

U.S. DEPARTMENT OF COMMERCE Economics and Statistics Administration U.S. CENSUS BUREAU

DRAFT

ATTACHMENT A PAGE 1 0/ 10

2005 REPORT OF ORGANIZATION

NC-99001 (DRAFT) OMB No. 0607-0444: Approval Expires 11/30/2007 Mail your completed form to: **U.S. CENSUS BUREAU** 1201 East 10th Street Jeffersonville, IN 47132-0001 Need help or have questions about filling out this form? Visit our Web site at www.census.gov/econhelp - OR -Write to the address above. Include your 11-digit Census File Number (CFN) printed in the mailing address. (Please correct any errors in this mailing address.) 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. The purpose of this form is to obtain an accurate and up-to-date list of your establishments, i.e., separate business locations that were in operation or new plant(s) under construction during part or all of 2005. This list should include establishments of your company and each of its subsidiaries. To make it easier for you to complete this report, we have prelisted information in SA that you have previously provided to the U.S. Census Bureau. Please list all other establishments of your organization on SB. Do not duplicate establishments already prelisted in SA. Be sure to include items 1 through 4 when returning your completed report form. Before completing this form, please read the enclosed definitions and instructions. COMPANY OWNERSHIP OR CONTROL A. DOMESTIC OWNERSHIP OR CONTROL 1. Does another domestic company hold more than 50 percent of the voting stock of your company or have the power to control the management and policies of your company? Yes - Enter the following information on the owning or ■ No - Go to line B controlling company 99001018 Name of owning or controlling company Enter Employer Identification Number (EIN) of owning or controlling company (9 digits) Home office address (Number and street) ZIP Code City, town, village, etc. State 2. What percent of voting stock was held by owning or controlling company? (Mark "X" only ONE box.) □ 50% Less than 50% ■ More than 50%

vot	es a fo	reign entity (com ock or other equit	rights of ye	our compan	y?	wii directi					
	Yes	- Enter the follow	ing informat	ion on the o	wning entity	and go to	o line C	7			
	Nam	e of foreign benefic	ial owner								
	Hom	e office address (N	umber and str	eet)							
	City						Countr	,		V	
	ind	at was the percent nership (direct and irect)? (Mark "X" on E box.)	/y \ _		☐ 50% ☐ 51-9		10	00%			
	No -	Go to line C									
ince	corpora	company alone, ted foreign busin	or with its de	omestic affil	iates, own 10 iivalent inter	percent of	or mor unincor	e of the vo porated bu	ting stoc usiness e	k of an enterpri	se,
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RESEA A. Dos	Yes No ARCH A Des you Yes No - hat was	ND DEVELOPME r company condu - Go to line B Go to 3	NT ct or sponso	or research a			7 00 5 ?				
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B. Wh	Yes No ARCH A pes you Yes No - hat was \$3 m OYEES	AND DEVELOPME r company conduction Go to line B Go to the state of reset than \$3 million million or more FROM A PROFEST TROMA PROFEST TROMA DESCRIPTION TO THE STATE OF THE ST	NT ct or sponso	evelopment of PLOYER OR	expenditures GANIZATION	during 20	t-time v	workforce t	from a P a staffin	rofessi g servi	onal ce and
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B. Wh EMPLO Did yo Emplor contract YO CERTIFIC	Yes No ARCH A Des you Yes No - hat was Less Sam OYEES OUT CON OYEES No ICATIO	AND DEVELOPME r company conduct Go to line B Go to state value of reset than \$3 million from A PROFES apany lease 50 perganization during	NT ct or sponso earch and de estional EM ercent or mo 20017 (Pern	PLOYER OR re of your property work	GANIZATION ermanent ful force exclud	during 20 N I- and pares tempor	t-time v	ffing from	a staffin	g servi	onal ce and
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FORM NC-99002 (DRAFT) U.S. DEPARTMENT OF COMMERCE Economics and Statistics Administration U.S. CENSUS BUREAU

Refer to this CENSUS FILE NUMBER in any correspondence pertaining to this report.

