

NN/LM



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Libraries of Medicine

Greater Midwest Region



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NLM: Past and Future

Editor's Note: Sheldon Kotzin, chief of the Bibliographic Services Division at NLM, was kind enough to give the GMR a copy of the speech he presented at the Midwest Chapter meeting in Cincinnati this year. Enjoy learning about the history of NLM as well as expectations for the future.

Origins of NLM

Because the Midwest Chapter meeting is being held in Ohio this year, it is particularly fitting to pay tribute to John Shaw Billings as he has many ties to Cincinnati and the nearby area. He was born in Allenville in southeast Indiana, was an undergraduate at Miami University and in 1859 attended the Medical College of Ohio. Then he relocated to Cincinnati. He joined the Union Army in 1862, serving as a surgeon at several major battles.

Billings served as director of the Army Surgeon General's Library, NLM's predecessor, from 1865-1895. In 1864, he reported to the surgeon general's office in Washington, D.C. as a 27-year-old assistant surgeon. His duties included caring for the office's collection of books and journals. He took his new job quite seriously, selecting books from catalogs of American and European booksellers.

By 1870 the library contained 10,000 volumes, more than 8,000 of which had been accumulated since

Billings took over. Then he set out to change the library from one known to Army physicians to one used by physicians throughout the world. He traveled all over the Eastern United States to attract interest and build the collection.

Billings' greatest achievement came in 1879 when he began the publication of the *Index Medicus*. He was attempting to produce a catalog of all library holdings, which he called the Index Catalog, but he realized that this would take forever to publish. So he came up with the idea of a monthly index to new publications entitled *Index Medicus*. Billings is also credited with suggesting to Herman Hollerith that a tabulating machine or primitive computer be used to speed the tallying of the 1890 census. (Hollerith's company later became IBM.)

The library went through some lean years after Billings retired in 1895. But around 1960, under the leadership of Frank Rogers, NLM pioneered the notion of electronically storing indexed citations and searching this file from Bethesda, Md., for health professionals throughout the U.S. Rogers called the system by the acronym MEDLARS, which stood for Medical Literature Analysis and Retrieval System. In a wonderful example of bureaucratic excess, MEDLARS in 1971 yielded MEDLINE, an acronym of an acronym, as the latter stood for MEDLARS Online.

MEDLINE was the first remote access search system in the world. From its humble beginnings of 25 users searching about four hours a day, it has grown to a system of more than 100,000 unique IP addresses each day conducting as many as 800,000 searches. And these are only MEDLINE searches on PubMed, not those performed on OVID, SilverPlatter and other systems.

The Scope of MEDLINE

More than half of MEDLINE's 1 million searches each day occur outside the U.S. Today MEDLINE covers about 4,300 journals published in the U.S. and more than 70 other countries. It includes articles indexed since 1966, and new citations are added daily. The scope of MEDLINE is biomedicine and health, broadly defined

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Tech Notes



Please take a minute to fill out this technology questionnaire and fax it to us at (312) 996-2226 or mail to us at NN/LM Greater Midwest Region, 1750 W. Polk St. M/C 763, Chicago, IL 60612-7223. This questionnaire will help the GMR plan and implement projects in the future. Thank you very much for your time.

What is the most important technology issue facing your library in the next year?

What is the biggest obstacle to implementing technology projects in your library?

What has been the key to success in implementing technology projects in your library?

Do you need technology training? If so, what training opportunities would be most useful to you?

What kinds of technology training are you providing? To whom?

Marketing: Making a Case for Your Library

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What is library marketing?

Marketing is both theory and process. Much has been written about general marketing. Traditionally, marketing has been looked at as the “four Ps”: product, place, promotion, and price¹. These four Ps are found throughout marketing literature. When writing about library marketing specifically, author Darlene Weingand adds two more P’s: prelude (marketing audit) and postlude (evaluation) for a total of six steps.

These six steps can be put into practical application.

Library marketing defined

A planned approach to identifying, attracting, serving and gaining support of specific user groups in a manner that furthers the goals of the library and the organization that supports it².

For more marketing definitions, consult the accompanying bibliography. A common thread in these definitions is quality customer service (as opposed to collection caretaking), community involvement (“community” and customer networking), and anticipating and thriving on current and future changes — all liberally sprinkled with professional excitement.

Why market libraries?

Why should we take time out of our busy professional and private lives to market libraries?

