OPC MSR GENERAL PERMIT</u></p> <p>Permit/Coverage No.: <u>MSR 322844</u></p> <p>Permit Issuance Date: <u>8/3/2020</u></p> <p>Date of General Permit Coverage: <u>N/A</u></p> <p>Permit Expiration Date: <u>3/31/2023</u></p>	<p>Permit Type: _____</p> <p>Permit/Coverage No.: _____</p> <p>Permit Issuance Date: _____</p> <p>Date of General Permit Coverage: _____</p> <p>Permit Expiration Date: _____</p>
<p>Permit Type: _____</p> <p>Permit/Coverage No.: _____</p> <p>Permit Issuance Date: _____</p> <p>Date of General Permit Coverage: _____</p> <p>Permit Expiration Date: _____</p>	<p>Permit Type: _____</p> <p>Permit/Coverage No.: _____</p> <p>Permit Issuance Date: _____</p> <p>Date of General Permit Coverage: _____</p> <p>Permit Expiration Date: _____</p>
<p>Permit Type: _____</p> <p>Permit/Coverage No.: _____</p> <p>Permit Issuance Date: _____</p> <p>Date of General Permit Coverage: _____</p> <p>Permit Expiration Date: _____</p>	<p>OTHER INFORMATION:</p>

MISSISSIPPI DEPARTMENT OF ENVIRONMENTAL QUALITY
OFFICE OF GEOLOGY

Mining and Reclamation Division
P. O. Box 2279
Jackson, Mississippi 39225-2279
(601) 961-5515

Permit Number

Application
Number

(For Office use only)

(For Office use only)

APPLICATION FOR TRANSFER OF PERMIT

I. Name of original Applicant (or current operator) JOEL STARK COLEMAN

Name of mining operation COLEMAN MINE

Permanent mailing address P.O. BOX 434 WESSON, MS 39191

Telephone number including area code 601-757-4143

II. Name of Applicant (New) LEE M. NICOLS

Name of mining operation LAN FARMS GRAVEL MINE

Permanent mailing address 217 DRAPERSON DR SUITE 100 RIDGELAND, MS 39157

Telephone number including area code 601-540-3022

III. Engineering Firm, Consultant, etc. (if applicable) (new applicant)

Name FC&E ENGINEERING, LLC

Address P.O. BOX 1774 BRANDON, MS 39043

Telephone number including area code 601-824-1860

IV. Has the applicant applied for or held any other permits or licenses that pertain to this or any other mining operation? Attach additional pages as required.

☐ Yes ☒ No

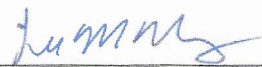
If "yes," list them in the space provided below and give current status of each.

Application for Transfer of Permit must include:

1. CERTIFICATE OF INSURANCE: Must indicate that the applicant has sufficient liability insurance in an amount not less than \$100,000/300,000 for Bodily Injury and \$100,000 for Property Damage.
2. PERFORMANCE BOND: Must be at least \$1000/acre and not more than \$2500/acre and is based on the applicant's estimate of the reclamation cost. The "TOTAL PERMITTED AREA" in A-7, page 1, is the number of acres to be bonded. A Certificate of Deposit may be substituted.
3. PROOF OF THE APPLICANT'S LEGAL RIGHT TO MINE: A lease, deed, or agreement that includes a legal description of the permit area. This includes city or county approval, if applicable. This must be notarized.
4. COMPLETED ORGANIZATION REPORT FORM MRD-1.

I declare that I have knowledge of the facts presented in this Application for Transfer of Permit and in Surface Mining Permit No. P20-007 and in all the items attached to this application; that I will follow and abide by the Reclamation Plan in the original surface mining permit; furthermore, I certify that the information contained herein is true to the best of my knowledge.

