

Dear Judge

My Name is Earl B Hillispe, I am writing to you and I am very concerned about patriot coal ~~getting~~ filing for BANKRUPTCY IN New York, when they did all of these damage down in the coal fields of W.V.

I started work^{for} Eastern coal ASSCO ciation in 1974 on October 28th At the age of 23 years, IN 1987 or 1989 Peabody coal Bought them out with ^{no} money changing hands AND I worked ~~and~~ for Peabody AND or its subsidiaries until 1998, I took my leave from ^{them} because my health was failing or my Breathing was getting Harder, IN (1986) I had filed for silicosis AND was ~~five~~ awarded 5%. IN 1998 I filed again AND was told I didn't HAVE anything wrong with me By there COMPANY doctors, I filed for S.S. AND VA. Benefits AND my umwa Benefits they gave me my pension check in 3 months and 7 years later At age 55 my medical card, IN 2001 After they the world TRADE center (over)

DOWN. (I quit smoking) I felt if they
are bringing to my doorstep I'll get into
shape so I CAN ONCE AGAIN defend my
country. (It did not work) my Breathing
worse. In 2004 I got into the PTSD pro-
gram ^{at} CLARKSBURG AND developed AN ACUTE
STAFF INFECTION. IN NOV. me & my wife
CONNIE, were AT the V.A. Hospital in Hunt-
ing WV. They put me in there six weeks
w/ chest tubes AND surgeries, AND Biopsies
SHOWING my lungs were full of Silica

Point Being (your Honor) PATRIOT
Peabody and eastern Robin Resources
AND ANYONES else INVOLVED in stealing
MINOR'S ~~PENSIONS~~ OR PENSIONS & HEALTH
CARD'S THAT WE AS MINERS earned
AND IN a lot OF CASES gave there lives for
AND IN most CASE'S gave there HEALTH for

NOW (your Honor) please, DON'T let
them take PENSIONS or my HEALTH CARD
which my ^{wife} AND daughter especially Need
I earned those benefits they ARE
owed me for my health which they
took from me.

P.S.

Please ILL send a
copy of my BLACK award!

Sincerely
Earl R. Shupe
Lagow West Virginia

U.S. DEPARTMENT OF LABOR

Employment Standards Administration
Office of Workers' Compensation
Division of Coal Mine Workers' Compensation
500 Quarrier Street, Suite 110
Charleston, WV 25301



June 3, 2009

Phone: (304) 347-7100 or 1-800-347-3749
FAX: (304) 347-7115

INITIAL DETERMINATION

MINER: Earl David Gillispie
CLAIM NO.: XXX-XX-5915 LM C

Robin Resources Inc.
C/O WV CWP Fund
Wells Fargo Disability Mgmt
P O Box 3389
Charleston WV 25333

Dear Sir/Madam:

This letter refers to the claim filed on behalf of the above named claimant under the Black Lung Benefits Act.

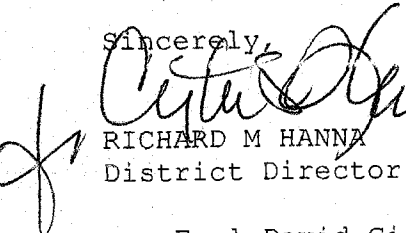
As set forth in the Proposed Decision and Order issued on May 4, 2009, we have initially determined that the claimant is eligible for benefits under the Act and that such benefits are payable by the responsible operator/carrier. Accordingly, Robin Resources Inc. should begin payment of benefits within thirty (30) days of the date of this letter and, upon making the first payment, immediately return the enclosed "Notice of First Payment" (CM-906) and the executed "Agreement to Pay Benefits" (CM-941) to this office.

Should you fail to begin payment to the claimant, benefits will be paid by the Black Lung Disability Trust Fund in accordance with 20 CFR 725.420(a). If you are subsequently determined to be liable for the claim, you will be required to reimburse the Fund for all payments made up to that time. In addition, in accordance with 725.420(c) you will be liable for such penalties and interest as are deemed appropriate together with the payment of the claimant's attorney fee, if any.

A hearing has been timely requested, therefore, the claim will be forwarded to the Office of the Administrative Law Judges for a formal hearing.

You may contact me at telephone number (304)347-7100 if you have any questions.

Sincerely,


RICHARD M HANNA
District Director

cc: Earl David Gillispie; John C Blair, Esquire; Robin Resources Inc.; Wv CWP Fund; Karin L. Weingart, Esquire

Enclosure: CM-906, CM-941, CM-971d

Director's Exb. No. 22
Consisting of 2 pages.

CERTIFICATE OF FIRST PAYMENT OF BENEFITS

U.S. DEPARTMENT OF LABOR
 EMPLOYMENT STANDARDS ADMINISTRATION
 OFFICE OF WORKERS' COMPENSATION PROGRAMS

NOTE: Within ten days after the first payment is made, file the original of this certificate with the initiating office. Send a copy to the person receiving benefits. The Black Lung Benefits Act (30 U.S.C. 901 et.seq) requires this report. Failure to report can result in a civil penalty of not more than \$500 for each failure or refusal.

1. Name of Disabled or Deceased Coal Miner Earl David Gillispie	2. Miner's Claim Number XXX-XX-5915 LM C
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3. Name and Address of Person to Whom the Check is Made Payable (The Payee)
Earl David Gillispie
Box 102
Bruno, WV 25611

4. Name and Address of Coal Mine Operator Robin Resources Inc. C/O Insurer	Name and Address of Insurance Carrier Wv CWP Fund C/O Wells Fargo Disability Mgt P O Box 3389 Charleston, WV 25333-3389
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6. Name(s) of Dependent(s) of Disabled or Deceased Coal Miner
Constance , wife, DOB 03/17/1951

7. a. Last date DOL will issue a benefit check _____
 (month/day/year)

b. Responsible Operator to reimburse the Trust Fund (Interim Benefits) for _____ (date)
 \$ _____ (amount)

c. Responsible Operator to begin payment for June 2009 (month/year)
 \$ \$924.50 (amount)

d. Responsible Operator to pay lump sum to claimant October 2008 - May2009 (dates)
 \$ \$7,317.70 (amount)

e. Responsible Operator to reimburse the Trust Fund for:

medical costs	\$	_____	(amount)
interest	\$	_____	(amount)

You will be notified of medical costs and interest at a future date.

I hereby certify that I **AGREE** with the information contained in Item 7 of this form and that payments have been initiated as indicated above.

I hereby certify that I **DISAGREE** with the information contained in ITEM 7 of this form but have initiated benefits.

 Signature of Person Filing Report or Sign for Coal Mine Operator or Insurance Carrier Date

 Print Name and Title

 Address Phone Number