2005 REPORT OF ORGANIZATION

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A. PRE-IDENTIFIED LOCATIONS OF OPERATIONS

We have listed establishments of your company based on Census records. Please update this list as follows:

- Column (a) Correct any errors or omissions in the information. The establishments are listed in the following sequence: Employer Identification Number (EIN), major activity, and geographic location.
- Column (b) Report the number of employees and payroll for full- and part-time employees working at this establishment whose payroll was reported on your Internal Revenue Service Form 941, Employer's Quarterly Federal Tax Return, and/or any full- and part-time employees whose payroll was filed under a Professional-Employer-Organization's EIN. Include part-year operations. Do not combine data for establishments. If book figures are not available for employment and payroll for each establishment, please provide your best estimates.
- Column (c) Report status of each establishment at the end of 2005.

						cha or zo	7					
	Company Establishm (Add store or plant correct any erro	number, if a rs or omissi	any, and	2003 Employment and Payroll			Operational Status at the End of 2005 (Mark "X" only ONE box.)				20017	
1 2 N		a)	INAMOS.				minter of		(c)			
Line No.	EIN NAICS		200\$ 7 Number of employees for pay period including				In operation	Temporarily or seasonally inactive				
Najor activity			tor	March	12		Ceased operation - Give date at right.	Month Day Yea			Year	
Name	lame						-	Sold or leased to	anothe	r one	erator	- Give date
	Tallo					payroll ar.)		above AND enter owner or operator	name a	and a	addres	s of new
Seconda	econdary name Store or plant No				Mil.	Thou.	Name	e of new owner or	operato	or		
Physical	Physical location (Number and street)					ayroll	Maili	ng address (Numbe	er and s	stree	t, P.O.	box, etc.)
City, tow	n, village, etc.	State	ZIP Code	\$Bil. Mil. Thou.		City, town, village, etc. State ZIP Code				Code		
								Other - Specify →				
Line No.	EIN		NAICS	Nu	200 imber of e		☐ In operation ☐ Temporal			or nactive		
Major ac	ivity					d including		Ceased operation - Give	Monti		ay	Year
Name								date at right.	anothe	rone	retor	- Give date
				First quarter payroll (JanMar.)		Sold or leased to another operator - Give data above AND enter name and address of new owner or operator below.				s of new		
Seconda	ry name		Store or plant No.	\$Bil.	Mil.	Thou.	Name	e of new owner or	operato	or		
Physical location (Number and street)				Annual payroll		Maili	ng address (Numbe	er and s	stree	t, P.O.	box, etc.)	
City, tow	n, village, etc.	State	ZIP Code	\$Bil.	Mil.	Thou.	City,	town, village, etc.	Si	tate	ZIP (Code
								Other - Specify →				



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6 A	. PRE-IDENTIFIED	LOCATIONS	OF OPERATION	IS - C	ontinued							
	Company Establish			(b) 2005 Employment			(c) Operational Status at the End of 2005 7					
Line No.		ments and Su	NAICS	1	and Pa		(c) Operational Status at the End of 2003					
Line No.	EIN		NAICS	Nu	mber of e	mplovees		In operation	☐ Ter	mpora isonal	rily or ly inactive	
Major ac	jor activity			for pay period including March 12				Ceased operation - Give date at right.	Month	Day	Year	
Name								Sold or leased to	another	oporat	or Give date	
				Fir	st quarter (JanM	payroll ar.)	EVAII.	above AND enter owner or operato	name an			
Seconda	scondary name Store or plant N		,\$Bil.	Mil.	Thou.	Name	Name of new owner or operator					
Physical	ysical location (Number and street)			Annual payroll		Maili	ng address (Numbe	er and st	reet, P	.O. box, etc.)		
City, tow	n, village, etc.	State	ZIP Code	\$Bil.	Mil.	Thou.	City,	town, village, etc.	Sta	te ZI	P Code	
			***					Other - Specify -				
ine No.	EIN		NAICS	Nu	200			In operation			rily or ly inactive	
Major ac	tivity			for	Number of employees for pay period including March 12			Ceased operation - Give	Month	Day	Year	
Name								date at right.	-			
varrie				Fir	st quarter (JanM	payroll ar.)			o another operator - Give dat er name and address of new tor below.			
Seconda	ry name		Store or plant No	.\$Bil.	Mil.	Thou.	Name	e of new owner or	operator			
² hysical	location (Number a	nd street)		Mailing address (Number and street, F Annual payroll				P.O. box, etc.)				
City, tow	n, village, etc.	State	ZIP Code	\$Bil.	Mil.	Thou.	City,	town, village, etc.	Sta	te ZI	P Code	
ine No.	EIN		NAICS		2009	50		Other - Specify →				
ille IVO.	EIN		IVAICS		mber of e	mployees		In operation			rily or ly inactive	
Major ac	tivity			TOT	March	d including 12		Ceased operation - Give date at right.	Month	Day	Year	
Name		v. Halling p							another	nnerst	or - Give date	
		First quarter payroll (JanMar.)		Sold or leased to another operator - Giv above AND enter name and address of owner or operator below.								
Seconda	ry name		Store or plant No	.\$Bil.	Mil.	Thou.	Name	e of new owner or	operator			
Physical	location (Number a	nd street)			Annual p	ayroll	Maili	ng address (Numbe	er and st	reet, P	.O. box, etc.)	
City, tow	n, village, etc.	State	ZIP Code	\$Bil.	Mil.	Thou.	City,	town, village, etc.	Sta	te ZI	P Code	
							<u>a</u>					
								Other - Specify -				