Date 2/24/25


Signature

Lee M. Nicols
Printed Name

OWNER

Title



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

5/12/2025

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

Rural Insurance Agency, Inc.
PO Box 1972
Jackson MS 39215

CONTACT NAME: DeeAnn Smith

PHONE
(A/C, No, Ext):FAX
(A/C, No):E-MAIL
ADDRESS: deeann.smith@sfbccic.com

INSURER(S) AFFORDING COVERAGE

NAIC #

License#: 7713700
LANFARM-01**INSURED**

Lan Farms LLC
1501 Lakeland Dr Ste 300
Jackson MS 39216

INSURER A: Kinsale Insurance Company

INSURER B:

INSURER C:

INSURER D:

INSURER E:

INSURER F:

COVERAGES

CERTIFICATE NUMBER: 1740007204

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"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			0100331667-0	10/22/2024	10/22/2025	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ Excluded PERSONAL & ADV INJURY \$ Excluded GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ 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 <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.I. EACH ACCIDENT \$ E.I. DISEASE - EA EMPLOYEE \$ E.I. DISEASE - POLICY LIMIT \$

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

CERTIFICATE HOLDER

MDEQ
PO Box 2279
Jackson MS 39225

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

Grace Cole

IRREVOCABLE STANDBY LETTER OF CREDIT

Letter of Credit No: 25606450

Date: 5.7.2025

Amount: \$17,640

Expiration: 24 months

Account of: LAN Farms, LLC

Mississippi Department of Environmental Quality

Office of Geology

Mining and Reclamation Division

700 North State Street

Jackson, MS 39202

To whom this may concern:

We hereby establish our Irrevocable Standby Letter of Credit No 25606450 in your favor for seventeen thousand six hundred and forty dollars (\$17,640) available by your draft(s) on us at sight on the following conditions:

1. The amount and date of each negotiation of each draft drawn under this Letter of Credit must be endorsed on the back hereof by us and this Letter of Credit must be cancelled and attached to the draft, which exhausts the credit.
2. This Letter of Credit and all amendments thereof must be delivered to the Bank upon each draw for endorsement and returned to the beneficiary hereof. However, this Letter of Credit will not be returned to the beneficiary upon the final draw hereunder but will be retained by the bank.
3. Drafts draw under this Letter of Credit must be properly endorsed and marked "Drawn under Community Bank of MS bank, 1905 Community Bank Way Ste 19, Flowood, MS 39232, Letter of Credit No 25606450 dated 5.7.2025."
4. It is a condition of this Letter of Credit that it shall be deemed automatically extended without amendment for one (1) year from the expiry date hereof, or any future expiration date, unless Ninety (90) days prior to any expiration date we shall

Letter of Credit No: 25606450

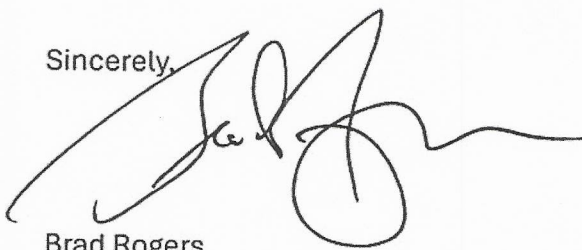
Date: 5.7.2025

Page two

notify you and the party on whose behalf the Letter of Credit is established, by certified mail, that we elect not to consider this Letter of Credit renewed for any such additional period.

5. Each and every draft presented must be accomplished by a copy of a certified letter addressed to the party on whose behalf the Letter of Credit is established dated at least Forty-five (45) days prior to the drawing informing said party that the Department has determined that they are not in compliance with their surface mining permit and the Regulations and that they have failed to faithfully perform the reclamation plan approved by the Department on all affected lands covered by the permit in accordance with the Regulations and the conditions of the permit.
6. We hereby agree that all drafts drawn under and in compliance with the terms of this Letter of Credit shall be duly honored upon presentation and delivery to our counters: Attention: Will Smithhart 1st Senior Vice President, 1905 Community Bank Way Ste 19, Flowood MS 39323, in accordance with the terms hereof.
7. Except as otherwise expressly stated herein, this credit is subject to the Uniform Customs and Practice for Documentary Credits, 1993 Revision, ("UCP") International Chamber of Commerce Publican No 500, which is incorporated into the text of this letter of Credit by reference. To the extent not inconsistent with the UCP, the provisions of Mississippi's Uniform Commercial Code- Revised Article 5, Letter of Credit, shall apply to this credit.

Sincerely,

A handwritten signature in black ink, appearing to read 'Brad Rogers', with a large, stylized circular flourish at the end.

