



# 2002 ECONOMIC CENSUS GUAM

FORM  
**IA-98163**

OMB No. 0607-0894: Approval Expires 06/30/2004

**DUE DATE**  
**FEBRUARY 12, 2003**

**Mail** your completed form to:  
**U.S. CENSUS BUREAU**  
**ATTENTION: Island Areas**  
**1201 East 10th Street**  
**Jeffersonville, IN 47134-0001**

**Please read** the accompanying information sheet(s) before answering the questions.

**Need help or have questions about filling out this form?**

**Visit** our Web site at [www.census.gov/econhelp](http://www.census.gov/econhelp)

**- OR -**

**Write** to the address above. Include your 11-digit Census File Number (CFN) printed in the mailing address.

IA-98163

**INFORMATION COPY  
DO NOT USE TO REPORT**

(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.

- Use blue or black ink.
- Do not use pencil.
- Place an "X" inside the box.
- Please center numbers in their respective boxes. Examples:
- Do not put slashes through 0 or 7.

|                                     |   |   |   |   |   |   |   |   |   |   |
|-------------------------------------|---|---|---|---|---|---|---|---|---|---|
| <input checked="" type="checkbox"/> | 0 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 |
|-------------------------------------|---|---|---|---|---|---|---|---|---|---|

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 or a permanent office, payroll office, or other place where business activities related to construction are conducted. For further clarification, see information sheet(s).

**1 MONTHS IN OPERATION** Mark "X" if None

|  |  |                          |  |
|--|--|--------------------------|--|
|  |  | 2002                     |  |
|  |  | Number of months         |  |
| Number of months in operation during 2002 (If none, mark "X" and go to 29.) . . . . . 0002 |  | <input type="checkbox"/> |  |

**2 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 2002 Internal Revenue Service Form 941-SS, Employer's Quarterly Federal Tax Return?

0021  Yes      0022  No - Enter current EIN (9 digits) → 0025  -

**3 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

0032  No - Enter physical location →

|  |                   |               |  |
|--|-------------------|---------------|--|
| 0035 Number and street or location description |                   |               |  |
|  |                   |               |  |
| 0036 City, town, etc.                          | 0037 State, other | 0038 ZIP Code |  |
|  |                   | -             |  |

**B. District/village where this establishment is physically located**

0049

98163017

|                                     |  |  |  |         |       |      |   |
|-------------------------------------|--|--|--|---------|-------|------|---|
| <b>HOW TO REPORT DOLLAR FIGURES</b> |  | Dollar figures should be <b>rounded to thousands</b> of dollars. | Mark "X" if None                           | 2002    |       |      |   |
|                                     |  | If a figure is <b>\$1,025,628.79</b> :                           | Report <input type="checkbox"/>            | \$ Mil. | Thou. | Dol. |   |
|                                     |  | If a value is "0" (or less than \$500.00):                       | Report <input checked="" type="checkbox"/> | 1       | 0     | 2    | 6 |

|          |   |                          |         |       |      |
|----------|---|--------------------------|---------|-------|------|
| <b>4</b> | <b>SALES, SHIPMENTS, RECEIPTS, OR REVENUE</b>   | Mark "X" if None         | 2002    |       |      |
|          | Sales of merchandise, operating receipts, and/or revenue (Exclude sales or other taxes collected.) . . . . . 0100 | <input type="checkbox"/> | \$ Mil. | Thou. | Dol. |

|          |  |                          |         |       |      |
|----------|--|--------------------------|---------|-------|------|
| <b>5</b> | <b>E-COMMERCE SALES, SHIPMENTS, RECEIPTS, OR REVENUE</b>   | Mark "X" if None         | 2002    |       |      |
|          | <b>A.</b> Did this establishment have any e-commerce sales, receipts, and/or revenue in 2002? (E-commerce includes sales, receipts, and/or revenue from any transaction completed over an Internet, Extranet, Electronic Data Interchange (EDI) network, electronic mail, or other online system. Transactions are agreements between buyers and sellers to transfer ownership of, or rights to use, goods or services. Payment for these goods or services may or may not be made online. Please see the information sheet(s) for further clarification.) |                          |         |       |      |
|          | 0181 <input type="checkbox"/> Yes - Go to line B   |                          |         |       |      |
|          | 0182 <input type="checkbox"/> No - Go to <b>6</b>  |                          |         |       |      |
|          | <b>B.</b> E-commerce sales, receipts, and/or revenue of this establishment (Include e-commerce sales, receipts, and/or revenue in <b>4</b> . Exclude sales taxes.) . . . . . 0185  | <input type="checkbox"/> | \$ Mil. | Thou. | Dol. |