There are no cold hard statistics, such as: following marketing efforts, libraries can expect a 25% increase in their targeted services. In fact, marketing as applied to libraries is a fairly

recent phenomenon. Our country was founded with a belief in libraries as storehouses of information. Times have changed. Today’s libraries have increasing “competition” from end-user access, purchasing (rather than borrowing) resources, and the Internet.

Even without statistical back-up, reasons to market libraries are twofold:

First, common sense dictates that in an environment of increased customer options, we need to advertise what libraries offer. In the retail world, the most wonderful product available will not reach its customers if no one knows of its existence.

Second, yesterday’s social support for libraries falters with today’s new economic priorities, social change and technological innovations³. It’s no longer enough for libraries to be available. Librarians must know what customers want and then let them know that their needs can be met through their libraries.

Today, library marketing cannot be separated from good library management practice. Library marketing is good library management practice⁴.

How do we start marketing?

Guy St. Clair states that meeting with management is the first step in beginning a marketing plan.⁵ Nothing influences libraries as much as the mission and beliefs of an organization’s management. Primarily, management influences the resources and services offered, as well as customers targeted. Libraries must be in line with management and organizational goals before planning formal marketing strategies.

Finding a dollar value for library services and resources

One of the strongest marketing

tools a library can use is the ability to put a dollar value on the resources and services a library provides to its organization.

Value is added when library users are “changed” for having used library services and resources, allowing them to become more knowledgeable and empowered in decision-making. Management and organizational culture need to realize this is the kind of value libraries can provide.

A library may be under pressure to “prove” its value to the organization. Such value should be presented in dollar figures, so the library competes fairly with other divisions in the eyes of financial controllers and executive management.

Extensive statistics of library use and activities do not reflect a dollar value of worth, the quality of service, or if library activities met organizational needs. A dollar value is difficult to assign to a piece of information shared — but not impossible!

Four basic steps are needed to find a bottom line for library services and resources.

1. Find cost data for operating information services.
2. Collect user estimates of the value of beneficial library services.
3. Record narrative accounts of library impact.
4. Analyze the cost and benefits of information gathered and determine cost-benefit ratios to provide a return-on-investment (ROI) figure.

Alison Keyes in her article “The Value of the Special Library: Review and Analysis” notes that it is 2.3 times more expensive for an organization to garner information from other sources than to provide an on-site library. Thus for every dollar invested by an organization in their onsite library, the return is \$2.30.

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Finding a library's dollar value:

Start by sending a short survey to library users, asking them to:

1. Estimate the percent of time the library meets their needs.
2. Estimate the number of hours they save per month by having an onsite library.
3. Provide narrative comments on library impact and worth.

Next, assemble library statistics regarding collection, circulation, routing and reference service.

The survey and statistics together will provide the following:

1. The percent of time the library meets organization and patron needs.
2. Narrative comments on qualitative value.
3. Dollar figures on time saved for other employees, the worth of reference service and the worth of the library collection.

Finally, armed with the above information and the yearly library operating cost, a ROI figure is determined.

Specifically...

1. Percent of time the library meets the organization's needs:

Add up the percent estimates from the first survey question and divide by the number of respondents. It is important to note that the survey respondents are not only pleased with what the library provides — they said that for this percent of the time, the information provided is what they, and thus the organization, needed.

2. **Dollar value of time saved for other employees:** From the second survey question, add up the number of hours per month the employees estimate they save by having an onsite library. Multiply this by 12 to find the number of hours per year. Now multiply the hours per year by an aver-

age wage (your human resources department can estimate this) for those responding, to find the cost per year.

If your survey respondents are a distinct subgroup of your library patrons, you may want to adjust this number for your entire patron population.

3. **Narrative comments of value:** The survey also provides narrative comments of library value, both positive and offering helpful suggestions. These suggestions should remain in narrative form, complement the bottom line numbers and focus on the quality provided. Also note that employees consider the library important enough to take time to offer constructive comments.

4. **Value of reference work:** From library statistics, establish how many reference questions you respond to annually. To be very fair when assigning value to this activity, I simply eliminated half of these as short answer questions, leaving half of the reference total.

What dollar value can be assigned to reference work? Most independent information professionals charge between \$60 and \$200 per hour. As an example, the James J. Hill Reference Library, a professional, fee-based, business research library in St. Paul, Minn., charges \$120 per hour.