Brad Rogers

Community Bank of MS

Vice President

MISSISSIPPI DEPARTMENT OF ENVIRONMENTAL QUALITY
OFFICE OF GEOLOGY
Mining and Reclamation Division
P. O. Box 2279
Jackson, Mississippi 39225-2279
(601) 961-5515

ORGANIZATION REPORT

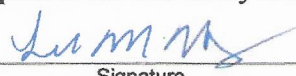
This is the initial and principal instrument that identifies an organization to the Office of Geology. It is imperative that it be fully and correctly executed and filed with the Office of Geology.

1. Full Name of Organization: **LAN FARMS, LLC**
2. Post Office Box or Street Address, City, State, and Zip and Telephone Number:
217 DRAPERSON DR SUITE 100 RIDGELAND, MS 39157 / 601-540-3022
3. Type of Organization (state whether corporation, partnership, limited partnership, joint venture, individual, trust, etc.): **LLC COMPANY**
4. If reorganized, give full name and address of previous organization.
5. If foreign corporation, give state or country under the laws of which it was incorporated.
6. If foreign corporation, give name and address of person registered as Mississippi agent.
7. If limited partnership, give name of Mississippi county in which certificate detailing the organization was filed.
8. Directors, Officers, Partners, Trustees, and General Partners* (required of all organizations except individuals):

Title	Name	Address
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*If separate Form MRD-1's are already on file for any partner or joint venturer, include and clearly specify the organization names that appear on those forms.

I declare that I am authorized to make this report, that it was prepared by me or under my supervision, and that facts and information stated herein are true, correct, and complete to the best of my knowledge.

<u>2/24/25</u>	<u></u>
Date	Signature
<u>LAN FARMS, LLC</u>	<u>LEE M. NICOLS</u>
Organization	Name of Person (Print)
<u>217 DRAPERSON DR SUITE 100</u>	<u></u>
Street Address or P. O. Box	Title (If agent, attach authorization from operator)
<u>RIDGELAND, MS 39157</u>	<u>(601) 540-3022</u>
City	Telephone:
State	(Area Code)
Zip	(Number)



CHANCERY CLERK COPIAH COUNTY, MS
I certify this instrument file /recorded
10/29/2024 1:16:28 PM

Book: DEED 22G Pg:218-220
Inst. 121980 Page 1 of 3

Witness my hand and seal
DEBORAH SANDIFER

Grantor(s):
LAN Farms, LLC
2504 Eastover Drive
Jackson, MS 39211
(601) 941-8081

Grantee(s):
Dee's Rocks, LLC
217 Draperion Drive, Suite 100
Ridgeland, MS 39157
(601) 941-8081

Indexing Instructions:
Copiah County, Mississippi
Township 2 North, Range 2 West
Section 23: Pt. SW4
Section 26: Pt. NW4

Prepared By / Return To:
Olen C. Bryant, Jr. (MSB # 7011)
Bryant & Rutland, PLLC
Post Office Drawer 899
Hazlehurst, MS 39083
(601)894-4555

STATE OF MISSISSIPPI

COUNTY OF COPIAH

WARRANTY DEED

In consideration of the sum of Ten Dollars (\$10.00) and other valuable considerations, the receipt and sufficiency of which are hereby acknowledged, LAN FARMS, LLC, a Mississippi Limited Liability Company, hereby conveys and warrants to DEE'S ROCKS, LLC, a Mississippi Limited Liability Company, the following described land situated in Copiah County, Mississippi, to-wit:

LEGAL DESCRIPTION OF LAND:

Tract 1:

Section 23:

That certain tract owned by Copiah Properties, LLC situated in Section 23, Township 2 North, Range 2 West, being part of the tract acquired from Neal Walker and wife, by Warranty Deed recorded in Book 15-S at Page 175, less and except that part of Section 23 conveyed to Douglas Lowe and wife, by Warranty Deed recorded in Book 19-F at Page 285. It is intended to describe (and convey) all land owned by Copiah Properties, LLC in Section 23, Township 2 North, Range 2 West, whether correctly described herein, or not.

Section 26:

That certain tract owned by Copiah Properties, LLC situated in Section 26, Township 2 North, Range 2 West, being part of the tract acquired from Neal Walker and wife, by Warranty Deed recorded in



Book 15-S at Page 175, and being that part of the aforesaid referenced tract situated in the NW¼ of NE¼ and in the NE¼ of NW¼, which was not included in the conveyance to Douglas Lowe and wife, recorded in Deed Book 19-F at Page 285. It is intended to describe (and convey) all land owned by Copiah Properties, LLC in Section 26, Township 2 North, Range 2 West, whether correctly described herein, or not.