FORM NC-99003 (DRAFT)

U.S. DEPARTMENT OF COMMERCE and Statistics Administration U.S. CENSUS BUREAU

Refer to this **CENSUS FILE NUMBER** in any correspondence pertaining to this report.

2005 REPORT OF ORGANIZATION



B. ADDITIONAL LOCATIONS OF OPERATIONS

Column (a) - List separately any establishments of your company and its subsidiaries that were not included on the PRE-IDENTIFIED LOCATIONS OF OPERATIONS but were in operation or any new plant(s) under construction during 2005, if separate activities are conducted at the same location, see definition of an establishment in the definitions and instructions provided.

Column (b) - Report number of employees and payroll for both paid and employees leased from a Professional Employer Organization (PEO) for each establishment, including part-year operations.

Column (c1) - Enter the code from the MAJOR ACTIVITY CODES list that best describes the activity of each establishment and specify the principal products or services.

Column (c2) - Complete for acquired establishments.

MAJOR ACTIVITY CODES FOR COLUMN (c1)

- 01 Agricultural production
- 02 Agricultural services
- 03 Minerals extraction/ore processing
- 04 Mining services/oil and gas field services
- 05 Utilities
- 06 Construction
- 07 Manufacturing
- 08 Merchant wholesaler
- 09 Commission merchant/broker/agent/electronic marketer (business to business)
- 10 Manufacturers' sales branch/manufacturers' sales office
- 11 Retail
- 12 Transportation/public warehousing
- 13 Information services/publishing/telecommunications
- 14 Finance/insurance
- 15 Real estate/renting/leasing
- 16 Professional/scientific/technical service
- 17 Waste management/remediation service/administrative/support service
- 18 Educational service
- 19 Health care
- 20 Social assistance
- 21 Arts/entertainment/recreation
- 22 Accommodation/food service
- 23 Corporate/subsidiary/regional/managing office
- 24 Other Specify major activity along with principal products or services in column (c1) below.

Company Establishments and Subsidiaries (Employer Identification Number (EIN), establishment name, your store or plant number, if any, address of physical location, including ZIP Code) (a)					2005 Empl and Pa (b)	yroll	Major Activity in 20 MAJOR ACTIVITY Co principal prod	ODES list a	and sp	ecify the
EIN					200	67				
-				umber of e	employees d including n 12	Code Specify 7				
Name		OW			March	1 12				
Secondary name Physical location (Number and	etraet\		Store or plant N		First quarte (Jan Mil.		Former Owner or Operator (c2) Name of former owner or operator			
mysical location (Number and	Street					inou.				
							Mailing address (Number	and stree	t, P.O.	box, etc.
City, town, village, etc.	Sta	te	ZIP Code							
				en V	Annual p	payroll				
					garage and the		City, town, village, etc.	State	ZIP C	ode
	Month	Da	y Year	\$Bil.	Mil.	Thou.				
Date establishment opened or s expected to open								M	onth	Year
							Date acquired	[



