

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

Name: PATEL Brother LLC

Address: 215, Highway 17 N.

Phone: 843-238-05266

E-Mail: _____

(If property is owned by more than one individual or company, please list all owners on separate sheet of paper)

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

215, Highway 17 N.

Swifside Beach SC 29575

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

Fee Simple Title

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.

Please see attached Exhibit "A".

Suneta Buttl manager
Signature of Claimant(s) or Claimant(s) Authorized Representative

3/1/04.
Date

FILED FOR RECORD
LISA W. MIZELL
CLERK OF COURT
ORANGEBURG, S.C.

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