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

RT-44601

2002 ECONOMIC CENSUS HEALTH, OPTICAL GOODS, AND PERSONAL CARE STORES

OMB No. 0607-0881: Approval Expires 06/30/2004

DUE DATE FEBRUARY 12, 2003

Mail your completed form to: **U.S. CENSUS BUREAU** 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

Call 1-800-233-6136, between 8:00 a.m. and 8:00 p.m., Eastern time, Monday through Friday.

- OR -

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

RT-44601

INFORMATION COPY ONOT USE TO REPORT ONOT USE TO

/Places correct any arrara in this mailing address !

	(Please correct any	errors in uns manni	g address.)			
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 confidential of Census Bureau information and may be used only for statistical purposes. Further, copies retained in respondents' files are immune from legal process. **Do not use pencil.** **Do not use pencil.** **Do not put slashes through 0 or 7.* **Place an "X" inside the box. **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. For further clarification, see information sheet(s). **Months In Operation **Number of months in operation during 2002 (If none, mark "X" and go to **D						
YOUR RESPONSE IS REQUIRED BY LAW. Title 13, United States Code, requires businesses and other organization 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 confidential 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.						
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			if None	Number of months		
Number of months in ope	eration during 2002 (If none, mark "X" and go	to 2 .)	. 0002			
Is the Employer Identification	tion Number (EIN) shown in the mailing add	ress the same as th mployer's Quarterl	ne one used f y Federal Tax	or this Return?		
₀₀₂₁	□ No - Enter current EIN (9 digits) ——	→ 0025	-			
A. Is this establishment's	ute addresses are not physical locations.)	mailing address?				
₀₀₃₁	0035 Number and street					
No - Enter physi	No Enter physical 0036 City, town, village, etc. 0037 State					
YOUR RESPONSE IS RÉQUIRED BY LAW. Title 13, United States Code, requires businesses and other that receive this questionnaire to answer the questions and return the report to the U.S. Census Bureau. Iaw, YOUR CENSUS REPORT IS CONFIDENTIAL. It may be seen only by persons sworn to uphold the of Census Bureau information and may be used only for statistical purposes. Further, copies retained in rigiles are immune from legal process. • Use blue or black ink. • Please center numbers in their respective boxes. Examples: • Do not use pencil. • Please center numbers in their respective boxes. Examples: • Do not put slashes through 0 or 7. ■ Do 1 2 3 4 The reporting unit for this form is an establishment. An establishment is generally a single physical location sheet(s). ■ MONTHS IN OPERATION Mark "X" if None Number of months in operation during 2002 (If none, mark "X" and go to ②.)	-					
B. Is this establishment p	hysically located inside the legal boundaries	of the city, town, v	village, etc.?			
₀₀₄₁	□ No legal boundar	ies 0044	☐ Do not	know		
C. Type of municipality v	where this establishment is physically located					
0046 U City, village, or b	porough 0047 U Town or township	0048	□ Other or	r do not know		

