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Item : Questionnaire M I-21203 - 2007 ECONOMIC CENSUS : Copper, Lead, Zinc, Gold, and Silver Ore Mining

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No errors ☺

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One warning

There are two or more questions in category "Materials."

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|  |   |
|--|---|
| <p style="text-align: center;"><b>DUE DATE</b><br/><b>FEBRUARY 12, 2008</b></p> <p>Mail your completed form to:<br/>U.S. CENSUS BUREAU<br/>1201 East 10th Street<br/>Jeffersonville, IN 47134-0001</p> <p>Please read the accompanying information sheet(s) before answering the questions.</p> <p>Need help or have questions about filling out this form?<br/>Visit <a href="http://www.census.gov/econhelp">www.census.gov/econhelp</a></p> <p>Call 1-800-233-6136, between 8:00 a.m. and 6:00 p.m., Eastern time, Monday through Friday.</p> <p style="text-align: center;">-OR-</p> <p>Write to the address above. Include your 11-digit Census File Number (CFN) printed in the mailing address.</p> | <p style="text-align: center;">M I-21203</p> <p style="text-align: right;">(Please correct any errors in this mailing address.)</p> |
|--|---|

**YOUR RESPONSE IS REQUIRED BY LAW.** Title 13, United States Code, requires businesses and other organizations that receive this questionnaire to answer the questions and return the report to the U.S. Census Bureau. By the same law, **YOUR CENSUS REPORT IS CONFIDENTIAL.** It may be seen only by persons sworn to uphold the confidentiality of Census Bureau information and may be used only for statistical purposes. Further, copies retained in respondents' files are immune from legal process.

† Use blue or black ballpoint pen. † Please center numbers in their respective boxes. Examples:  
 † Do not use pencil or felt tip pen. † Do not put slashes through 0 or 7.  0 1 2 3 4 5 6 7 8 9  
 † Place an "X" inside the box.

The reporting unit for this form is an establishment. An establishment is generally a single physical location where business is conducted or where services or industrial operations are performed. For further clarification, see information sheet(s).

**1 EMPLOYER IDENTIFICATION NUMBER**  
 Is the Employer Identification Number (EIN) shown in the mailing address the same as the one used for this establishment on its latest 2007 Internal Revenue Service Form 941, Employer's Quarterly Federal Tax Return?

0021  Yes - Go to **2**      0022  No - Enter current EIN (9 digits) → 0025  -

**2 PHYSICAL LOCATION**  
 A. Is this establishment's physical location the same as shown in the mailing address? (P.O. Box and rural route addresses are not physical locations.)

0031  Yes - Go to line B

0032  No - Enter physical location →

|                                |            |               |  |
|--------------------------------|------------|---------------|--|
| 0035 Number and street         |            |               |  |
|                                |            |               |  |
| 0036 City, town, village, etc. | 0037 State | 0038 ZIP Code |  |
|                                |            |               |  |

B. Is this establishment physically located inside the legal boundaries of the city, town, village, etc.? (Mark "X" only ONE box.)

0041  Yes      0042  No      0043  No legal boundaries      0044  Do not know

C. In what type of municipality is this establishment physically located? (Mark "X" only ONE box.)

0046  City, village, or borough      0047  Town or township      0048  Other      0024  Do not know

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**3 OPERATIONAL STATUS**

Which of the following best describes this establishment's operational status at the end of 2007?  
 (Mark "X" only ONE box.)

- 0011  In operation
- 0016  Under construction, development, or exploration
- 0013  Temporarily or seasonally inactive
- 0014  Ceased operation - Give date at right
- 0015  Sold or leased to another operator - Give date at right AND enter name and address of new owner or operator and Employer Identification Number (EIN) below

|      |       |     |      |
|------|-------|-----|------|
| 0018 | Month | Day | Year |
|      |       |     |      |

|  |                     |               |
|--|---------------------|---------------|
| 6030 Name of new owner or operator                       | 6061 EIN (9 digits) |               |
|  | -                   |               |
| 6031 Mailing address (Number and street, P.O. Box, etc.) |                     |               |
|  |                     |               |
| 6032 City, town, village, etc.                           | 6033 State          | 6034 ZIP Code |
|  |                     | -             |

**4 MONTHS IN OPERATION**

Mark "X" if None 2007 Number

Number of months in operation during 2007 (If none, mark "X" and go to 30.) . . . . . 0002

HOW TO REPORT DOLLAR FIGURES



Dollar figures should be rounded to thousands of dollars.

