

1. List the following for each claimant(s):

Name: DOUGLAS M. MILES SR.  
Address: P.O. BOX 1177 SUMMERVILLE S.C. 29484  
Phone: 1-843-873-3888 or 821-0180  
E-Mail: \_\_\_\_\_  
(If property is owned by more than one individual or company, please list all owners on separate sheet of paper)

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LISA  
CLERK  
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2. List the physical address of each property for which claimant(s) is/are making a claim:

Summerville EXXON 139 S. MAIN ST. SUMMERVILLE S.C. 29483

3. Identify the ownership interest claimant(s) has/have in the property listed in 2 above:

100% DOUGLAS M. MILES SR.

4. Provide a brief statement of your basis to believe that the property listed in 2 above was/is contaminated from Exxon's service station operations.

Monitoring wells is checked often by Exxon  
& it is contaminated

Douglas M. Miles

Signature of Claimant(s) or Claimant(s) Authorized Representative

Feb. 10, 2004

Date