	5 <i>6</i>		Mark "X"		2002	
HOW TO	Dollar figures should be rounded to thousands of dollars.		if None	\$ Mil.	Thou.	D
REPORT DOLLAR	If a figure is \$1,025,628.79 :	Report —	→ □	1	0 2 6	
FIGURES	If a value is "0" (or less than \$500.00):	Report —	→ 🗵			
SALES SHIPMENTS	, RECEIPTS, OR REVENUE					
57 (225) 51 III IVIZITI	,, 1123211 13, 311 112721132		Mark "X" if None	Φ.Β.Δ.1	2002	15
Sales of merchandis	se and other operating receipts (Exclude sales o	r other taxes		\$ Mil.	Thou.	D
			100 —			
E-COMMERCE SALE	ES, SHIPMENTS, RECEIPTS, OR REVENUE					
sales of goods o Internet, Extrane or may not be m	nment have any e-commerce sales and/or receiper services where an order is placed by the buyent, Electronic Data Interchange (EDI) network, electronic Please see the information sheet(some to line B	er, or price and term ectronic mail, or oth	ns of sale a her online s	ire negoti	ateď, over	an
0181 Yes - G	lo to line b				2002	
₀₁₈₂ No - Go	o to 😉			Estimates \$ Mil.	Thou.	tabl D
R F-commerce sale	es and/or receipts of this establishment (Include	e-commerce sales	,	φ IVIII.	Tilou.	
and/or receipts i	n 4. Include shipping and handling charges. E	volude sales taves	1			
Service Form 9	PAYROLL ime employees working at this establishment working at the stablishment worki	/hose pavroll was i	reported on	Internal I	Revenue on Numbe	er
Include: • Full- and part-t Service Form 9 (EIN) shown in	PAYROLL ime employees working at this establishment w	/hose pavroll was i	reported on	Internal I	Revenue on Numbe	ər
Include: • Full- and part-t Service Form 9 (EIN) shown in Exclude:	PAYROLL ime employees working at this establishment was a stablishment was a stablishmen	whose payroll was r and filed under the l	reported on Employer lo	dentificati	on Numbe	ər
Include: • Full- and part-t Service Form 9 (EIN) shown in Exclude: • Full- or part-tin	PAYROLL ime employees working at this establishment working at the establishment working at the mailing address or corrected in 2. The leased employees whose payroll was filed units the mailing address or corrected in 2.	whose payroll was r and filed under the l	reported on Employer lo	dentificati	on Numbe	er
Include: • Full- and part-t Service Form 9 (EIN) shown in Exclude: • Full- or part-tin • Temporary sta	PAYROLL ime employees working at this establishment working at this establishment working at this establishment working. If the mailing address or corrected in 2. The leased employees whose payroll was filed until the mailing and the mailing address or corrected.	whose payroll was r and filed under the l	reported on Employer lo leasing con	dentificati	On Numbe	er
Include: • Full- and part-t Service Form 9 (EIN) shown in Exclude: • Full- or part-tin • Temporary sta	PAYROLL ime employees working at this establishment working at the establishment working at the mailing address or corrected in 2. The leased employees whose payroll was filed units the mailing address or corrected in 2.	whose payroll was r and filed under the l	reported on Employer lo leasing con	dentification	on Numbe	er
Include: • Full- and part-t Service Form S (EIN) shown in Exclude: • Full- or part-tin • Temporary sta	PAYROLL ime employees working at this establishment working at this establishment working at this establishment working. If the mailing address or corrected in 2. The leased employees whose payroll was filed until the mailing and the mailing address or corrected.	whose payroll was nond filed under the l	reported on Employer lo leasing con Mai if l	dentification	On Numbe	er
Include: • Full- and part-t Service Form 9 (EIN) shown in Exclude: • Full- or part-tin • Temporary sta For further clarificat A. Number of empl	PAYROLL ime employees working at this establishment was 1, Employer's Quarterly Federal Tax Return, as the mailing address or corrected in 2. The leased employees whose payroll was filed use ffing obtained from a staffing service. ion, see information sheet(s). oyees for pay period including March 12	whose payroll was not filed under the lander an employee l	reported on Employer lo leasing con Ma if I 0320	npany's E	IN. 2002 Number 2002	
Include: • Full- and part-t Service Form 9 (EIN) shown in Exclude: • Full- or part-tin • Temporary sta For further clarificat A. Number of empl	PAYROLL ime employees working at this establishment won the mailing address or corrected in 2. the mailing address whose payroll was filed until the mailing address whose payroll was filed until the mailing address whose payroll was filed until the mailing obtained from a staffing service. ion, see information sheet(s).	whose payroll was not filed under the lander an employee l	reported on Employer lo leasing con Ma if I	dentification	IN. 2002 Number	er
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Include: • Full- and part-t Service Form 9 (EIN) shown in Exclude: • Full- or part-tin • Temporary sta For further clarificat A. Number of empl B. Payroll before de	PAYROLL ime employees working at this establishment was 1, Employer's Quarterly Federal Tax Return, as the mailing address or corrected in 2. The leased employees whose payroll was filed use ffing obtained from a staffing service. Tion, see information sheet(s). Toyees for pay period including March 12 Teductions (Exclude employer's cost for fringe beginning to the content of the payroll.	whose payroll was not filed under the lander an employee an employee an employee an emetits.)	reported on Employer lo	npany's E	IN. 2002 Number 2002	
Include: • Full- and part-t Service Form S (EIN) shown in Exclude: • Full- or part-tin • Temporary sta For further clarificat A. Number of empl B. Payroll before de 1. Annual payro	PAYROLL ime employees working at this establishment want to the mailing address or corrected in 2. me leased employees whose payroll was filed uniffing obtained from a staffing service. ion, see information sheet(s). oyees for pay period including March 12 eductions (Exclude employer's cost for fringe beginning to the service of the servi	whose payroll was not filed under the lander an employee an employee an employee an emetits.)	reported on Employer lo	npany's E	IN. 2002 Number 2002	
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Include: • Full- and part-t Service Form 9 (EIN) shown in Exclude: • Full- or part-tin • Temporary sta For further clarificat A. Number of empl B. Payroll before de	PAYROLL ime employees working at this establishment want to the mailing address or corrected in 2. me leased employees whose payroll was filed uniffing obtained from a staffing service. ion, see information sheet(s). oyees for pay period including March 12 eductions (Exclude employer's cost for fringe beginning to the service of the servi	whose payroll was not filed under the lander an employee an employee an employee an emetits.)	reported on Employer lo	npany's E	IN. 2002 Number 2002	
Include: • Full- and part-t Service Form 9 (EIN) shown in Exclude: • Full- or part-tin • Temporary sta For further clarificat A. Number of empl B. Payroll before de	PAYROLL ime employees working at this establishment want to the mailing address or corrected in 2. me leased employees whose payroll was filed uniffing obtained from a staffing service. ion, see information sheet(s). oyees for pay period including March 12 eductions (Exclude employer's cost for fringe beginning to the service of the servi	whose payroll was not filed under the lander an employee an employee an employee an emetits.)	reported on Employer lo	npany's E	IN. 2002 Number 2002	

