FORM <b>NC</b> (08/10/2007)		t of Estal	Econ	DEPARTMENT OF CO omics and Statistics Adm U.S. CENSUS <b>ments</b>	ninistra	<sup>tion</sup> CENS	to this US FILE / corresp ining to t	onde	ence				
<b>28</b> A				OF OPERATION		pertu							
o <b>C</b> in	n Census rec <b>Column (a) -</b>	cords. Pleas Correct any	e upda / errors	of your company ite this list as foll s or omissions in s are listed in the on Number (EIN) TION C TION C E TO RI	ows the	wing	payroll for each esta your Inte Quarterly	or ful ablish rnal / Fed ns. Do gures or eac imato (c) -	Report the numb I- and part-time e ment whose pay Revenue Service eral Tax Return. I o not combine da s are not available ch establishment, es. Report operation t at the end of 200	mploye roll was Form 94 nclude   ta for en e for en please	es wo repo 11, Er part-y stabli ploy provi	orking at orted on nployer's ear shments. ment and de your	
Company Establishments and Subsidiaries (Add store or plant number, if any, and correct any errors or omissions.)						Employment and Payroll			Operational Status at the End of 2007 (Mark "X" only ONE box.)				
Line No.	(a) No. EIN NAICS				(b) 2007			(c)					
					NI	Imber of ei			In operation	Ter sea		rily or ly inactive	
Major activity					for pay period including March 12				Ceased operation - <i>Give</i>	Month Day Year			
Name									date at right				
Name						First quarter payroll (January-March 2007)			Sold or leased to another - <i>Give date above</i> AND enter name and address of new owner or operator below				
Seconda	ry name			Store or plant No.	\$Bil.	Mil.	Thou.	Name of new owner or operator					
							1						
Physical	location (Num	nber and stree	et)			2007		Mailing address (Number and street, P.O. box, etc.)					
<u></u>						Annual payroll			City, town, village, etc. State ZIP Code				
City, tow	n, village, etc.		State	ZIP Code	\$BII.	Mil.	Thou.	City,	town, village, etc.	Sta	te Zi	P Code	
								□ Other - Specify →					
Line No.	EIN			NAICS	2007				In operation	Temporarily or			
					Nu for	Number of employees for pay period including				seasonally inactive			
Major activity						March 12			Ceased operation - <i>Give</i>	Month Day Year			
									date at right				
Name						First quarter payroll (January-March 2007)			Sold or leased to another - <i>Give date above</i> AND enter name and address of new owner or operator below				
Secondary name Store or plant No.						Mil.	Thou.	Nam	e of new owner or	operator			
Physical location (Number and street)						2007		Mailing address (Number and street, P.O. box, etc.)					
					Annual payroll								
	n, village, etc.		State	ZIP Code	\$Bil.	Mil.	Thou.	City,	town, village, etc.	Sta	te ZI	P Code	
City, tow													
City, tow		1											

## Form NC-99650 (08/10/2007)

(a) Company Establishments and Subsidiaries					(b) Employment and Payroll			(c) Operational Status at the End of 2007					
Line No. EIN				2007 Number of employees				In operation Temporarily or seasonally inactive					
Major activity					for pay period including March 12			Ceased operation - <i>Give</i> <i>date at right</i>	Мо	nth D	ay Year		
Name					- irst quarter anuary-Mar		Sold or leased to another - <i>Give date above</i> AND enter name and address of new owner or operator below						
Secondary name Store or plant No.					\$Bil Mil Thou			Name of new owner or operator					
Physical location (Number and street)					2007 Annual p		Mailing address (Number and street, P.O. box, etc.)						
City, town, village, etc. State			ZIP Code	\$Bil.	Mil.	Thou.	City,	town, village, etc.		State	ZIP Code		
	1												
Line No. EIN	ne No. EIN NAICS					7	□ Other - Specify →						
			NAICS	2007 Number of employees				In operation	Temporarily or seasonally inactive				
Major activity	for pay period including March 12				Ceased operation - <i>Give</i>	Мо	nth D	ay Year					
Name								date at right		hor C	vo dato ab sus		
					irst quarter anuary-Mar	payroll ch 2007)		Sold or leased to another - <i>Give date above</i> AND enter name and address of new owne or operator below					
Secondary name	\$Bil.	Mil.	Thou.	Name of new owner or operator									
Physical location (Nun		2007	7	Mailing address (Number and street, P.O. box, etc.)									
		,			Annual p	ayroll							
City, town, village, etc		State	ZIP Code	\$Bil.	Mil.	Thou.	City,	town, village, etc.		State	ZIP Code		
Line No. EIN			NAICS		2007	7		Other - <i>Specify</i> →	►				
				Number of employees for pay period including			In operation Temporarily or seasonally inactive						
Major activity	March 12				Ceased operation - <i>Give</i>	Мо	nth D	ay Year					
Name					date at right	another - <i>Give date above</i>							
					First quarter payroll (January-March 2007)			AND enter name and address of new owner or operator below					
Secondary name	\$Bil.	Mil.	Thou.	Nam	e of new owner or	oper	ator						
Physical location (Number and street)					2007			Mailing address (Number and street, P.O. box, etc.)					
					Annual payroll								
City, town, village, etc		State	ZIP Code	\$Bil.	Mil.	Thou.	City,	town, village, etc.		State	ZIP Code		
								Other - Specify →	•				

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