If a figure is \$1,025,628.79:

Report

If a value is "0" (or less than \$500.00):

Report

Mark "X" if None

| 2007    |         |       |
|---------|---------|-------|
| \$ Bil. | Mil.    | Thou. |
|         | 1 0 2 6 |       |

**5 SALES, SHIPMENTS, RECEIPTS, OR REVENUE**

(Exclude nonoperating income such as royalties, interest, dividends, or the sale of fixed assets.)

Mark "X" if None

A. Total value of products shipped and other receipts (Report detail in 22.) . . . 0100

B. Value of products exported (This is a breakout of the value reported on line A.)

Report the value of products shipped for export. Include shipments to customers in the Panama Canal Zone, the Commonwealth of Puerto Rico, and U.S. possessions, as well as the value of products shipped to exporters or other wholesalers for export. Also, include the value of products sold to the U.S. Government to be shipped to foreign governments. . . . . 0130

| 2007    |      |       |
|---------|------|-------|
| \$ Bil. | Mil. | Thou. |
|         |      |       |

**6 Not Applicable.**

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If not shown, please enter your 11-digit Census File Number (CFN) from the mailing address.

**7** EMPLOYMENT AND PAYROLL

Include:

† Full- and part-time employees working at this establishment whose payroll was reported on Internal Revenue Service Form 941, Employer's Quarterly Federal Tax Return, and filed under the Employer Identification Number (EIN) shown in the mailing address or corrected in 1.

Exclude:

† Full- or part-time leased employees whose payroll was filed under an employee leasing company's EIN.  
 † Temporary staffing obtained from a staffing service.  
 † Subcontractors and their employees.

For further clarification, see information sheet(s).

A. Number of employees

- 1. Number of production, development, and exploration workers for pay period including March 12 . . . . . 0325
- 2. Number of other employees for pay period including March 12 . . . . . 0336
- 3. TOTAL (Add lines A1 and A2) . . . . . 0320

| 2007                     |        |
|--------------------------|--------|
| Mark "X" if None         | Number |
| <input type="checkbox"/> |        |
| <input type="checkbox"/> |        |
| <input type="checkbox"/> |        |

B. Payroll before deductions (Exclude employer's cost for fringe benefits.)

- 1. Annual payroll
  - a. Production, development, and exploration workers . . . . . 0304
  - b. All other employees . . . . . 0305
  - c. TOTAL (Add lines B1a and B1b) . . . . . 0300
- 2. First quarter payroll (January-March, 2007) . . . . . 0310

| 2007                     |         |      |       |
|--------------------------|---------|------|-------|
| Mark "X" if None         | \$ Bil. | Mil. | Thou. |
| <input type="checkbox"/> |         |      |       |

C. Number of hours worked by production, development, and exploration workers (Annual hours worked by production, development, and exploration workers reported on line A1.) . . . . . 0200

| 2007                     |       |
|--------------------------|-------|
| Mark "X" if None         | Hours |
|                          | Thou. |
| <input type="checkbox"/> |       |

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CONTINUE WITH 7 ON PAGE 4

**7** EMPLOYMENT AND PAYROLL - Continued

D. Employer's cost for fringe benefits - Employer's cost for legally required programs and programs not required by law.

Mark "X" if None

| 2007    |       |       |
|---------|-------|-------|
| \$ Bil. | M il. | Thou. |
|         |       |       |
|         |       |       |
|         |       |       |
|         |       |       |
|         |       |       |
|         |       |       |

