(02/15/2007)

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

CONTROL

U.S. DEPARTMENT OF COMMERCE If not shown, please enter your 11-digit Census File Number (CFN) from the

			OWNERSHIP OR CONTROL	mailing address.								
Α.	ls yo	our	ur company owned or controlled by another domestic company									
			OR									
	doe	s yo	ur company operate at more than one physical	pany operate at more than one physical location?								
		Ye	Complete lines B and C and return this form with your completed 2007 Economic Census form.									
		No	- Discard this form (NC-99562) and return you	d this form (NC-99562) and return your completed 2007 Economic Census form.								
В.	Owr	nersl	hip or control									
			es another domestic company own more than 50 percent of the voting stock of your company <b>or</b> have the power control the management and policies of your company?									
		Yes - Enter the following information of the owning or controlling company										
			Name of owning or controlling company	Enter Employer Identification								
				Number (EIŃ) of owning or controlling company (9 digits)—	EIN) of owning or g company (9 digits)————————————————————————————————————							
			Home office address (Number and street)									
			City, town, village, etc. NFORMATION REPORT									
			City, town, village, etc.	TO REPOR	State	ZIP Code						
			City, town, village, etc. NFORMA  City, town, village, etc. NFORMA  DO NOT USE				-					
	2. \	Wha	t percent of voting stock was held by the owning	ng <b>or</b> controlling company? <i>(</i> .	Mark	"X" only ONE	box.)					
			Less than 50% ☐ 50%	☐ More than 50%								
							2007					
							Number					
C.			of establishments operated at the end of 2007 cted in <b>1</b> on the first page of the 2007 Econom			ng address or						

## If more than one establishment:

- Provide the physical location address and other information requested on the back of this form for each location.
- Provide the headquarters location first, followed by all other locations.
- Offices which are not staffed on a full-time basis by at least one employee covered by this EIN should not be considered separate establishments. Include data for these offices with data reported for the headquarters location. Practitioners whose main practice is outside the hospital (clinic), but whose practice necessitates using hospital facilities, should **not** consider the hospital (clinic) as a separate location (e.g., a surgeon with a private practice who utilizes hospital facilities). Practitioners who practice solely from hospitals or other medical facilities (e.g., anesthesiologists, physical therapists) should **not** consider these facilities as separate office locations.
- Data for establishments operated during 2007, but not in operation at the end of the year, should be included with the headquarters location.
- The sum of sales, shipments, receipts, or revenue for all locations should equal the amount reported in 😉 of the 2007 Economic Census form.
- The sum of employment and payroll for all locations should equal the amounts reported in 🕡 of the 2007 Economic Census form.
- For employees that worked at more than one location, report the employment and payroll data for the employees at the ONE location where they spent most of their working time.

CONTINUE WITH LINE C ON PAGE 2

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C. Number of establishments operated at the end of 2007 under the EIN shown in the mailing address or as corrected in on the first page of the 2007 Economic Census form - Continued												
<b>BEFORE YOU BEGIN:</b> If this EIN had more than 3 physical locations at the end of 2007, copy this page and provide the requested data for all of your locations.												
	Name	2007										
	TVUITO		Estimates are acceptable									
			\$ Bil.	Mil.	Thou.							
	Secondary name	Sales, shipments, receipts, or revenue	7 2		1 1							
			2007									
	Physical location (Number and street)		Estim	Estimates are acceptable								
			Number									
_		Number of employees for pay										
1	City, town, village, etc.	period including March 12										
			\$ Bil.	Mil.	Thou.							
		First quarter payroll (January-	1									
	State ZIP Code	March 2007)										
		Annual payroll	i i									
	Describe kind of business at this location											
	I N	Г	ı									
	Name			2007								
			\$ Bil.	nates are ac								
	Secondary name Store or		Salas ahimmanta massinta an	Ф БП.	Mil.	Thou.						
			Sales, shipments, receipts, or revenue									
					2007							
	Physical location (Number and street)		Estimates are acceptable									
				Number								
		Number of employees for pay	1 1									
2	City, town, village, etc.	period including March 12										
			\$ Bil.	Mil.	Thou.							
	State ZIP Code	First quarter payroll (January- March 2007)	·									
	otate 211 code		Water 2007,									
			Annual payroll									
	Describe kind of business at this location											
	Nome			000=								
	Name		2007 Estimates are acceptable									
				\$ Bil.	Mil.	Thou.						
	Secondary name	Store or plant No.	Sales, shipments, receipts, or revenue	ψ ΒΠ.	IVIII.	Tilou.						
	,			1		, , [						
			2007									
	Physical location (Number and street)		Estimates are acceptable									
			Number									
_	City there will be a set	Number of employees for pay period including March 12										
3	City, town, village, etc.	period including March 12	<b>A</b> F.:									
			\$ Bil.	Mil.	Thou.							
	State ZIP Code	First quarter payroll (January- March 2007)										
	Citato Zii Codo		, , , , , , , , , , , , , , , , , , , ,									
			Annual payroll	1								
	Describe kind of business at this location											