Form RT-44601

If not shown, please enter your 11-digit Census File Number (CFN) from the mailing address.
1 LEASED EMPLOYMENT AND PAYROLL
A. Did this establishment have any full- or part-time leased employees whose payroll was filed under an employee leasing company's EIN?
Exclude:
• Temporary staffing obtained from a staffing service.
Contractors, subcontractors, or independent contractors.
Purchased or managed services, such as janitorial, guard, or landscape services.
 Professional or technical services purchased from another firm, such as software consulting, computer programming, engineering, or accounting services.
• Employees already reported in 6 .
For further clarification, see information sheet(s).
O241 ☐ Yes - Go to line B
Mark "X" 2002 □ No - Go to ® Number
B. Number of leased employees for pay period including March 12
B. Number of leased employees for pay period including warch 12
C. Payroll for leased employees before deductions (Exclude employer's cost for fringe benefits.) 2002 \$ Mil. Thou. Dol
THOU. BO
1. Annual payroll for leased employees
Mark "X" 2002
if None \$ Mil. Thou. Do
2. First quarter payroll for leased employees (January-March, 2002)
3-17 Not Applicable.
18 KIND OF BUSINESS
Principal kind of business in 2002 (Mark "X" only ONE box.)
0700 446 110 10 18 Drug store
446 110 10 26 Pharmacy
446 110 10 34 Institutional pharmacy
454 110 62 27 Electronic shopping - pharmacy
454 110 82 23 Mail order - pharmacy
Proprietary or drug sundry store, without pharmacy
446 110 20 24 Health and beauty aids store, without pharmacy
Cosmetics, beauty supplies, and perfume store
446 191 00 12 Health food, vitamins, and food supplement store
Home health care supplies and medical equipment store
446 199 00 22 Convalescent aids store
446 199 00 30 Hearing aid store
CONTINUE WITH 🔞 ON PAGE 4