1. Health insurance - Insurance premiums on hospitals, medical plans, and single service plans such as dental, vision, and prescription drug plans. Include premium equivalents for self-insured plans and fees paid to third party administrators (TPAs). Do not include employee contributions. . . . 0333

2. Pension plans

a. Defined benefit pension plans - Costs for both qualified and unqualified defined pension plans. Pension plans that specify the benefit to be paid to employees upon retirement, generally either a specific amount or a percentage of compensation. Employer contributions are based on actuarial computations that include the employee's compensation and years of service and are not allocated to specific accounts maintained for employees. . . . 0335

b. Defined contribution plans - Costs under defined contribution plans. Pension plans that define the employer contributions to a separate account provided for each employee. The employee "benefit" at retirement depends on the amount contributed and the results of the account's activity. Examples include profit sharing plans, money purchase (e.g., 401k, 403b) and stock bonus plans (e.g., ESOPs) . . . . 0337

3. Other - Other fringe benefits (e.g., Social Security, workers' compensation insurance, unemployment tax, state disability insurance programs, life insurance benefits, Medicare) . . . . 0339

4. TOTAL (Add lines D1 through D3) . . . . 0220

**8** Not Applicable.

**9** INVENTORIES

Report inventories at cost or market using generally accepted accounting practices.

A. Did this establishment own inventories, regardless of where held, at the end of 2007 and/or 2006?

0486  Yes - Go to line B

0487  No - Go to 10

B. Report inventories for mined products and supplies owned by this establishment as of December 31.

Mark "X" if None

| End of 2007 |       |       |
|-------------|-------|-------|
| \$ Bil.     | M il. | Thou. |
|             |       |       |
|             |       |       |
|             |       |       |
|             |       |       |
|             |       |       |
|             |       |       |

Mark "X" if None

| End of 2006 |       |       |
|-------------|-------|-------|
| \$ Bil.     | M il. | Thou. |
|             |       |       |
|             |       |       |
|             |       |       |
|             |       |       |
|             |       |       |
|             |       |       |

1. Mined or quarried products . . . 0461

0471

2. Supplies, parts, fuels, etc. . . . 0462

0472

3. Total inventories before Last-in, First-out (LIFO) adjustment (if any) (Add lines B1 and B2) . . 0460

0470

4. LIFO reserve (if any) . . . . 0466

0476

5. Total inventories after LIFO adjustment value (Line B3 minus line B4) . . . . 0468

0469

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If not shown, please enter your 11-digit Census File Number (CFN) from the mailing address.

**10 INVENTORIES BY VALUATION METHOD**

Report how much of the inventory reported in **9**, line B3 for 2007 is subject to the following valuation methods.

|   | Mark "X" if None         | 2007    |       |       |
|---|--------------------------|---------|-------|-------|
|   |                          | \$ Bil. | M il. | Thou. |
| A. LIFO valuation method before adjustment . . . . . 0244                           | <input type="checkbox"/> |         |       |       |
| B. Any valuation method - Specify method <b>7</b><br>0895 <input type="text"/>      | <input type="checkbox"/> |         |       |       |
| C. TOTAL (Add lines A and B. Total should equal <b>9</b> , line B3.) . . . . . 0490 | <input type="checkbox"/> |         |       |       |

**11** and **12** Not Applicable.

**13 ASSETS, CAPITAL EXPENDITURES, RETIREMENTS, AND DEPRECIATION**

See information sheet(s) on how to report leasing arrangements.