|          |   |                          |         |       |      |
|----------|---|--------------------------|---------|-------|------|
| <b>6</b> | <b>EMPLOYMENT AND PAYROLL</b>   |                          |         |       |      |
|          | <b>Include:</b> <ul style="list-style-type: none"> <li>• Full- and part-time employees working at this establishment whose payroll was reported on Internal Revenue Service Form 941-SS, Employer's Quarterly Federal Tax Return, and filed under the Employer Identification Number (EIN) shown in the mailing address or corrected in <b>2</b>.</li> <li>• Proprietors, partners, and unpaid family members working at this establishment.</li> </ul> |                          |         |       |      |
|          | <b>Exclude:</b> <ul style="list-style-type: none"> <li>• Temporary staffing obtained from a staffing service.</li> <li>• Subcontractors and their employees.</li> </ul>   |                          |         |       |      |
|          | For further clarification, see information sheet(s).  | Mark "X" if None         | 2002    |       |      |
|          | <b>A.</b> Number of paid employees for pay period including March 12 . . . . . 0320   | <input type="checkbox"/> | Number  |       |      |
|          | <b>B.</b> Proprietors and partners that worked 15 or more hours during the week which included March 12. . . . . 0345   | <input type="checkbox"/> |         |       |      |
|          | <b>C.</b> Unpaid family members that worked 15 or more hours during the week which included March 12. . . . . 0346  | <input type="checkbox"/> |         |       |      |
|          | <b>D.</b> Payroll before deductions (Exclude employer's cost for fringe benefits.)  | Mark "X" if None         | 2002    |       |      |
|          | 1. Annual payroll . . . . . 0300  | <input type="checkbox"/> | \$ Mil. | Thou. | Dol. |
|          | 2. First quarter payroll (January-March, 2002). . . . . 0310  | <input type="checkbox"/> |         |       |      |

|             |                 |  |  |  |  |
|-------------|-----------------|--|--|--|--|
| <b>7-14</b> | Not Applicable. |  |  |  |  |
|-------------|-----------------|--|--|--|--|



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

**15** SELECTED EXPENSES

Mark "X" if None

| 2002    |       |      |
|---------|-------|------|
| \$ Mil. | Thou. | Dol. |
|         |       |      |

**A.** Purchases of supplies, materials, and services (Exclude payroll and purchases of goods for resale.) . . . . . 0420

**B.** Percentage of the value reported on line A from each listed class

| 2002                       |   |
|----------------------------|---|
| Whole percent of purchases |   |
|                            | % |
|                            | % |
|                            | % |
|                            | % |
| 1 0 0                      | % |

- 1. Supplies and materials purchased locally . . . . . 6401
- 2. Supplies and materials purchased not locally . . . . . 6402
- 3. Services purchased locally . . . . . 6403
- 4. Services purchased not locally . . . . . 6404
- 5. TOTAL . . . . .

**16-17** Not Applicable.

**18** KIND OF BUSINESS

Principal kind of business in 2002  
(Mark "X" only ONE box.)

**Health care and social assistance**

- 0700 621 110 00 18  Office of physician (M.D. or D.O.)
- 621 210 00 25  Office of dentist
- 621 310 00 24  Office of chiropractor
- 621 320 00 30  Office of optometrist
- 621 390 00 19  Offices of all other health practitioners
- 621 410 00 31  Family planning centers
- 621 420 00 62  Outpatient mental health and substance abuse center
- 621 610 00 62  Home health care service
- 621 910 00 36  Ambulance services
- 623 310 00 12  Residential care facilities for the elderly
- 624 110 00 C8  Social assistance service for children and youth
- 624 120 00 C6  Social assistance service for the elderly and disabled
- 624 410 00 76  Child day care service
- 772 000 00 B0  Other health care and social assistance - Specify ↴