Tract 2:

Section 23:

The land more particularly described in Tax Deed issued by Steve Amos, Copiah County Chancery Clerk, to Jimmy J. and Rosalie Ledet Trust dated April 11, 2011, recorded in Book 18-1, Page 437, and further described as tax parcel number 1-026P -23-070-00 and PPIN 2151.

It is intended to describe above and to hereby convey all land owned by the Grantor in Section 23 and Section 26, Township 2 North, Range 2 West, whether correctly described above, or not.

This conveyance is made subject to any prior reservations or conveyances of oil, gas and other minerals in, on and under said land. In addition, this conveyance is made subject to existing rights-of-way or easements of any kind or character over and across same.

Witness the signature of LAN Farms, LLC by its duly authorized manager, this the

25th day of October, 2024.

LAN Farms, LLC, a Mississippi Limited Liability Company

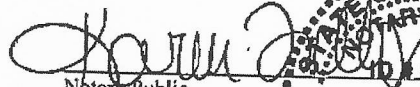
By: Lee M. Nicols
Lee M. Nicols, Manager

STATE OF MISSISSIPPI
COUNTY OF COPIAH

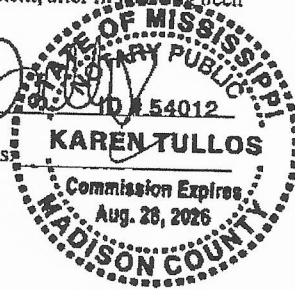
PERSONALLY appeared before me, the undersigned authority in and for the said county and state, on this 25th day of October, 2024, within my jurisdiction, the within named Lee M. Nicols, who proved to me on the basis of satisfactory evidence to be the person whose name is subscribed in the above and foregoing instrument and acknowledged that he executed the same in his representative capacity as Member/Manager of LAN FARMS, LCC, a Mississippi limited



liability company, and that by his signature on the instrument, and as the act and deed of the entity upon behalf of which he acted, executed the above and foregoing instrument, after first having been duly authorized so to do.



Notary Public
My commission expires



COPIAH COUNTY, MS DEBORAH SANDIFER
I CERTIFY THIS INSTRUMENT WAS FILED ON 10/29/2024 1:16:28 PM AND RECORDED IN DEED BOOK:226 PAGE:218

COMMERCIAL LEASE AGREEMENT

This Lease Agreement ("Agreement") is made and effective as of January 1, 2025, by and between:

Lessor: Dees Rocks LLC

Lessee: LAN Farms LLC

- 1. Lease Term and Renewal** - The Lessor leases to the Lessee, and the Lessee rents from the Lessor, the premises located at **3040 DEES ROAD, CRYSTAL SPRINGS MS 39059**, for an initial term of fifteen (15) years ending on December 30, 2039. This lease shall automatically renew for successive fifteen (15) year terms unless either party provides written notice of non-renewal at least ninety (90) days prior to the expiration of the current term.
- 2. Rent and Payment Schedule** - The annual rent shall be One Thousand Dollars (\$1000.00) to be paid annually. Payments shall be made to the address or account designated by the Lessor.
- 3. Security Deposit** - There will be no security deposit required for this lease.
- 4. Tripple Net Lease (NNN)** - This is a triple net lease. The Lessee shall bear responsibility for all property expenses, including taxes, insurance, and maintenance.
- 5. Use of Premises** - Lessee shall use the premises for surface mining and cattle farming and shall comply with all applicable laws and ordinances.
- 6. Additional Terms** - The Lessee shall maintain the premises in good condition and shall not make alterations without prior written consent from the Lessor. The lease automatically renews for successive fifteen (15) year terms unless terminated in writing by either party as specified.

IN WITNESS WHEREOF, the parties have executed this Agreement as of the date first above written.

LESSOR:

Dees Rocks LLC

By: Lee m m m

Lee Nicols, Member

LESSEE:

LAN Farms LLC

By: Lee m m m

Lee Nicols, Member