



**INDICATION OF INTEREST  
SUBMISSION/WITHDRAWAL FORM**

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

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_ Telephone                                      \_\_\_\_\_ Facsimile

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

I acknowledge that Indications are valid until withdrawn and that CHX Holdings may in its sole discretion reject or cancel Indications. I agree that CHX Holdings has the right to provide the contact information set out above to interested parties in connection with this Indication. I further agree that I have read and understand the terms of the Access Agreement and (if applicable) the Application for Access to Indications of Interest and have agreed to be bound by the terms and conditions therein.

\_\_\_\_\_  
Signature

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

**Submit by mail to Office of the Secretary, CHX Holdings, Inc., 440 S. LaSalle Street, Chicago, IL 60605 or fax to 312/663-2231.**