

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

Name: JAMES F. PRICE #

Address: 225 WILSON ST, SUMTER, SC 29150

Phone: 803-773-0616

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:

501 W. LIBERTY ST

SUMTER SC 29150

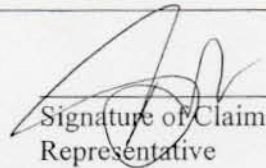
3. Identify the ownership interest claimant(s) has/have in the property listed in 2 above:

OWNER 100%

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.

OPERATED AS EXXON STATION SINCE 1968

DHEC STILL MONITORING AND TESTING

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

2-3-04  
Date

PLEASE CALL 983-~~3786~~ 3227