The information specialist I talked to at Hill Library said the \$120 per hour is inclusive, reflecting librarian expertise and specialization, access to specialized databases, the library's unique collection of resources and all other miscellaneous considerations such as postage, paper, etc. Estimating an average of one hour per question, multiply the number of reference questions by a professional amount, such as \$120 per hour.

5. **Value of the collection:** Utilize your statistics! In one year my library had the following statistics, which reflect direct use of the collection:

Journals/newsletters routed: .. 3,545
Books circulated: 1,590
Journals circulated: 686
ILL to: 248
ILL from: 499

Total transactions: 6,568

What would be the cost if each department (a) purchased its own subscriptions (b) purchased each book used, or (c) arranged and paid for their own ILL? To illustrate not having an onsite library, multiply the total number of transactions by the average cost of an ILL article (for instance, \$8).

Finding the Return on Investment (ROI):

The ROI number is probably the single figure of most interest to an organization's executives. ROI, a cost-benefit ratio, can be found simply by adding the dollar value of the benefits: total together the time saved for other employees, value of reference and value of the collection. Divide the total benefit's dollar figure by the total annual library budget. This will provide you with a ratio or percent, which is the ROI figure.

Summary of My Library's Dollar Value:

- a. Percentage of time the library met the needs of the organization and its patrons: 92.2%.
- b. Narrative comments on library impact collected.
- c. Time saved for other employees each year: \$106,560
- d. Annual worth of reference service: \$78,300
- e. Library collection worth: \$52,544
- f. ROI: 4.3.

This is not a scientifically rigid study. However, this dollar value exercise presents a reasonable estimate of the value that my library provides to its organization.

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End Notes

For the complete bibliography see: www.nlm.nih.gov/gmr/3sources/0010.html.

1 Wood, M. Sandra (editor). Cost Analysis, Cost Recovery, Marketing, and Fee-Based Services: A Guide for the Health Sciences Librarian. New York, NY: Haworth Press; 1985.

2 St. Clair, Guy. "Marketing the Library? or Marketing the Products?" One-Person Library. 1995 May; 12(1):1-4.

3 Weingand, Darlene E. "Preparing for the Millennium: The Case for Using Marketing Strategies." Library Trends. 1995 Winter; 43(3):295+.

4 Smith, Duncan. "Practice as a Marketing Tool: Four Case Studies." Library Trends. 1995 Winter; 43(3):450+.

5 St. Clair, Guy. "Thinking About ... Marketing, Yet Once Again." One-Person Library. 1992 Apr; 8(12):1-3.

Marketing Strategies for Immediate Use

- ◆ acquisitions
- ◆ advertising
- ◆ annual report
- ◆ book sales
- ◆ bookmarks
- ◆ brown bag seminars
- ◆ bulletin boards
- ◆ committees (surprise members with resources and librarian expertise!)
- ◆ company newsletter
- ◆ direct mail
- ◆ displays
- ◆ dollar value of services
- ◆ email attachments (end emails with a catchy and/or informational note)
- ◆ evaluation
- ◆ exhibits
- ◆ handouts
- ◆ humor
- ◆ incentives
- ◆ information packets
- ◆ interviews
- ◆ library newsletter
- ◆ marketing audit
- ◆ media spots mobility (marketing while "walking around")
- ◆ needs assessment
- ◆ network of supporters
- ◆ never lunch alone
- ◆ newspaper column
- ◆ open house
- ◆ positive image (first impressions as well as ongoing quality)
- ◆ quarterly reports
- ◆ quotes
- ◆ refreshments
- ◆ routing slips
- ◆ SDI
- ◆ specialize (offer something unique)
- ◆ stamp / label
- ◆ stationery
- ◆ statistics
- ◆ technology
- ◆ testimonials
- ◆ thank you
- ◆ word of mouth
- ◆ work smart

DOCLINE: One Library's Transition

Karla Block
Bio-Medical Library
University of Minnesota

On July 17, our old friend DOCLINE emerged with a new Web interface. On Aug. 21, the old DOCLINE system was permanently retired. The transition to DOCLINE on the Web has been a learning experience for staff in the ILL office at the Bio-Medical Library, University of Minnesota. While both challenging and stimulating at times, the transition has been primarily a positive one for our library. The goal of this article is to share our experience in making the transition from the old to new DOCLINE and to offer practical tips



that made the transition a success.