|   | Mark "X" if None         | 2007    |       |       |
|---|--------------------------|---------|-------|-------|
|   |                          | \$ Bil. | M il. | Thou. |
| A. Gross value of depreciable and/or depletable assets (acquisition cost) at the beginning of the year . . . . . 0500   | <input type="checkbox"/> |         |       |       |
| B. Capital expenditures during the year   |                          |         |       |       |
| 1. Capital expenditures for new and used buildings, structures, machinery, and equipment (Exclude land.) . . . . . 0520   | <input type="checkbox"/> |         |       |       |
| 2. Capital expenditures for mineral exploration and development . . . . . 0536  | <input type="checkbox"/> |         |       |       |
| 3. Capital expenditures for mineral land and rights . . . . . 0537  | <input type="checkbox"/> |         |       |       |
| 4. TOTAL (Add lines B1 through B3) . . . . . 0535   | <input type="checkbox"/> |         |       |       |
| C. Total retirements and disposition of depreciable and/or depletable assets (gross value of assets sold, retired, scrapped, destroyed, etc.) for the year . . 0510 | <input type="checkbox"/> |         |       |       |
| D. Gross value of depreciable and/or depletable assets at the end of the year (Add lines A and B4 minus C) . . . . . 0505   | <input type="checkbox"/> |         |       |       |
| E. Depreciation and/or depletion charges for the year . . . . . 0540  | <input type="checkbox"/> |         |       |       |

**14 RENTAL PAYMENTS**

|  | Mark "X" if None         | 2007    |       |       |
|--|--------------------------|---------|-------|-------|
|  |                          | \$ Bil. | M il. | Thou. |
| A. Rental payments for buildings and other structures (Include land.) . . . . . 0551 | <input type="checkbox"/> |         |       |       |
| B. Rental payments for machinery and equipment . . . . . 0552                        | <input type="checkbox"/> |         |       |       |
| C. TOTAL (Add lines A and B) . . . . . 0550  | <input type="checkbox"/> |         |       |       |

**15 MINERAL PROPERTY EXPENSES**

|  | Mark "X" if None         | 2007    |       |       |
|--|--------------------------|---------|-------|-------|
|  |                          | \$ Bil. | M il. | Thou. |
| A. Lease rents for mineral properties . . . . . 0590   | <input type="checkbox"/> |         |       |       |
| B. Current operating expenses for exploration, development, and mineral land and rights (include royalty payments.) . . . . . 0141 | <input type="checkbox"/> |         |       |       |

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**16** SELECTED EXPENSES

A. Selected production related costs

(Include costs incurred in mining process such as supplies, resales, contract work, fuels, and electricity.)

- 1. Cost of supplies used, minerals received for preparation, purchased machinery installed, materials, parts, containers, packaging, etc. (Report detail in **17**) . . . . . 0421
- 2. Cost of products bought and sold as such without further processing (Report sales in **22**.) . . . . . 0426
- 3. Cost of purchased fuels consumed for heat, power, or the generation of electricity . . . . . 0430
- 4. Cost of purchased electricity (Report quantity on line B1.) . . . . . 0425
- 5. Cost of work done for you by others on your materials . . . . . 0424
- 6. TOTAL (Add lines A1 through A5) . . . . . 0420

Mark "X" if None

| 2007    |       |       |
|---------|-------|-------|
| \$ Bil. | M il. | Thou. |
|         |       |       |
|         |       |       |
|         |       |       |
|         |       |       |
|         |       |       |
|         |       |       |

B. Quantity of Electricity

- 1. Purchased electricity (Quantity comparable to cost reported on line A4.) . . 0436
- 2. Generated electricity (Gross less generating station use.) . . . . . 0437
- 3. Electricity sold or transferred to other establishments (Include on lines B1 or B2.) . . . . . 0438

Mark "X" if None

| 2007           |       |       |
|----------------|-------|-------|
| Kilowatt hours |       |       |
| Bil.           | M il. | Thou. |
|                |       |       |
|                |       |       |
|                |       |       |

CONTINUE WITH **16** ON PAGE 7

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If not shown, please enter your 11-digit Census File Number (CFN) from the mailing address.

