



EXHIBIT B - Subcontractor / Supplier List

PROJECT _____

LCI JOB NO. _____

COMPANY _____

Please complete the following information for all companies providing work and/or materials to your firm for the referenced project. Use a second sheet if necessary.

1. Name _____
Address _____
Phone () _____ Fax () _____
Providing _____
Estimated Value * \$ _____

2. Name _____
Address _____
Phone () _____ Fax () _____
Providing _____
Estimated Value * \$ _____

3. Name _____
Address _____
Phone () _____ Fax () _____
Providing _____
Estimated Value * \$ _____

4. Name _____
Address _____
Phone () _____ Fax () _____
Providing _____
Estimated Value * \$ _____

5. Name _____
Address _____
Phone () _____ Fax () _____
Providing _____
Estimated Value * \$ _____

I hereby certify under oath that the above is an accurate and complete listing of all suppliers for the referenced project. I agree to update Lydig within fifteen (15) days if there are any changes or additions to the above.

Signature *

Date

Title (A Duly Authorized Officer of the Company)

* Please make sure you have completed this section before faxing the form to our accounting department.