Form F	RT-44601		Page	: 4
18 K	IND OF BUSINES	SS - (Continued	
0700	446 130 00 16		Optical goods store	
	446 130 00 24		Optician	
	621 320 00 22		Optometrist	
	446 130 00 32		Sunglasses store	
	772 000 00 12		Other kind of business - Specify	
0701				
1 9 c	LASS OF CUSTO	MEF	t en	
A	. As a general b	usine	ess practice, did this establishment sell to household consumers and individual users in 2002?	
	₀₂₅₁			
	₀₂₅₂			
D	Ware 75% or n	ooro	of this establishment's sales to retailers/wholesalers for resale in 2002?	
	Пу	1016	of this establishment's sales to retailers, wholesalers for resale in 2002:	
	₀₂₅₇ No			
С	Did this establi	shm	ent require proof of business or professional license from new customers in 2002?	
	₀₂₇₆			
	₀₂₇₇			
			CONTINUE WITH ® ON PAGE 5	
				1

If n	ot show nber (Cl	rn, please enter your 11-digit Census File FN) from the mailing address.				
19	CLASS	OF CUSTOMER - Continued				
	D. Esti	mate the percentage of this establishment's total sales (reported in 4) by class of customer. cle all that apply and then report percentages for the items circled.)		of	2002 de per sales a eceipt	and
	1.	Household consumers and individual users	. 0261			%
	2.	Retailers for resale	. 0263			%
	3.	Wholesale establishments for resale	. 0264			%
	4.	Repair shops for use in repair work	. 0265			%
	5.	Manufacturing and mining industrial users for use as input goods in production	. 0266			%
	6.	Restaurants, hotels, food services, and contract feeding	. 0267			%
	7.	Businesses for end use in their own operation, not for resale or production	. 0268			%
	8.	Building contractors, heavy construction, and special trade contractors	. 0269			%
	9.	Farmers for use in farm production	. 0270			%
	10.	Governmental bodies (Federal, state, and local)	. 0271			%
	11.	Export sales	. 0262			%
	12.	Other - Specify				
						%
	13	TOTAL	0272	1	0 0	%
20	METHC Principa	DD OF SELLING all method of selling in 2002 X" only ONE box.)				
	0751	Electronic commerce (selling goods or facilitating the sale of goods via the Internet or other	electro	onic i	mean	s)
	0752	Store or display showroom (selling from a fixed or permanent location with physical display merchandise and/or from a counter)	ys of p	riced		
	0753	Warehouse or office (including telephone/fax orders or outside sales representatives)				
	0754	Mail order				
	0755	Home shopping via television				
	0756	Direct selling (selling in a face-to-face manner away from a fixed location, such as house-to-plan, or temporary kiosk sales)	-house,	part	У	
	0757	Vending machines				
	0758	Other - Specify				
	075	9				
3	Not Ap	plicable.				

			2002			
HOW TO REPORT PERCENTS			mates are a rt dollars O Thou.	•		t
	If figure is 38.76% of total sales:	Report whole percents			3	9

22	DETAIL	OF	SALES,	SHIP	MENTS,	REC	EIPTS,	OR	REVEN	IUE
			_							

(Report sales for each merchandise line sold by this establishment, either as a dollar figure or as a whole percent of total sales (reported in 3). See HOW TO REPORT DOLLAR FIGURES on page 2 and HOW TO REPORT PERCENTS above.)