0701

CONTINUE WITH 16 ON PAGE 4

**18** KIND OF BUSINESS - Continued

**Repair and maintenance services**

- 0700 811 110 00 15  General automotive repair shop
- 811 120 00 13  Automotive body, paint, interior, and glass repair
- 811 190 00 18  Carwash, oil change, lubrication, or other automotive services and maintenance
- 811 210 00 14  Electronic repair and maintenance
- 811 310 00 13  Commercial or industrial equipment repair and maintenance
- 811 410 00 12  Appliance repair and maintenance
- 811 420 00 36  Reupholstery and furniture repair
- 772 000 00 87  Other maintenance and repair services - *Specify* ↴

0701

**Accommodations**

- 721 110 00 65  Hotel or motel
- 772 000 00 46  Other traveler accommodation - *Specify* ↴

0701

**Food services**

- 722 110 00 48  Full-service restaurant
- 722 210 00 13  Refreshment place, limited service restaurant or fast food restaurant
- 722 410 00 94  Bar, tavern, pub, or other drinking place (alcoholic beverages)
- 722 320 00 36  Caterer for banquets, weddings, conferences, seminars, etc.
- 772 000 00 20  Other food service - *Specify* ↴

0701

**Information, professional, business, educational and personal services**

- 511 110 00 11  Newspaper publishers, except Internet publishers
- 511 120 00 27  Periodical publishers and shopping news publishers, except Internet publishers
- 516 110 00 10  Internet publishers, including newspapers, books, periodicals, greeting cards, databases, etc.
- 511 190 00 63  Other publishers, except Internet publishers
- 512 130 00 15  Motion picture theaters
- 532 230 00 46  Video tape rental
- 541 110 00 34  Offices of lawyers
- 541 190 00 11  All other legal services
- 541 211 00 65  Accounting, tax preparation, bookkeeping, and payroll services

CONTINUE WITH **19** ON PAGE 5

CONTINUE ON PAGE 5

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

**18** KIND OF BUSINESS - Continued

**Information, professional, business, educational and personal services - Continued**

- 0700 541 310 00 16  Architectural services, excluding landscape
- 561 730 00 32  Landscaping services
- 541 330 00 E3  Engineering services
- 541 430 00 11  Graphic design services
- 541 610 00 13  Management consulting service
- 541 810 00 37  Advertising agencies
- 561 310 00 48  Employment placement agencies
- 561 320 00 61  Temporary help services
- 561 720 00 18  Janitorial services
- 561 740 00 14  Rug, carpet, and upholstery cleaning services
- 611 620 00 46  Sports and recreation instruction
- 713 120 00 11  Arcades and family fun centers
- 713 910 00 31  Golf courses
- 713 940 00 19  Fitness center, gymnasium, or athletic club
- 812 190 00 16  Diet or weight reducing services
- 812 110 00 13  Beauty shop, barber shop, facial, or nail salon
- 315 210 00 32  Custom sewing shop
- 812 310 00 11  Coin-operated laundry
- 812 320 00 19  Drycleaning and laundry services
- 541 920 00 18  Photographic studio, portrait
- 812 920 00 13  Photofinishing, including one-hour
- 812 210 00 12  Funeral home
- 813 410 00 18  Civic, social, or fraternal organizations
- 772 000 00 53  Other information, professional, business, educational and personal services - *Specify* ↴

0701

**Transportation and storage services**

- 484 110 00 11  General freight trucking
- 484 210 00 10  Used household and office goods moving
- 485 310 00 57  Taxi service
- 485 990 00 21  Other transit and ground passenger transportation

CONTINUE WITH 18 ON PAGE 6

CONTINUE ON PAGE 6

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**18** KIND OF BUSINESS - Continued

**Transportation and storage services - Continued**

- 0700 561 510 00 12  Travel agencies
- 561 520 00 28  Tour operators
- 488 110 00 46  Airport operation and terminal services
- 488 410 00 27  Towing services
- 488 510 00 26  Air, ocean, or other freight forwarder
- 492 110 00 22  Courier services
- 492 210 00 47  Local messenger and delivery services
- 493 110 00 20  Warehousing and storage - general merchandise
- 562 110 00 14  Waste collection
- 774 000 00 34  Other transportation and storage services - *Specify* ↴