16 SELECTED EXPENSES - Continued

C. Other operating expenses paid by this establishment

Mark "X" if None

|     |   |      | 2007                     |       |       |
|-----|---|------|--------------------------|-------|-------|
|     |   |      | \$ Bil.                  | M il. | Thou. |
| 1.  | Temporary staff and leased employee expense - Total costs paid to Professional Employer Organizations (PEOs) and staffing agencies for personnel. (Include all charges for payroll, benefits and services.) . . . . .   | 0176 | <input type="checkbox"/> |       |       |
| 2.  | Expensed equipment - Expensed computer hardware and other equipment (e.g., copiers, fax machines, telephones, shop and lab equipment, CPUs, monitors). (Report packaged software on line C3.) . . . . .   | 0444 | <input type="checkbox"/> |       |       |
| 3.  | Expensed purchases of software - Purchases of prepackaged, custom coded or vendor customized software. (Include software developed or customized by others, web-design services and purchases, licensing agreements, upgrades of software; and maintenance fees related to software upgrades and alterations.) . . . . .  | 0188 | <input type="checkbox"/> |       |       |
| 4.  | Data processing and other purchased computer services (Include computer facilities management services, computer input preparation, data storage, computer time rental, optical scanning services, and other computer-related advice and services, including training. Exclude expensed integrated systems, repair and maintenance of computer equipment, payroll processing and credit card transaction fees, and expenses for telecommunication services (e.g., Internet, connectivity, telephone.) . . . . . | 0198 | <input type="checkbox"/> |       |       |
| 5.  | Purchased communication services - Telephone, cellular, and fax services; computer-related communications (e.g., Internet, connectivity, online) and other wired and wireless communication services . . . . .  | 0402 | <input type="checkbox"/> |       |       |
| 6.  | Purchased repairs and maintenance to buildings and/or machinery and equipment (Exclude materials, parts, and supplies used for repairs and maintenance performed by this firm's employees.) . . . . .   | 0394 | <input type="checkbox"/> |       |       |
| 7.  | Water, sewer, refuse removal, and other utility payments (Include the costs of hazardous waste removal.) . . . . .  | 0407 | <input type="checkbox"/> |       |       |
| 8.  | Purchased advertising and promotional services (Include marketing and public relations services.) . . . . .   | 0405 | <input type="checkbox"/> |       |       |
| 9.  | Purchased professional and technical services (Include management consulting, accounting, auditing, bookkeeping, legal, actuarial, payroll processing, architectural, engineering, and other professional services. Exclude salaries paid to your own employees for these services.) . . . . .  | 0216 | <input type="checkbox"/> |       |       |
| 10. | Governmental taxes and license fees - Payments to government agencies for taxes and licenses. (Include business and property taxes. Exclude income taxes.) . . . . .  | 0396 | <input type="checkbox"/> |       |       |
| 11. | Other operating expenses - All other operating expenses not reported elsewhere. (Exclude purchases of merchandise for resale and nonoperating expenses.) - Specify <u>7</u>   |      | <input type="checkbox"/> |       |       |
|     | 0897 <input type="text" value=""/>  | 0397 | <input type="checkbox"/> |       |       |
| 12. | TOTAL (Add lines C1 through C11) . . . . .  | 0449 | <input type="checkbox"/> |       |       |

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**17** A. DETAILED COST OF MATERIALS, PARTS, AND SUPPLIES

Report:

Delivered cost of individual items listed below. Delivered cost is the amount paid or payable after discounts and including freight and other direct charges incurred by the establishment in acquiring the materials. The figures reported should represent the total purchase cost of supplies, minerals received for preparation, machinery installed, etc., actually used or processed during 2007. Include purchases, interplant transfers, and withdrawals from inventories. If the data are not available from your records, reasonable estimates are acceptable.

Quantities in the unit of measure specified.

Estimated cost of ores received for treatment on a custom or toll basis, as if purchased.

Concentrated products in **22**.

Minerals mined and also processed at this establishment in **17B** only.

Include:

Ores received for treatment which were used or concentrated in 2007.

Items listed below whether charged to current or capital accounts.

Cost of items for which less than \$25,000 worth was used in "All other supplies," line 9.

Supplies purchased by this establishment for use by companies performing contract work at this establishment.

Exclude:

Associated labor costs of the kind reported in **7** and **16**, line A5.