PAGE 6 0 10

B. ADDITIONAL LOC (a) Company Established				tinued 2005 Empl	lovment	(al) Major Application in 2007			
(a) Company Establishr	nents an	a Sub	sidiaries	and Payroll			(c1) Major Activity in 2005		
ame			Number of employees for pay period including March 12			Code S	Specify 7		
condary name		St	ore or plant No	First quarter payroll (JanMar.)			Former Owner or Operator (c2)		
vsical location (Number and street)				\$Bil.	Mil.	Thou.	Name of former owner or	operator	
					1 4 3		Mailing address (Number a	and street,	P.O. box, etc.
y, town, village, etc.	Stat	te ZI	P Code		Annual p	payroll	City Annua village etc	[C4-4-]	71D C- 4-
And the second	Month	Day	Year	\$Bil.	Mil.	Thou.	City, town, village, etc.	State	ZIP Code
te establishment opened or expected to open								Mon	th Year
EIN					200	± 17	Date acquired		
-	1			Nu	mber of e	employees d including	Code	Specify 7	
nme					March	12			
condary name		St	ore or plant No	F	irst quarte (Janl	er payroll	Former Own	er or Opera	ator
							Name of former owner or	operator	
ysical location (Number and	street)			\$Bil.	Mil.	Thou.			
y, town, village, etc.	Stat	te ZI	P Code				Mailing address (Number a	and street,	P.O. box, etc.
					Annual p	oayroll	City, town, village, etc.	State	ZIP Code
te establishment opened or	Month	Day	Year	\$Bil.	Mil.	Thou.			
expected to open								Mon	th Year
EIN					200	57	Date acquired	• • • 1	
				Nu	mber of e	employees d including 12	Code	Specify 7	
ime					March	12			
condary name		St	ore or plant No	F	irst quarte (Janl	er payroll Mar.)		:2)	ator
ysical location (Number and	street)	816.87		\$Bil.	Mil.	Thou.	Name of former owner or	operator	
77 11			=				Mailing address (Number a	and street,	P.O. box, etc.
y, town, village, etc.	Stat	te ZI	P Code		Annual p	payroll			
	Month	Day	Year	\$Bil.	Mil.	Thou.	City, town, village, etc.	State	ZIP Code
ate establishment opened or expected to open		31					West and the second	Mon	th Year

FORM NC-99004 (DRAFT)

U.S. DEPARTMENT OF COMMERCE Economics and Statistics Administration CENSUS FILE NUMBER U.S. CENSUS BUREAU

in any correspondence pertaining to this report.

2005 REPORT OF ORGANIZATION



A. PRE-IDENTIFIED LOCATIONS OF OPERATIONS

IMPORTANT - Please read

5A should include an up-to-date list of establishments of your company that were in operation during 2005. 1 We have prelisted establishments of your company based on Census records.

On 6B list separately all establishments of your company and its subsidiaries that were in operation or any new plant(s) under construction during part or all of 2005 that were not prelisted on GA.

	Company Establish	nments and Su	ubsidiaries
Line No.	EIN		NAICS
Major ac	tivity		
Name			
Seconda	ry name		Store or plant No
Physical	location (Number a	and street)	
City, tow	n, village, etc.	State	ZIP Code
Line No.	EIN		NAICS
Major ac	tivity		
Name			
Seconda	ry name		Store or plant No
Physical	location (Number a	ind street)	
City, tow	n, village, etc.	State	ZIP Code

The manufacturing establishments for which an Annual Survey of Manufactures report form needs to be completed are prelisted in the first page(s) of GA. Employment and payroll information is not requested on this page for these establishments. All information concerning these manufacturing establishments, including changes to the prelisted information, should be entered on the MA-10000(L) report forms and not on GA.

The establishments which are not in our Annual Survey of Manufactures sample, including any manufacturing plants not receiving an MA-10000(L), are prelisted on the following pages of SA. Employment, payroll, and status information is requested for these establishments. Any changes to the prelisted information for these establishments should be entered on the SA sheets.