0701

**Retail**

- 441 110 00 11  Motor vehicle dealer, new and used
- 441 120 00 27  Motor vehicle dealer, used only
- 441 310 00 19  Automotive parts and accessories store
- 441 320 00 25  Tire dealer
- 442 110 00 19  Furniture store
- 442 210 00 18  Floor coverings store
- 442 290 00 11  Homefurnishing store
- 443 110 00 17  Household appliance/electronics store
- 443 120 00 15  Computer and/or software store
- 444 130 00 11  Hardware store
- 444 210 00 48  Outdoor power equipment store or dealer
- 444 220 00 20  Nursery, garden center or farm supplies store or dealer
- 445 110 00 61  Supermarket or grocery store
- 445 120 00 10  Convenience food store
- 445 210 00 29  Meat market
- 445 310 00 10  Liquor store
- 446 110 00 10  Pharmacy or drug store
- 446 130 00 73  Optical goods store including sunglasses stores
- 447 110 00 18  Gasoline station with convenience store

CONTINUE WITH 18 ON PAGE 7

CONTINUE ON PAGE 7

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

18 KIND OF BUSINESS - Continued

Retail - Continued

- 0700 447 190 00 11  Gasoline station with no convenience store
- 448 110 00 16  Men's clothing store
- 448 120 00 14  Women's clothing store
- 448 140 00 10  Family clothing store
- 448 210 00 15  Shoe store
- 448 310 00 14  Jewelry store
- 448 320 00 12  Luggage and leather goods store
- 451 110 00 10  Sporting goods store
- 451 210 00 19  Book/newsstand/comic book store
- 452 110 00 18  Department store including discount or mass merchandising
- 452 990 00 13  General merchandise store, including variety, dollar, and home and auto supply
- 453 110 00 16  Florist
- 453 220 00 88  Gift, novelty, craft, and souvenir store
- 453 210 00 64  Office supply/stationary/school supplies store
- 453 310 00 14  Used merchandise store
- 453 910 00 67  Pet and pet supplies store
- 522 290 00 77  Consumer (personal) finance or small loan company
- 772 000 00 95  Other retail business - Specify ↴

0701

Wholesale

- 423 000 00 12  Merchant wholesaler, durable goods such as automobiles, furniture, hardware, appliances, machinery, etc. - Specify ↴

0701

- 424 000 00 10  Merchant wholesaler, nondurable goods such as paper, medicine, apparel, groceries, books, flowers, etc. - Specify ↴

0701

- 425 000 00 17  Wholesale electronic markets and agents and brokers - Specify ↴

0701

CONTINUE WITH 18 ON PAGE 8

CONTINUE ON PAGE 8

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**18** KIND OF BUSINESS - Continued

**Manufacturing**

- 0700 311 000 00 35  Food manufacturing
- 315 000 00 36  Apparel manufacturing
- 323 000 00 14  Printing and related support activities
- 310 000 00 11  Other manufacturing - *Specify* ↴

0701

**Construction**

- 237 210 00 12  Land subdivision
- 236 000 00 18  Building construction - residential and nonresidential construction or remodeling/additions of buildings by general contractors or operative builders
- 237 000 00 16  Heavy and civil engineering construction including street, bridges, sewers, etc.
- 238 000 00 14  Specialty trade contractors including painting, electrical work, plumbing, etc.

**Finance, insurance, and real estate**

- 521 110 00 44  Bank
- 522 290 00 85  Consumer finance or small loan company
- 524 110 00 14  Life, accident and health, and medical insurance carrier
- 524 210 00 E4  Insurance agent
- 531 110 00 27  Lessor of residential buildings and dwellings
- 531 120 00 25  Lessor of nonresidential buildings
- 522 310 00 32  Mortgage and other loan brokers
- 531 210 00 34  Real estate agent or broker
- 772 000 00 61  Other finance, insurance and real estate - *Specify* ↴

0701

**Rental and leasing services, except real estate**

- 532 110 00 25  Passenger car rental and leasing
- 532 120 00 23  Truck, utility trailer, and recreational vehicle
- 532 310 00 31  General rental center
- 532 410 00 14  Heavy construction and earthmoving equipment, aircraft, or tugboats **without operators**
- 238 900 00 15  Construction equipment rental with operator
- 532 420 00 20  Office machinery and equipment
- 532 490 00 25  Other commercial and industrial machinery and equipment
- 532 210 00 16  Consumer electronics and appliances

CONTINUE WITH **18** ON PAGE 9

CONTINUE ON PAGE 9

98163082



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

**18** KIND OF BUSINESS - Continued

**Rental and leasing services, except real estate - Continued**

- 0700 532 220 00 14  Formal wear and costume rental
- 532 230 00 38  Video tape/DVD rental store
- 532 290 00 50  Rental of personal items or items for the home, including hospital beds, party supplies, etc.
- 775 000 00 23  Other rental and leasing, excluding real estate - *Specify* ↴