Payments made for contract services performed, including payments for supplies and equipment furnished by the contractor incidental to this work.

| Line No. | Minerals received and processed, machinery installed, and supplies used   | Census material code | Unit of measure for quantities | Purchased from others, received from other establishments of this company, or received for custom mineral processing |  |       |       |
|----------|---|----------------------|--------------------------------|--|--|-------|-------|
|          |   |                      |                                | Quantity   | Cost, including delivery cost (freight-in) |       |       |
|          |   |                      |                                |  | \$ Bil.                                    | M il. | Thou. |
|          |   |                      |                                | 0631   |  |       |       |
| 1        | Crude ore and residues received for concentration (excluding placer operations) . . . . .   | 212200 01            | short tons                     |  |  |       |       |
| 2        | Machinery, purchased and installed (including mobile loading, transportation, and other equipment installed at the operation) (including charges to both current and capital accounts.) . . . . . | 333000 07            |                                |  |  |       |       |
| 3        | Parts and attachments for mining, mineral preparation, construction, and conveying machinery and equipment . . . . .  | 333000 09            |                                |  |  |       |       |
| 4        | Supplies used<br>Explosive materials (including ammonium nitrate) and blasting accessories . . . . .  | 325920 01            |                                |  |  |       |       |
| 5        | Industrial chemicals (chemical reagents, calcium chloride, acidizing materials, etc.) (excluding explosive materials, blasting accessories, and drilling fluids) . . . . .                        | 325000 74            |                                |  |  |       |       |
| 6        | Lime (including quicklime, hydrated lime and dead-burned dolomite) . . . . .  | 327410 01            |                                |  |  |       |       |
| 7        | Tires and inner tubes . . . . .   | 326211 01            |                                |  |  |       |       |

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If not shown, please enter your 11-digit Census File Number (CFN) from the mailing address.

**17** A. DETAILED COST OF MATERIALS, PARTS, AND SUPPLIES - Continued

| Line No. | Materials received and processed, machinery installed, and supplies used                        | Census material code | Unit of measure for quantities | Purchased from others, received from other establishments of this company, or received for custom mineral processing |  |       |       |
|----------|---|----------------------|--------------------------------|--|--|-------|-------|
|          |   |                      |                                | Quantity   | Cost, including delivery cost (freight-in) |       |       |
|          |   |                      |                                |  | \$ Bil.                                    | M il. | Thou. |
| 0634     |   | 0630                 | 0636                           | 0633   | 0631                                       |       |       |
| 8        | Supplies used - Continued<br>Steel shapes and forms (including castings and forgings) . . . . . | 330000 08            |                                |  |  |       |       |
| 9        | All other supplies (Specify the three principal types of supplies included here.) ↴             | 009700 98            |                                |  |  |       |       |
| 10       | TOTAL (Should equal total reported in 16, line A1)  | 771000 00            |                                |  |  |       |       |

**17** B. QUANTITY OF MINERALS MINED AND PREPARED

Report below the quantity of each listed item mined and also concentrated at this establishment. Purchases or receipts of such items should be reported only in 17A.

Ores mined for sale as such and not for concentration at this establishment should only be reported in 22. Report concentrated products in 22.

| Line No. | Item  | Census material code | Unit of measure for quantities | Quantities mined and also processed at this establishment |      |
|----------|---|----------------------|--------------------------------|---|------|
|          |   |                      |                                | 0636  | 0633 |
| 0634     |   | 0630                 | 0636                           | 0633  |      |
| 1        | Crude ore and residues mined and concentrated at same establishment and material processed in placer operations . . . . . | 212200 02            | short tons                     |   |      |