	above.)			2002		
	Description of sales, shipments, receipts, or revenue	Cen- sus use	Repo	nates are a rt dollars O	R perc	ents.
0700		0720	\$ Mil.	Thou.	Dol.	Percent 0722
0723		0720	0/21			0/22
1.	Drugs, health aids, beauty aids					
	a. Prescriptions	20161				
	b. Nonprescription medicines	20162				
	c. Vitamins, minerals, and other dietary supplements	20163				
	d. Health aids, including first-aid products; foot products; prescription accessories; eye/contact lens care products; convalescent aids; orthopedic equipment, except shoes; medical, surgical, or dental supplies; and artificial limbs (Report first-aid and footcare nonprescription medicines on line 1b.			1 1		
	Report orthopedic shoes on line 29.)	20164				
	e. Cosmetics, including face cream, make-up, perfumes and colognes, etc	20165				
	f. Other hygiene needs, including deodorants; hair and shaving products; oral, feminine, and baby hygiene needs; hand products; etc.	20166				
	g. Hearing aids and supplies	20167				.
	h. Sum lines 1a through 1g	20160				
2.	Optical goods, including eyeglasses, contact lenses, sunglasses, etc. (Report eye/contact lens care products on line 1d and fees from eye examinations on line 37e.)					
	a. Prescription eyeglasses	20491				.
	b. Contact lenses	20492				-
	c. Nonprescription eyeglasses and sunglasses	20493				
	d. All other optical goods and accessories	20494				
	e. Sum lines 2a through 2d	20490				
3.	Cigars, cigarettes, tobacco, and smokers' accessories, excluding sales from vending machines operated by others	20150				

CONTINUE WITH ② ON PAGE 7

Nu	ot shown, please enter your 11-digit Census File mber (CFN) from the mailing address.					
22	DETAIL OF SALES, SHIPMENTS, RECEIPTS, OR REVENUE - Continued					
	Description of sales, shipments, receipts, or revenue	Cen-		2002 mates are a rt dollars O		
0723		0720	\$ Mil.	Thou.	Dol.	Percent 0722
4.	Groceries and other food items for human consumption off the premises, including candy, gum, packaged snacks, etc. (Report vitamins on line 1c and pet food on line 33.)					
	a. Bottled, canned, or packaged soft drinks	20108				
	b. All other foods, including dry groceries, canned and bottled foods, candy, packaged snacks, bakery products, etc.	20113				
	c. Sum lines 4a and 4b	20100				
5.	Meals, unpackaged snacks, sandwiches, nonalcoholic beverages generally served for immediate consumption	20120				
6.	Packaged liquor, wine, and beer	20140		' '		
7.	Photographic equipment and supplies (Report photofinishing on line 37b or 37c.)	20440				
8.	Books (Report audio tape books on line 17 and comic books on line 9.)	20420				
9.	Magazines and newspapers	20856				
10.	Stationery products, including stationery, tablets, pads, and related products .	20851				
11.	Office paper, including computer printer, copier, fax, and typewriter cut sheet paper	20852				
12.	Office and school supplies	20853				
13.	Greeting cards	20855				
14.	Toys, hobby goods, and games, including video and electronic games, electronic game devices, and wheel goods, except bicycles (Report bicycles on line 23.)					
	a. Toys, including wheel goods	20461				
	b. Games, including video and electronic games	20462				
	c. Hobby goods	20463				
	d. Sum lines 14a through 14c	20460				
15.	Kitchenware and homefurnishings, including cookware, cooking accessories, dinnerware, glassware, giftware, decorative accessories, clocks, mirrors, closet and bathroom accessories, etc.	20380				
16.	Small electric appliances, including mixers; blenders; can openers; toasters; coffee makers; frypans; and personal care appliances, such as hair dryers, curling irons, shavers, etc.	20310				
17.	Audio equipment, musical instruments, radios, stereos, compact discs, records, tapes, audio tape books, sheet music, accessories	20330		1 1		

Form RT-44601

0723

DETAIL OF SALES, SHIPMENTS, RECEIPTS, OR REVENUE - Continued

Description of sales, shipments, receipts, or revenue

18. Televisions, video recorders, video cameras, video tapes, DVDs, etc., including electronic game/DVD combination devices, parts, and accessories

19. Office equipment, including fax machines, dictaphones, copying machines,

20. Jewelry, including watches, watch attachments, novelty jewelry, etc. (Report flatware and holloware on line 15 and receipts from watch, clock, and jewelry

21. Paper and related products, including paper towels, toilet tissue, wraps, bags,

25. Lawn, garden, and farm equipment and supplies; cut flowers; plants and

24. Hardware, tools, and plumbing and electrical supplies

26. Men's wear (Report boys' wear on line 28 and footwear on line 29.)

calculating machines, etc. (Report office supplies on line 12.)

