

ORIGINAL

RECEIVED-FPSC

06 JAN -3 AM 9:48

COMMISSION
CLERK

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Received by (Please Print Clearly) <i>Amy Haley</i> B. Date of Delivery <i>12/29/05</i></p> <p>C. Signature <i>Amy Haley</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p><input checked="" type="checkbox"/> X <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>1. Article Addressed to: <i>PSC-05-1258</i> <i>050762</i></p> <p><i>NCS Carriers, Inc.</i> <i>5640 South Florida Avenue</i> <i>Lakeland FL 33813-2526</i></p> <p><i>PAA</i></p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:</p> <p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Transfer from service label)</p>	<p><i>7004 1160 0004 5751 0629</i></p>

PS Form 3811, March 2001

Domestic Return Receipt

102595-01-M-1424

CMP _____
 COM _____
 CTR _____
 ECR _____
 GCL _____
 OPC _____
 RCA _____
 SCR _____
 SGA _____
 SEC 1 _____
 OTH _____

PSC-05-1258-PAA-TI

DOCUMENT NUMBER-DATE

00013 JAN-3 05

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