0701

**Other kinds of business or activity**

- 813 110 00 29  Churches and other religious organizations
- 220 000 00 12  Utilities - *Specify* ↴

0701

- 814 110 00 19  Private household, employing domestic help, e.g., cooks, maids, etc.
- 110 000 00 15  Crop or animal production or agricultural services
- 772 000 00 C8  Other business or activity - *Specify* ↴

0701

**19** CLASS OF CUSTOMER

Estimate the percentage of this establishment's total sales (reported in **4**, line A) by class of customer

- 1.** Local residents . . . . . 6251
- 2.** Visiting tourists . . . . . 6252
- 3.** Retailers or wholesalers . . . . . 6253
- 4.** Construction contractors . . . . . 0269
- 5.** Institutional, industrial, commercial, professional, government, and farm users . . . . . 6254
- 6.** Other - *Specify* ↴

0874  0272

**7. TOTAL** . . . . .

| 2002                                |   |
|-------------------------------------|---|
| Whole percent of sales and receipts |   |
|                                     | % |
|                                     | % |
|                                     | % |
|                                     | % |
|                                     | % |
|                                     | % |
| 1 0 0                               | % |

**20** Not Applicable.

98163090

HOW TO REPORT PERCENTS



If figure is **38.76%** of total sales:

**Report whole percents**

|         |   |
|---------|---|
| 2002    |   |
| Percent |   |
| 39      | % |

**21** DETAIL OF SALES, SHIPMENTS, RECEIPTS, OR REVENUE

|                                     |   |
|-------------------------------------|---|
| 2002                                |   |
| Whole percent of sales and receipts |   |
|                                     | % |

**A.** Percent of this establishment's sales, revenue, or other operating receipts (reported in **4**), for products manufactured at this location . . . . . 0110

**B.** Report sales for the principal merchandise lines sold, type of construction work done, products produced, or services provided as whole percent of total sales, revenue, or other operating receipts reported in **4** (e.g., gasoline 85%, auto repairs 10%, oil 5%).

| Description of sales, shipments, receipts, or revenue | Census use | 2002                                |   |
|---|------------|-------------------------------------|---|
|   |            | Whole percent of sales and receipts |   |
| 0723  | 0720       | 0722                                |   |
| <b>1.</b>   | 19811      |                                     | % |
| <b>2.</b>   | 19812      |                                     | % |
| <b>3.</b>   | 19813      |                                     | % |
| <b>4.</b>   | 29811      |                                     | % |
| <b>5.</b>   | 29812      |                                     | % |
| <b>6. TOTAL</b> . . . . .                             |            | 100                                 | % |

**Note** - Answer **21C** AND **25A** and **B**, only if the principal kind of business activity reported in **18** for this establishment is **HOTEL, MOTEL, or OTHER TRAVELER ACCOMMODATION**. Otherwise, go to **22**.

**C.** Report receipts by source, as a whole percent of total receipts (reported in **4**). Do not combine data for two or more receipt lines.

| Description of sales, shipments, receipts, or revenue   | Census use | 2002                                |   |
|---|------------|-------------------------------------|---|
|   |            | Whole percent of sales and receipts |   |
| 0723  | 0720       | 0722                                |   |
| <b>1.</b> Guestroom or unit rentals, including campground and RV rental fees EXCLUDING OCCUPANCY TAXES (If meals are included as a room package, estimate the percentage for meals on line 2.) . . . . .  | 20010      |                                     | % |
| <b>2.</b> Meals, unpackaged snacks, sandwiches, unpacked ice cream and yogurt, bakery items, and nonalcoholic beverages generally served for immediate consumption . . . . .  | 20120      |                                     | % |
| <b>3.</b> Alcoholic drinks served at this establishment . . . . .   | 20130      |                                     | % |
| <b>4.</b> Packaged liquor, wine, and beer . . . . .   | 20140      |                                     | % |
| <b>5.</b> All other merchandise . . . . .   | 29810      |                                     | % |
| <b>6.</b> All other nonmerchandise receipts, including receipts from rental of conference/convention meeting rooms, ballrooms, and other public rooms; storage and other services provided to customers EXCLUDING SALES AND OTHER TAXES . . . . . | 29980      |                                     | % |
| <b>7. TOTAL</b> . . . . .   |            | 100                                 | % |

**22-25** Not Applicable.

98163108

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

**26** SPECIAL INQUIRIES

**NOTE** - Answer only if the principal kind of business reported in 13 for this establishment is **HOTEL, MOTEL, OR OTHER TRAVELER ACCOMMODATION**. Otherwise, go to 27.

