



DUE DATE
FEBRUARY 12, 1998

If you have questions concerning this report, please call or write the Census Bureau. In any communication, be sure to refer to the 11-digit Census File Number (CFN) printed in the label to the right. Please return any correspondence with your completed report to:

BUREAU OF THE CENSUS
1201 East 10th Street
Jeffersonville, IN 47134-0001

Call for assistance, 8:00 a.m. to 8:00 p.m., Eastern Time, Monday through Friday:

1-800-233-6136

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

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 Census Bureau. By the same law, YOUR CENSUS REPORT IS CONFIDENTIAL. It may be seen only by Census Bureau employees and may be used only for statistical purposes. Further, copies retained in respondents' files are immune from legal process.

Item 1A. EMPLOYER IDENTIFICATION NUMBER
Is the Employer Identification Number (EIN) shown in the label the SAME as the one used for this establishment on its latest 1997 Employer's Quarterly Federal Tax Return, Treasury Form 941?

094 1 Yes
2 No - Report current EIN (9 digits)

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HOW TO REPORT Report dollars rounded to thousands.
Example: If figure is \$1,125,628 report 1 | 126
If figure is equal to "0" (less than \$500) - Mark (X)

Mil- lions (000)	Thou- sands (000)	Mark (X) if "0"
1	126	
		<input checked="" type="checkbox"/> 0

Item 1B. PHYSICAL LOCATION - Answer parts a-d

a. Is this establishment's physical location the same as the address shown in the label?
P.O. box and rural route addresses are not physical locations. If different, indicate actual physical location.

Number and street

City, village, or other place	State	ZIP Code
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b. Is this establishment physically located inside the legal boundaries of the city, town, village, etc.?

095 1 Yes 2 No 3 No legal boundaries 4 Do not know

c. In what type of municipality is this establishment located?

096 1 City, village, or borough 3 Other - Specify
2 Town or township 4 Do not know

d. In what county is this establishment located?

Item 6. CAPITAL EXPENDITURES AND GROSS VALUE OF ASSETS FOR 1997

a. Capital expenditures during year excluding acquisition of land and mineral rights. Include cost of capitalized development, exploration, plant and other construction, machinery and equipment installed. (Include new and used plant and equipment.)

Mil.	Thou.	Mark (X) if "0"
363		
		<input type="checkbox"/> 0

b. Capital expenditures for acquisition of land and mineral rights

274		<input type="checkbox"/> 0
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c. Gross value of depreciable and depletable assets (end of 1997)

356		<input type="checkbox"/> 0
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Item 1C. PRINCIPAL ACTIVITY - Mark (X) the ONE box which best describes the PRINCIPAL kind of business or industrial activity of this establishment.

070 1 Minerals extraction, quarrying, production, or exploration
2 Manufacturing
3 Construction
4 Wholesale operations
5 Retail stores
6 Other

If you have marked (X) in boxes 2 through 6, describe your principal activity below.

Item 8. RENTAL PAYMENTS FOR 1997
Report payments made to other companies for the use of buildings, other structures, machinery, and equipment (include land)

Mil.	Thou.	Mark (X) if "0"
362		
		<input type="checkbox"/> 0

Item 10. COST OF SUPPLIES, ETC. FOR 1997
Include cost of supplies, minerals received for preparation, purchased machinery, fuels, electricity, cost of products bought and sold as such, and contract work

Mil.	Thou.	Mark (X) if "0"
326		
		<input type="checkbox"/> 0

Item 2. EMPLOYMENT IN 1997

a. Number of production, development, and exploration workers during pay period including March 12

Number of employees
301

b. All other employees at this establishment during pay period including March 12

307

c. TOTAL (Sum of lines a and b)

308

Item 14. LEGAL FORM OF ORGANIZATION - Mark (X) the ONE box which best describes this establishment during 1997.

003 1 Individual proprietorship 5 Government - Specify
2 Partnership 0 Corporation (do not mark if any form of cooperative association)
3 Cooperative association (taxable)
4 Cooperative association (tax-exempt) 9 Other - Specify

Item 15. OPERATIONAL STATUS - Mark (X) the ONE box which best describes this establishment at the end of 1997.

001 1 In operation
2 Temporarily or seasonally inactive
3 Ceased operation - Give date
4 Sold or leased to another operator - Give date at right AND enter name, etc., below

Figures only	
Month	Year

Name of new owner or operator

Number and street

City, village, or other place	State	ZIP Code
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Item 18B. PRODUCTS AND SERVICES OF THIS ESTABLISHMENT DURING 1997									
Line No.	Products and services (A)		Census product code	Quantity of production (Short tons)	Shipments and interplant transfers				
			581	582	Quantity (Short tons) (D-2)	Value, f.o.b. quarry or plant (E)			
			(B)	(D-1)		584	Thou-	Dollars	
					Millions	sands			
1	CRUSHED OR BROKEN STONE	Limestone, including dolomite, cement rock, marl, travertine, and calcareous tufa	14220 00 8						
2		Granite, including gneiss, syenite, and diorite	14230 00 7						
3		Other stone, including slate, marble, trap rock, sandstone, quartz, and miscellaneous types of stone	14290 00 1						
4	CONSTRUCTION SAND	Run of pit or bank	14421 01 0						
5		Washed, screened, or otherwise treated	14422 01 8						
6	GRAVEL	Run of pit or bank	14421 05 1						
7		Washed, screened, or otherwise treated	14422 05 9						
8	ALL OTHER PRODUCTS OF THIS ESTABLISHMENT	<i>Specify kind</i>	18						
9			26						
10		Receipts for work or services performed for other establishments, such as hauling, stripping, pumping, and shop work	14810 00 6						
11	RESALES	Sales of products bought and sold without further processing. The cost of such products should be included in item 10.	99989 00 6						
12	TOTAL value of shipments and receipts Sum of lines 1 – 11, column (E)		77000 00 8						

Items 19–21. Not applicable to this report.

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

Item 22. CERTIFICATION – This report is substantially accurate and has been prepared in accordance with instructions.								
Name of person to contact regarding this report (<i>Print or type</i>)			Period covered by this report	FROM: Mo.	Year	TO: Mo.	Year	
667	1							
Telephone	Area code	Number	Extension	Signature of authorized person			Date	
	2							