**18** FUELS USED

| Line No. | Kind of fuel (Report total delivered cost, not cost per unit. Fuels received from other establishments of your company should be included at estimated market value.) | Census fuel code | Unit of measure for quantities | 2007 consumption |  |       |
|----------|---|------------------|--------------------------------|------------------|--|-------|
|          |   |                  |                                | Quantity         | Cost, including delivery cost (freight-in) |       |
|          |   |                  |                                |                  | \$ Mil.                                    | Thou. |
| 0643     |   | 0640             | 0645                           | 0642             | 0641                                       |       |
| 1        | Coal (bituminous, subbituminous, lignite, and anthracite) . . . . .   | 212110 03        | short tons                     |                  |  |       |
| 2        | Fuel oil<br>Distillate (light) grade numbers 1, 2, 4, and light diesel fuel . . . . .   | 324110 17        | ↑<br>barrels<br>↓              |                  |  |       |
| 3        | Residual (heavy) grade numbers 5 and 6 and heavy diesel fuel . . . . .  | 324110 19        |                                |                  |  |       |
| 4        | Gas (natural, manufactured, and mixed) . . . . .  | 211110 15        | mil ft <sup>3</sup>            |                  |  |       |
| 5        | Gasoline . . . . .  | 324110 15        | 1000 gal                       |                  |  |       |

CONTINUE WITH 18 ON PAGE 10

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| 18 FUELS USED -Continued |   |                  |                                |                  |  |       |
|--------------------------|---|------------------|--------------------------------|------------------|--|-------|
| Line No.                 | Kind of fuel (Report total delivered cost, not cost per unit. Fuels received from other establishments of your company should be included at estimated market value.) | Census fuel code | Unit of measure for quantities | 2007 consumption |  |       |
|                          |   |                  |                                | Quantity         | Cost, including delivery cost (freight-in) |       |
|                          |   |                  |                                |                  | \$ Mil.                                    | Thou. |
|                          |   |                  |                                | 0641             |  |       |
| 6                        | Other fuels (liquefied petroleum gas, coke, wood, and other) (Specify.) 7   | 009600 18        |                                |                  |  |       |
| 7                        | TOTAL (Should equal total reported in 16, line A3) . . . .  | 007720 00        |                                |                  |  |       |

19 TYPE OF OPERATION  
 (Include production, development, and exploration operations. If mine is under development or exploration, or maintenance is being performed, indicate method most likely to be used when production is started or resumed.)  
 (Mark "X" ALL that apply.)

Mining methods

0600 440  Open-pit and/or dredge

444  Underground

450  Other - Specify 7

0601

432  No mine or abandoned mine

Treatment methods

474  Concentration or other treatment methods

468  No concentration or other treatment methods

20 and 21 Not Applicable.

22 DETAIL OF SALES, SHIPMENTS, RECEIPTS, OR REVENUE

The U.S. Geological Survey, U.S. Department of the Interior, generally collects detailed figures on the mineral products listed here. This item provides only summary figures which will serve to relate the statistics compiled from the Economic Census of Mineral Industries to the statistics compiled by the U.S. Geological Survey.

Report:  
 Net total values for mine or plant after discounts and allowances and exclusive of freight charges and excise taxes.  
 Metal contained in 26.  
 Crude ores for concentration in 17A and 17B.  
 Short tons equal to 2,000 pounds.  
 Dry Weight  
 Include:  
 All products produced or physically shipped from this establishment in 2007.  
 Material withdrawn from stockpiles.  
 Products shipped on consignment.

CONTINUE WITH 22 ON PAGE 11

21203104

If not shown, please enter your 11-digit Census File Number (CFN) from the mailing address.

**22** DETAIL OF SALES, SHIPMENTS, RECEIPTS, OR REVENUE - Continued

Concentrated ores and metals from ores mined at this establishment, purchased, or received from other establishments of your company.

Quantity and estimated value of products concentrated on a custom or toll basis.

Products transferred to other establishments of your company for concentration or other use.

Bonuses or other credits from metal contained, as well as royalties.

