This report is authorized by law, 29 U.S.C. 2. Your voluntary cooperation is needed to make the results of this survey complete, accurate, and timely.

The questions on this form concern the work locations of the business using Unemployment Insurance account number 1234567890 IN UTANA.

ABC ENTERPRISES
SUITE 123
1234 MAIN STREET
SOMECITY UA 12345-6789

Please provide a contact for us if we have questions about this report. (Please print)

Name: ____________________________________________ Phone: (_____)_______________

E-mail Address: __________________________________________________

Business Website Address: ____________________________________________

Please return the completed form to this address within 14 days. For questions concerning this form, contact:

UTANA DEPARTMENT OF LABOR AND INDUSTRY
DIVISION OF RESEARCH AND STATISTICS - QCEW
12345 CENTER STREET, ROOM 200
SOMECITY, UA 12345-9876 INTERNET: http://www.utana.dol.gov

Purpose and Use: The purpose of this report is to update information on the products or services of each worksite covered by the Unemployment Insurance account number shown in Item 2 above. The information will be used to ensure that we assign the correct North American Industry Classification System (NAICS) code to each worksite, and that our records contain the correct names and addresses. The information collected on this form by the Bureau of Labor Statistics and the State agencies cooperating in its statistical programs will be used for statistical and Unemployment Insurance program purposes, and other purposes in accordance with law.

Time of Completion: Time of completion is estimated to vary from 10 to 60 minutes with an average of 15 minutes per form. This estimate includes time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing this information. If you have any comments regarding these estimates, or any other aspect of this survey, send them to the Bureau of Labor Statistics, Division of Administrative Statistics and Labor Turnover (NVM), Room 4840, 2 Massachusetts Avenue N.E., Washington, D.C. 20212. You are not required to respond to the collection of information unless it displays a currently valid OMB number. The OMB control number for this survey is 1220-0032.

OFFICE USE
FY14 11/01/13
UI 1234567890
EMPL 56
OWN 5
INSTRUCTIONS

1. Each page of this report shows an industry description and a list of individual work locations. Begin by reviewing the industry description at the top of the page.

2. Use the address, county or other geographic unit, approximate employment, and any other printed information to identify each work location.

3. Complete Parts A and B for each work location.

   PART A: See if the industry at the top of the page describes the main activity in the past 12 months at each work location. The answer can be "YES" even if the location's activities do not include everything listed in the description.
   
   * If Yes. Check "YES" and go on to the next location.
   * If No. Check "NO". Continue with Part B.

   PART B: If you answered "NO" to Part A, describe the main business activity in the past 12 months at this location. Please be as detailed as possible so that we can assign an accurate industry code.
   
   * If this location deals in goods or products, what are the products, and what is done with them? For example, do you design, manufacture, sell directly to consumers, distribute to wholesalers, install, repair, or do something else with them? Is the merchandise new or used?
   * If you manufacture products, what are the primary materials and the main production methods?
   * If you provide services, please describe in detail what those services are, and whether your clients are businesses, individuals, or a combination of the two. If this is construction, is the work mostly residential or nonresidential?

   CLOSED OR SOLD LOCATIONS. If a location has been closed or sold:
   
   * Draw a line through the information above Part A.
   * Write "Closed" or "Sold" and the date this took place.
   * In Part B, describe the business activity at this location if it was different from the industry description at the top of the page.
   * If this location was sold, please provide the name of the company that made the purchase and that company's Unemployment Insurance account number (if you know it).

   ADDITIONAL LOCATIONS NOT LISTED. Does the company have additional locations that use this Unemployment Insurance account number that are not listed on the following pages? If so, please attach a separate sheet with the following information for each location.
   
   * List the address.
   * Describe the business activity, using the guidelines provided for Part B above.
   * If you have purchased the location from another company, also provide the name of the company that sold the location and that company's Unemployment Insurance account number (if you know it).

4. QUESTIONS? For questions concerning this form, contact the state agency listed on the front of this page.

5. RETURN THE FORM. Return the completed form within 14 days to the address in Item 4 on the front of this page.

Thank you for your cooperation!
INDUSTRY DESCRIPTION

Our records show that the main activity of the businesses listed below is:

RESIDENTIAL structural framing and sheathing using materials other than structural steel or concrete. May include new work, additions, alterations, maintenance, and repairs.

EXAMPLES:
* Framing contractors for residential buildings working in steel or wood
* Residential post frame contractors
* Residential steel framing contractors
* Fabrication of wood frame components such as trusses on residential sites.
DOES NOT INCLUDE finish carpentry, installing structural steel, or installing precast concrete framing or structural elements.

RESIDENTIAL SERVICES CO
345 LEXINGTON BLVD
RICHMOND, VA 23267
STORE #201

A. Does the industry description block above show the main business activity at this location? YES NO...Continue with part B.
B. If you checked NO, describe your business and list your main products or services at this location. Show the approximate percentage of each.

RESIDENTIAL SERVICES CO
459 OX ROAD, SUITE 209
DANVILLE, VA 24540
STORE #202

A. Does the industry description block above show the main business activity at this location? YES NO...Continue with part B.
B. If you checked NO, describe your business and list your main products or services at this location. Show the approximate percentage of each.

RESIDENTIAL SERVICES CO
33464 HIGHWAY 24
HARRISONBURG, VA 22801

A. Does the industry description block above show the main business activity at this location? YES NO...Continue with part B.
B. If you checked NO, describe your business and list your main products or services at this location. Show the approximate percentage of each.

RESIDENTIAL SERVICES CO

A. Does the industry description block above show the main business activity at this location? YES NO...Continue with part B.
B. If you checked NO, describe your business and list your main products or services at this location. Show the approximate percentage of each.

Continue on the next page. If this is the last page, return the completed form to the address in Item 4 on the front page.
Thank you for your cooperation!

Please return the completed form to this address within 14 days.

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