Page 8

Percent

0722

2002

Estimates are acceptable.

Report dollars OR percents.

Dol.

Thou.

Cen-

sus

use

0720

20320

20854

20400

20190

20180

20500

20600

20620

20200

0721

27.	Women's, juniors', and misses' wear (Report girls', infants', and toddlers' wear on line 28 and footwear on line 29.)	20220			
28.	Children's wear, including boys' (sizes 2 to 7 and 8 to 20), girls' (sizes 4 to 6x and 7 to 14), and infants' and toddlers' clothing and accessories (Report footwear on line 29.)	20240	1 1		
29.	Footwear, including accessories	20260			
30.	Sewing and knitting materials and supplies	20270			
31.	Automotive lubricants, including oil, greases, etc.	20730			
32.	Automotive tires, batteries, parts, accessories	20740			
33.	Pet foods and supplies	20800			
34.	Seasonal decorations	20878			
35.	Souvenirs and novelty items	20877			
36.	All other merchandise (Report receipts for services on line 37.) Specify principal lines and estimated sales below	29810			
	a.	29811			
	b.	29812			
		20012			

CONTINUE WITH 2 ON PAGE 9



Form RT-44601

Page 9

<u>22</u>	DETAIL OF SALES, SHIPMENTS, RECEIPTS, OR REVENUE - Continued						
				2002	2		
	Description of sales, shipments, receipts, or revenue	Cen- sus use		imates are ort dollars (
723		0720	\$ Mil.	Thou.	Dol.	Perc	ent
	All nonmerchandise receipts, including rentals, storage, and other services provided to customers EXCLUDING SALES AND OTHER TAXES AND LOTTERY TICKET SALES/COMMISSIONS	0720	0721			0722	
	a. Receipts from video tape, DVD, video/DVD player, video recorder, laser disc, laser disc player, electronic game, and electronic game device rentals	29912					
	b. Receipts from photofinishing performed by this establishment	29917					+
	c. Receipts from photofinishing contracted out to other establishments	29918					
	d. Rental of medical/convalescent equipment	29926					+
	e. Fees from eye examinations	29939					
	f. Charges for insurance	29941					
	g. All other nonmerchandise receipts, including charges for delivery, repair, etc.	29959					
	h. Sum lines 37a through 37g	29900					
38.	TOTAL (Should equal 4) if reporting in dollars.)	29990				1 0	C
$\overline{}$	TOTAL (Should equal ② if reporting in dollars.)	29990				1 0	0
23	Not Applicable. SHIPPING AND HANDLING	<u>'</u>	n of merch	nandise in	20027		0
23	Not Applicable.	<u>'</u>	g of merch	nandise in			
23	Not Applicable. SHIPPING AND HANDLING A. Did this establishment have any receipts from customers for shipping and har	<u>'</u>	g of merch	Estimate	2002 s are a	occepta	ble
23	Not Applicable. SHIPPING AND HANDLING A. Did this establishment have any receipts from customers for shipping and had only 100 yes - Go to line B	<u>'</u>	g of merch		2002 s are a	occepta	ble
23	Not Applicable. SHIPPING AND HANDLING A. Did this establishment have any receipts from customers for shipping and had one of the setablishment from customers for shipping and had one of the setablishment from customers for shipping and handling from customers from customers for shipping from customers from customers from custome	ndling	0985	Estimate	2002 s are a	occepta	ble
23	Not Applicable. SHIPPING AND HANDLING A. Did this establishment have any receipts from customers for shipping and had one of the setablishment have any receipts from customers for shipping and had one of the setablishment from customers for shipping and handling of merchandise	ndling	0985	Estimate	2002 s are a	occepta	ble
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orm KI-	4601			Pa	ge 10
26 SPEC	IAL INQUIRIES				
A. P	IARMACY				
		Mark "X		2002	
		if None	!	Number	
1	Total number of prescriptions filled in this establishment (Include new and refilled prescriptions.)	en 🗆			
	(include new and remied prescriptions.)	80 —			
2	Number of prescriptions reported in line 1 that were refills only	81			
				2002	
3	Number of pharmacists (full- and part-time) working in this establishment during	Mark "X if None		ber for the	pay
_	the pay period including March 12, 2002	n None		iod includii March 12	ng
	(Include working proprietors, partners, or family members who were registered pharmacists. For pharmacists working at more than one location, report at the				
	one location where they spent most of their working time.)	82			
B . F	/E CARE				
	_			2002	!
			Mark "X	"Whole pe	rcent
P	rcentage of this establishment's total sales and receipts (reported in 4) derived from:		if None	of sales	and
				receip	ıs
1	Fees for eye examinations ON THE PREMISES plus receipts from providing ophthalm devices prescribed as a result of these examinations	iic			%
	devices prescribed as a result of these examinations	• • 2390			
2	Sales of ophthalmic devices prescribed as a result of eye examinations MADE BY				%
	OTHERS	• • 2391	Ш		
Not A	pplicable.				

