SUMMARY SUBCONTRACT REPORT (See instructions on reverse)					OMB No.: 9000-0007 Expires: 09/30/2003		
comments regarding this burden	Dilection of information is estimated to ave gathering and maintaining the data nee estimate or any other aspect of this colle n Policy Division, GSA, Washington, DC 20	ded, and completing	and continue	محالمه مطف هم			
1. CORPORA		3. DATE SUBMITTED					
COMPANY NAME							
b. STREET ADDRESS							
ni a curre a constanting			4. REPORTING PERIOD:				
d. STATE			OCT 1 - MAR 31	OCT 1 -			
2. CONTRACTOR IDENTIFICATION NU	MBER				<u> </u>		
			REGULAR	FINAL		REVISED	
	6. ADMINISTERING ACTIVITY	No. of Concession, Name of Street, or other Designation, Name of Street, Origination, Name of Str	box)				
ARMY	DEFENSE CONTRACT MAN	DOL					
	NASA	OTHER FED		RAL AGENCY (Specify)			
AIR FORCE	GSA						
7. REPORT SUBMITTED AS (Chi PRIME CONTRACTOR		8. TYP	E OF PLAN				
SUBCONTRACTOR	INDIVIDUAL	IF PLAN IS A COMME	RCIAL PLAN, SPE	CIFY THE			
вотн	COMMERCIAL PRODUCTS		PERCENTAGE OF THE DOLLARS ON TH ATTRIBUTABLE TO THIS AGENCY.				
	9. CONTRACTOR'S MAJOR PR	COLICTS OF SERVICE I	INES				
(Report cumulative figures for reporting period in Block 4) TYPE 10a. SMALL BUSINESS CONCERNS (Include SDB, WOSB, HBCU/MI, HUBZone SB, and VOSB					WHOLE DOLLARS To nearest of a %		
(including Service-Disab	led VOSB)) (Dollar Amount and Percer	nt of 10c.)	d VOSB	_			
10b. LARGE BUSINESS CON	CERNS (Dollar Amount and Percent of	f 10c.)					
IOc. TOTAL (Sum of 10a and 10b.)						100.0%	
11 SMALL DISADVANTAGE (Dollar Amount and Perc	ED BUSINESS (SDB) CONCERNS (Incl.	lude HBCU/MI)					
(Dollar Amount and Perc							
	COLLEGES AND UNIVERSITIES (HBCL pplicable) (Dollar Amount and Percent					1	
14. HUBZONE SMALL BUSI (Dollar Amount and Per	NESS (HUBZone SB) CONCERNS cent of10c.)						
5. VETERAN-OWNED SMALL BUSINESS (VOSB) CONCERNS (Including Service-Disabled VOSB Concerns) (Dollar Amount and Percent of10c.)							
16. SERVICE-DISABLED VET (Dollar Amount and Perc	FERAN-OWNED SMALL BUSINESS CO	DNCERNS					
7. REMARKS			A			l	
	18. CONTRACTOR'S OFFICIAL WHO ADMIN	MISTERS SURCOUTDA ~					
. NAME	a. TITLE	MOTERO OUDUUNTRACI	ING PROGRAM				
			<ul> <li>Section 2. Section 2.</li> </ul>	Caller Brand Contractor	TELEPHO ODE IN	one number Umber	

	19. CHIEF EXECUTIVE OFFICER
a. NAME	
0. TIFLE	a. DATE