Review the establishments listed on 6A. List separately on SB all establishments of your company and its subsidiaries that are not prelisted on SA but were in operation or under construction.

		ablishments	and Su	
Line No.	EIN			NAICS
				3
Major ac	tivity			
Name				
Seconda	ry name	A, IV HENE	8, 1	Store or plant No
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Dhysiaal	location (Num	har and atra	n#\	
rnysicai	location (Num	ber and stre	et)	
City, tow	n, village, etc.		State	ZIP Code
Line No.	FIN			NAICS
	J-412			
				L
Major ac	tivity			
Name				
Seconda	ry name			Store or plant No
Seconda	ry name			Store or plant No
		ber and stre	et)	Store or plant No
	ry name location (Num	ber and stre	et)	Store or plant No
Physical	location (Num	ber and stre		
Physical		ber and stre	et)	Store or plant No
Physical	location (Num	ber and stre		
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Physical	location (Num	ber and stre		ZIP Code
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Physical City, tow Line No. Major ac Name Seconda	location (Num n, village, etc.	ber and stre	State	ZIP Code

The manufacturing establishments for which an Annual Survey of Manufactures report form needs to be completed are prelisted in the first page(s) of ⑤A. Employment and payroll information is not requested on this page for these establishments. All information concerning these manufacturing establishments, including changes to the prelisted information, should be entered on the MA-10000(L) report forms and not on ⑤A.

The establishments which are not in our Annual Survey of Manufactures sample, including any manufacturing plants not receiving an MA-10000(L), are prelisted on the following pages of SA. Employment, payroll, and status information is requested for these establishments. Any changes to the prelisted information for these establishments should be entered on the A sheets.

Review the establishments listed on SA. List separately on BB all establishments of your company and its subsidiaries that are not prelisted on SA but were in operation or under construction.

FORM NC-99005

(DRAFT)

U.S. DEPARTMENT OF COMMERCE nd Statistics Administration U.S. CENSUS BUREAU

Refer to this **CENSUS FILE NUMBER** in any correspondence pertaining to this report.

200¥ REPORT OF ORGANIZATION

5 A. PRE-IDENTIFIED LOCATIONS OF OPERATIONS

IMPORTANT - Please read

5A should include an up-to-date list of establishments of your company that were in operation during 2005. 7 We have prelisted establishments of your company based on Census records.

On **6**B list separately all establishments of your company and its subsidiaries that were in operation or any new plant(s) under construction during part or all of 2005 that were not prelisted on GA.

	Company Establish	ments and Su	bsidiaries
Line No.	EIN		NAICS
Major ac	tivity		
Name		47, 912	
Seconda	ry name		Store or plant No.
Physical	location (Number an	nd street)	
City, tow	n, village, etc.	State	ZIP Code
Line No.	EIN		NAICS
Major ac	tivity		
Name			
Seconda	ry name		Store or plant No.
Physical	location (Number ar	nd street)	
City, tow	n, village, etc.	State	ZIP Code

An MA-10000(L) report form is enclosed with the NC-99001 for each of the establishments prelisted in SA. Please review the list of establishments. Any changes in address or to the prelisted information should be entered on the individual MA-10000(L) report forms. Please do not make corrections on the GA sheets.

List separately on **G**B all establishments of your company and its subsidiaries that are not prelisted on **G**A but were in operation or under construction.

9 A	FR DI NULL				IONS - Continu
		tablishments	and Su		
Line No.	EIN			NAICS	An MA
					for eac
Major ac	tivity		(Wife)		the list
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Name					List se
		9	X		and its operati
Seconda	rv name			Store or plant	
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City tow	n, village, etc		State	ZIP Code	
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Line No.	EIN		14-3	NAICS	
Major ac	tivity				
Name					
_	Daniel July				
Seconda	ry name			Store or plant	No.
Physical	location (Nur	mber and stre	et)		
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City, tow	n, village, etc	•	State	ZIP Code	
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				1	
Line No.	EIN			NAICS	
Major ac	tivity				
Name	Melan IET L		Tour!	The street of	
Seconda	ry name			Store or plant	No.
		1		=	
Physical	location (Nur	mber and stre	et)		
		P			
City, tow	n, village, etc).	State	ZIP Code	
			2		
		-			

An MA-10000(L) report form is enclosed with the NC-99001 for each of the establishments prelisted in GA. Please review the list of establishments. Any changes in address or to the prelisted information should be entered on the individual MA-10000(L) report forms. Please do not make corrections on the GA sheets.

List separately on **6**B all establishments of your company and its subsidiaries that are not prelisted on **6**A but were in operation or under construction.

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