Exclude:

Penalties for impurities.

| Line No. | Description   | Census product code | Unit of measure for quantities | Quantity of production | Shipments and interplant transfers |                             |       |       |
|----------|---|---------------------|--------------------------------|------------------------|------------------------------------|-----------------------------|-------|-------|
|          |   |                     |                                |                        | Quantity                           | Value, f.o.b. establishment |       |       |
|          |   |                     |                                |                        |                                    | \$ Bil.                     | M il. | Thou. |
| 0734     |   | 0730                | 0736                           | 0733                   | 0732                               | 0731                        |       |       |
| 1        | Gold ore mining (Report metal content in 26.) . . . . .   | 212221 0100         | ↑<br>short tons<br>↓           |                        |                                    |                             |       |       |
| 2        | Silver ore mining (Report metal content in 26.) . . . . .   | 212222 0100         |                                |                        |                                    |                             |       |       |
| 3        | Lead ore and zinc ore mining (Report metal content in 26.) . . . . .  | 212231 0100         |                                |                        |                                    |                             |       |       |
| 4        | Copper ore and nickel ore mining (Report metal content in 26.) . . . . .  | 212234 0100         |                                |                        |                                    |                             |       |       |
|          | All other products made in this establishment - Specify and report each product with sales value of \$50,000 or more that cannot be assigned to one of the "listed products and services". For all remaining products, write "Other" and report a single total value. |                     |                                |                        |                                    |                             |       |       |
| 5        |   | 18                  |                                |                        |                                    |                             |       |       |
| 6        |   | 26                  |                                |                        |                                    |                             |       |       |
| 7        |   | 34                  |                                |                        |                                    |                             |       |       |
| 8        | Receipts for work or services performed for other establishments (Exclude receipts for concentration of ores on a custom or toll basis.) (Specify work or services performed.) ↙  | 213114 0YW T        |                                |                        |                                    |                             |       |       |
| 9        | Resales - Sales of products bought and sold without further manufacture, processing, or assembly (The cost of such items should be reported in 16, line A 2.) . . . . .   | 999890 0000         |                                |                        |                                    |                             |       |       |
| 10       | TOTAL (Should equal 5, line A) . . . . .  | 770000 0000         |                                |                        |                                    |                             |       |       |

**23** - **25** Not Applicable.

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**26** SPECIAL INQUIRIES

METAL CONTENT

(Report metal content of production where both production and shipments are reported in **22**.)

1. Metal ores

- a. Gold . . . . .
- b. Silver . . . . .
- c. Lead/Zinc . . . . .
- d. Copper . . . . .

2. TOTAL (Add lines 1a through 1d) . . . . .

| Cen-<br>sus<br>use | Quantities of metals contained based on assay content of<br>ores reported in <b>22</b> |  |        |  |                 |  |        |  |
|--------------------|--|--|--------|--|-----------------|--|--------|--|
|                    | Fine troy ounces   |  |        |  | Thousand pounds |  |        |  |
|                    | Gold   |  | Silver |  | Lead/Zinc       |  | Copper |  |
|                    | 706  |  | 707    |  | 708             |  | 709    |  |
| 2                  |  |  |        |  |                 |  |        |  |
| 3                  |  |  |        |  |                 |  |        |  |
| 5                  |  |  |        |  |                 |  |        |  |
| 6                  |  |  |        |  |                 |  |        |  |
| 0                  |  |  |        |  |                 |  |        |  |

**27 - 29** Not Applicable.

REMARKS (Please use this space for any explanations that may be essential in understanding your reported data.)

**30** CERTIFICATION - This report is substantially accurate and was prepared in accordance with the instructions.

Is the time period covered by this report a calendar year?

Yes

No - Enter time period covered →

| FROM | Month | Year | TO | Month | Year |
|------|-------|------|----|-------|------|
|      |       |      |    |       |      |

Name of person to contact regarding this report

Title

| Telephone | Area code | Number | Extension | Fax | Area code | Number |
|-----------|-----------|--------|-----------|-----|-----------|--------|
|           |           |        |           |     |           |        |

Internet e-mail address

Date completed

Month Day Year

Thank you for completing your 2007 ECONOMIC CENSUS form .

PLEASE PHOTOCOPY THIS FORM FOR YOUR RECORDS AND RETURN THE ORIGINAL.

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