

A short list to get communication started



COMPANY NAME

ADDRESS

CITY

STATE

ZIP

CONTACT NAME

PHONE

E-MAIL

NUMBER OF SHAREHOLDERS _____

DO YOU PAY CASH DIVIDENDS? YES NO

IF "YES", QUARTERLY SEMI-ANNUALLY ANNUALLY

DO YOU OFFER DIVIDEND REINVESTMENT? YES NO

IF "YES", HOW MANY PARTICIPANTS? _____

WHERE IS YOUR STOCK LISTED? NYSE AMEX NASDAQ OTHER

IN WHAT MONTH IS YOUR ANNUAL MEETING HELD? _____

CURRENT TRANSFER AGENT NAME _____

Fax this form to 312-427-2879 or email to bob@ilstk.com.

ALL INFORMATION IS CONSIDERED CONFIDENTIAL AND WILL NOT BE RELEASED.