

FORM **QFR-103A(NB)**
(7-13-2004)

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

NOTICE - 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 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.

(Please correct any error in name, address, and ZIP Code)

CENSUS USE ONLY

NATURE OF BUSINESS REPORT

Complete items 1 through 9. Omissions and inconsistencies will result in correspondence which is both costly and time consuming.

NOTE - Please read the enclosed Rules for Consolidation before completing this report. CONSOLIDATE every domestic corporation which is owned more than 50 percent by your corporation and its majority-owned corporations, EXCEPT those explicitly excluded.

Audited figures are not required.
Estimates are acceptable.

RETURN DIRECTOR
US CENSUS BUREAU
PO BOX 5000
JEFFERSONVILLE IN 47199-5002

OR

FAX TO WASHINGTON, DC
FAX NO. 1-888-353-4102

In correspondence pertaining to this report, please refer to the serial number below address.

1. Enter the latest accounting year closing date →	Month	Day	Year	Latest accounting year ending -	Amount
					a. Total assets
				b. Total gross receipts	\$

2. Specify the particular type of operation which most clearly describes the primary business activity of this company (for example: book publisher, manufacturer of machine tools, sales of farm equipment, grocery supermarket, oil and gas extraction, coal mining, etc.).

3. List all sources from which gross receipts (reported in item 1b) were derived. *If more space is needed, reference item number and attach a separate sheet.*

Source of gross receipts (a)	Estimated percent of gross receipts (b)	Materials used (for 3a and b only) (c)
a. List products made, processed, or assembled by this company with its own facilities (include contract work done for others on their materials)		Principal raw materials used in production (indicate form in which purchased)
	%	
	%	
	%	
	%	
	%	
	%	
b. List products made, processed, or assembled for this company by others (from materials owned by this company)		Materials from which products were made
	%	
	%	
	%	
	%	
	%	
c. List wholesale activities (goods bought and resold)		Include in 3c - Products bought and resold to (or, as agents or brokers, bought for or sold to) retailers, wholesalers, and business users, for example: apparel, food products, machinery, farm equipment and supplies, petroleum products, and electronic products. Note that this category includes manufacturers representatives.
	%	
	%	
	%	
	%	
	%	
	%	
d. List retail activities (goods bought and resold to the public)		Include in 3d - Merchandise bought and resold to the general public for personal or household consumption, for example: groceries, clothing, automobiles, fuel oil, hardware, and lumber. Note that this category does not include supplies and equipment sold for use in agricultural production, these are considered wholesale operations for this report.
	%	
	%	
	%	
	%	
	%	
e. List mining activities (identify principal mineral involved)		Include in 3e - Mining, on-site milling, exploration and developing, quarrying, and mining services for others, for example: coal preparation, operation of oil and gas wells, oil and gas field services, and operating iron ore mines.
	%	
	%	
	%	
	%	
f. Other sources of receipts		Include in 3f - Identify sources of receipts not listed in above categories, for example, real estate rental, insurance services, construction trades, transportation and utilities services, and agricultural production.
	%	
	%	
	%	
	%	
TOTAL Gross Receipts →	100%	

4. What were the processes performed by or for this company in making the products listed on lines 3a and b above?

PLEASE KEEP A COPY OF THIS FORM FOR YOUR RECORDS

The replies to items 5 through 8 should reflect the PRESENT status of your company as of -	Today's date	Month	Day	Year		
5a. Name of reporting company (<i>Exact corporate title</i>)						
b. Date corporation chartered	c. State in which chartered	d. Name of chief executive officer		Title		
e. List Federal Employer Identification Number(s) under which income and payroll taxes are reported						
6. Give name, mailing address, and Federal Employer Identification Number(s) of any DOMESTIC corporation which owns more than 50 percent of the reporting company (<i>If none, enter "none."</i>)						
a. Name (<i>Exact corporate title</i>)	b. Mailing address (<i>Number and street</i>)					
	c. City	State	ZIP Code			
d. Federal Employer Identification Number(s)						
7. Does the reporting company have majority-owned domestic corporations? (<i>Mark "X" one</i>)						
<input type="checkbox"/> No - SKIP to item 8						
<input type="checkbox"/> Yes - Complete information below. If more space is needed, reference item number and attach a separate sheet.						
Name (<i>Exact corporate title</i>) (a)	Mailing address (<i>Number, street, city, State, ZIP Code</i>) (b)	Federal Employer Identification Number(s) (c)	Incorporated (d)		Fully consolidated in reply to items 1 through 4 (<i>Mark "X" one</i>) (e)	
			Date (<i>Month, day, year</i>)	State	Yes	No <i>See codes below</i>
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