**A. RECEIPTS FROM OTHER SOURCES**

Receipts OTHER than from customers received by this establishment in its business operation (Include rental and commission receipts from operators of leased departments, concessions and stores, and coin-operated machines.) . . . 2910

Mark "X" if None

| 2002    |       |      |
|---------|-------|------|
| \$ Mil. | Thou. | Dol. |
|         |       |      |

**B. NUMBER AND TYPE OF ACCOMMODATIONS**

1. Number of rooms, units, or quarters primarily rented as transient as of December 31, 2002 (Consists of the number which can be rented as single units. Suites of rooms which cannot be subdivided should be counted as a single unit.) . . . . . 2402

| 2002                     |
|--------------------------|
| Number as of December 31 |
|                          |

2. Were more than half of guestroom or unit rental receipts from transient guests?

2921  Yes

2922  No

**27** LEGAL FORM OF ORGANIZATION

**A. Organization that best describes this establishment's status at the end of 2002 (Mark "X" only ONE box.)**

0691  Individual proprietorship

0692  Partnership

0694  Corporation

0695  Government - Specify ↴

0805

0696  Other - Specify ↴

0806

**B. Ownership status of this establishment in 2002 (Mark "X" ALL that apply.)**

6095  U.S.-Guam born

6096  U.S.-Other

6088  Japan

6089  Philippines

6090  Korea

6084  Women-owned

6085  Other - Specify ↴

0885

**28** Not Applicable.



98163116

**29 OPERATIONAL STATUS**

Activity that best describes this establishment's status at the end of 2002  
(Mark "X" only ONE box.)

| 0011 <input type="checkbox"/> | In operation                                    | 0013 <input type="checkbox"/> | Temporarily or seasonally inactive   |   |      |  |       |     |      |  |  |  |
|-------------------------------|---|-------------------------------|--|---|------|--|-------|-----|------|--|--|--|
| 0012 <input type="checkbox"/> | Under construction, development, or exploration | 0014 <input type="checkbox"/> | Ceased operation - Give date at right  | → | 0018 | <table border="1"> <tr> <th>Month</th> <th>Day</th> <th>Year</th> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </table> | Month | Day | Year |  |  |  |
| Month                         | Day   | Year                          |  |   |      |  |       |     |      |  |  |  |
|                               |   |                               |  |   |      |  |       |     |      |  |  |  |
|                               |   | 0015 <input type="checkbox"/> | Sold or leased to another operator - Give date at right AND enter new name and mailing address below ↴ | → |      |  |       |     |      |  |  |  |

|  |                                     |               |
|--|-------------------------------------|---------------|
| 0060 Name of new owner or operator                       | 0061 Employer Identification Number |               |
|  | Enter EIN of new owner (9 digits) → | -             |
| 0062 Mailing address (number and street, P.O. Box, etc.) |                                     |               |
|  |                                     |               |
| 0063 City, town, district, etc.                          | 0064 State, other                   | 0065 ZIP Code |
|  |                                     | -             |

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? |           |                               |                                  |            |                |           |
| 0078 <input type="checkbox"/>                              | Yes       | 0079 <input type="checkbox"/> | No - Enter time period covered → | FROM       | Month          | Year      |
|  |           |                               |                                  | 0070       |                |           |
|  |           |                               |                                  | TO         | Month          | Year      |
|  |           |                               |                                  | 0071       |                |           |
| 0072 Name of person to contact regarding this report       |           |                               |                                  | 0073 Title |                |           |
|  |           |                               |                                  |            |                |           |
| Telephone  | Area code | Number                        |                                  | Extension  | Fax            | Area code |
| 0074   |           | -                             |                                  |            | 0075           |           |
| 0076 Internet e-mail address                               |           |                               |                                  |            | Date completed | Month     |
|  |           |                               |                                  |            | 0069           | Day       |
|  |           |                               |                                  |            |                | Year      |

**Thank you for completing your 2002 Economic Census form.**  
**PLEASE PHOTOCOPY THIS FORM FOR YOUR RECORDS AND RETURN THE ORIGINAL.**

98163124