Form RT-44601 Page 11

umbe		wn, please enter your 11-digit Census File CFN) from the mailing address.			
B ES	TAE	BLISHMENT ACTIVITIES			
A.	cor	icate activities that were performed by this establishment or were apany during 2002. Bark "X" ALL that apply.)	e performed for	this establishmen	t by another
			This activity was performed by this establishment	This activity was performed for this establishment by another company	This activity was not provided by this establishmen
		Product Development			
		a. Product design/engineering	0921	0941	0961
		b. Materials fabrication/processing/assembly/blending	0922	0942	0962
	2.	Order Fulfillment			
		a. Bundling or kitting (combining multiple items into a prepackaged product)	0923	0943	0963
		b. Pick and pack (taking goods from inventory and packaging them to fill orders)	0924	0944	0964
		c. Warehousing	0925	0945	0965
		d. Breaking bulk (reducing large shipments into smaller portions for customers)	0926	0946	0966
		e. Local delivery (within a city, town, or other local area, including adjoining towns and suburban areas)	0927	0947	0967
		f. Long distance delivery (beyond local areas and commercial zones)	0928	0948	0968
		g. Less than truckload	0929	0949	0969
	3.	Other Services			
		a. Customs brokerage (providing the services of a licensed customs broker)	0930	0950	0970
		b. Logistics consulting (providing advice and expertise)	0931	0951	0971
		c. Processing of returned merchandise	0932	0952	0972
В.	Dui	ring 2002 did this establishment:			
	1.	Manage inventory owned by this establishment AND held at this	location?	₀₉₃₆	₀₉₃₇
	2.	Manage inventory owned by this establishment BUT held at a cullocation?	stomer's 	₀₉₅₆	₀₉₅₇
	3.	Manage inventory owned by another company BUT held at this leads to be a second or sec	ocation?	₀₉₇₆	₀₉₇₇
		Manage inventory owned by another company AND held somew at this location?		₀₉₉₄	₀₉₉₅ No

OPERTIFICATION - This report is substantially accurate and was prepared in accordance with the instructions. DESTRIFICATION - This report is substantially accurate and was prepared in accordance with the instructions. The period covered by this report a calendar year? Year of Name of person to contact regarding this report Number Year				iis esta	ablishr	nent's stat	us at the	end of 2002	2						
Activity that best describes this establishment's status at the end of 2002 (Mark X** only ONE box.) Construction Constr				iis esta	ablishr	nent's stat	us at the	end of 2002	2						
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Enter EIN of new owner (9 digits) 0002 Mailing address (number and street, P.O. Box, etc.) 0003 City, town, village, etc. 0004 State 0005 ZIP Code amarks (Please use this space for any explanations that may be essential in understanding your reported data.) OCERTIFICATION - This report is substantially accurate and was prepared in accordance with the instructions. the time period covered by this report a calendar year? West Year Ye															
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Does Mailing address (number and street, P.O. Box, etc.) Ones City, town, village, etc. Ones												_			
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PLEASE PHOTOCOPY THIS FORM FOR YOUR RECORDS AND RETURN THE ORIGINAL.

