



NOBO LIST REQUEST FORM AND APPENDICES

Date:	
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Name of Company:	
Address:	
Company Contact:	
Telephone:	
Email:	

Name of Designated Agent:	
Agent Contact:	
Telephone:	
Email:	
Address 1:	
Address 2:	
City/State/ZIP:	

Mediant Contact:	
Telephone:	
Email:	

ORDER:

CUSIPs (9 Digits):	
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Frequency (One-Time; Monthly, Quarterly):	
As Of (Or Specify Record Dates):	

Mode of Transmission (Secure Download):	
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Fees:	See Appendixes A and B
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BILLING:

BILL TO:	
Name:	
Company:	
Email:	
Telephone:	
Address 1:	
Address 2:	
City/State/ZIP:	

NOTE: See APPENDIX A: NYSE PROXY FEES FOR NOBO LISTS and APPENDIX B: PROXY SOLICITATIONS for additional fees.

REPRESENTATION:

SEC Rule 14a-13(b)4 states that any registrant requesting a list of names, addresses and securities positions of beneficial holders who have consented to disclosure shall use the information furnished in response to such request exclusively for purposes of corporate communications. By signing this request you acknowledge the information provided will only be used in compliance with SEC regulations.

I am an officer of the Company with authority to order the NOBO list. The Company acknowledges that the information in the list is personal information. The Company agrees to indemnify and hold Mediant Communications Inc. harmless from all lawsuits, claims, liabilities, damages, or judgements, including reasonable attorney's fees, which may arise as a result of any misrepresentation of my authority to request this information or any misuse of the information by the Company, myself or the Company's designated agent.

Signed: _____ Date: _____

Name: _____

Office: _____



CERTIFICATION OF AGENT:

I hereby certify _____ as the Company's agent to receive the NOBO lists from Mediant.

Signed: _____ Date: _____

ACCEPTANCE BY MEDIANT:

Accepted by: _____

Signature: _____

Date: _____

ATTACHMENTS:

APPENDIX A: NYSE PROXY FEES FOR NOBO LISTS

APPENDIX B: PROXY SOLICITATIONS



APPENDIX A: NYSE PROXY FEES FOR NOBO LISTS

Broker Fee: \$0.065 per position

Conduit Fee: (Based on number of positions reported):

1 - 10,000:	\$0.10 per position with a \$100 minimum per job
10,001 - 100,000:	\$0.05 per position
100,001 and Over:	\$0.04 per position



APPENDIX B: PROXY SOLICITATIONS

Please complete this form if the NOBO list(s) are associated with a proxy solicitation campaign.

Name of Solicitor Firm: _____

Name of Contact: _____

Email: _____

Telephone: _____

VOTE REPORTING:

None ____

Daily ____

Weekly ____

Ad Hoc ____

REQUEST KILL FILES:

None ____

Daily ____

Weekly ____

Upon Request ____

FEES:

Per Vote Confirmation Letter:	\$ 0.60
Per Vote Processed:	\$ 3.25
Vote Confirmation Postage:	\$ 0.60
Vote Confirmation Postage (Foreign):	\$ 1.50
Voted Kill File:	\$ 200
Unvoted File:	\$ 100
Unvoted Share Range:	\$ 200

BILLING:

Bill to Solicitor ____ With copy to Company ____

Bill to Company ____

Bill to Agent ____

Continues...

APPENDIX B: PROXY SOLICITATIONS (CONTINUED)

COMMENTS: _____

