

**INDICATION OF INTEREST  
SUBMISSION/WITHDRAWAL FORM**

To: Office of the Secretary  
CHX Holdings, Inc.  
440 S. LaSalle Street  
Suite 3200  
Chicago, IL 60605

Phone: 312/663-2222  
Fax: 312/663-2231

I hereby **? submit** **? withdraw** an indication of interest ("Indication") regarding the purchase or sale of common stock of CHX Holdings, Inc. ("CHX Holdings"). I understand that in order to submit or withdraw an Indication, I must specifically note the transaction type, the number of shares and the price per share.

**? Buy**

**? Sell**

\_\_\_\_\_ **Number of Shares** (Note: Transactions must be in lots of 1000 shares)  
\_\_\_\_\_ **Price Per Share**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Name of Firm (if applicable)

\_\_\_\_\_  
Social Security Number or Taxpayer ID Number

\_\_\_\_\_  
Address

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Facsimile

\_\_\_\_\_  
E-mail Address

The undersigned acknowledges that Indications are valid until withdrawn and that CHX Holdings may in its sole discretion reject or cancel Indications. The undersigned further agrees that CHX Holdings has the right to provide contact information to interested parties in connection with the undersigned's Indication. The undersigned further agrees that he/she has read and understands the terms of the Access Agreement that is attached as Exhibit A to the Application for Access to Indications of Interest and has agreed to be bound by the terms and conditions therein.

\_\_\_\_\_  
Signature

Dated: \_\_\_\_\_