As we prepared for the release of the new DOCLINE, our office was facing other transitions as well. The long-time head of access services retired, followed by the departure of both full-time employees in the ILL office. Also, most of the student em-

ployees in the unit were only recently hired. Our office receives hundreds of interlibrary loan requests per day, most of them on DOCLINE.

A top priority was to make the transition to DOCLINE on the Web as smooth as possible. Our mottoes were "expect the best" and "don't panic." We tried to remain flexible and positive, and were willing to be pleasantly surprised by the new system. For example, we were excited to find that the new system alphabetized requests, a function that we previously had to do on QuickDOC.

We also tried to have some fun with the transition. For example, when the old DOCLINE was permanently retired, we commemorated the

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to encompass those areas of life, behavioral and chemical sciences that are of value to health professionals. MEDLINE is no longer described as a database of biomedical information. The majority of the publications covered in MEDLINE are scholarly journals; however, a small number of newspapers, magazine and newsletters considered useful to particular segments of NLM's user community are also included.

Many of the articles that are published in MEDLINE develop as a direct result of funding patterns at NIH and the Department of Health and Human Services (DHHS). Funding yields research, which yields published articles, which yields new journals.

The top disease categories funded in 2000 by NIH were, in order: cancer, HIV/AIDS, heart disease, mental disorders, digestive diseases, drug abuse, diabetes, eye diseases, Alzheimer's Disease, and kidney and urologic diseases. The DHHS has selected six focus areas in which racial and ethnic minorities experience serious disparities: infant mortality; cancer screening and management; cardiovascular disease; diabetes; HIV/AIDS; and immunizations.

Journals are selected for MEDLINE in one of three ways. More than 90% are recommended by the Literature Selection Technical Review Committee (LSTRC), an NIH-chartered advisory committee of external experts analogous to the NIH Study Sections that review grant applications. Journals selected via this mechanism also appear in *Index Medicus*.

Because NLM is in the process of adding journal citations from other databases into MEDLINE, different selection procedures apply. Some additional journals and newsletters have been selected based on NLM-initiated reviews in subject areas, for ex-

ample, history of medicine, health services research, AIDS and toxicology. Also, publications in some specialized subjects have been selected by outside organizations with which NLM has had special arrangements. In the past, this has included the American Dental Association and the American Hospital Association. Today these organizations include NASA, the Kennedy Institute of Ethics at Georgetown University, and the Population Information Program at Johns Hopkins University. In the future, all MEDLINE journals will be selected by LSTRC or have a final review by LSTRC.

New Activities Relating to MEDLINE and PubMed

Expect to see more subsets or subject filters in PubMed as well as better use of the clinical queries feature. We are beginning a collaborative effort with NIH's National Center for Complementary and Alternative Medicine to establish a subset on complementary medicine. Also discussions are underway with NCI to develop a cancer subset of PubMed.

We need to find a way to make these and other subsets more valuable to users within the PubMed interface. Special queries need to be developed that will allow users to retrieve articles that report on studies using specific methodologies, such as clinical trials.

Special queries also need to be developed to deal with specific aspects, such as cost benefits, that are applicable to a broad range of subjects or to one particular subset. Look for this type of filter related to topics of interest to health services research. Creating these in a way that will be helpful to users is an NLM priority.

Another priority is making it easy for searchers to have access through PubMed to their library's electronic full-text journal articles. Currently, many publishers and some aggrega-

tors, like Science Direct, use the PubMed LinkOut feature to connect to their Web sites. Beta tests on LinkOut are currently being performed by the eight RMLs. Soon libraries will be able to submit their electronic journal holdings information to PubMed for all journal providers that are already LinkOut participants. Once holding files are submitted, a library may choose to include a PubMed link on its own Web site, thus providing library users with direct and easy access to its full-text articles. You can find out more about LinkOut by clicking on the PubMed sidebar under "Overview."

A second PubMed feature, just made available, is Cubby. It allows users to store searches that can be checked regularly for citations added since the last update, and allows users to customize the LinkOut display to include or exclude links to providers. These are the first Cubby features that enable PubMed to store information specific to an individual user.

NLM trainers are in the final stages of creating a web-based tutorial for PubMed. The tutorial will be based on the 1-day "Keeping Up with PubMed" class and will be divided into various modules and, within each module, different topics. Users can go through the tutorial all at once or choose to go through selected modules. No registration will be necessary, and users will not be tracked as they proceed. Watch for announcements in the NLM Technical Bulletin as well as the NLM home page this fall.

In addition, we plan to offer another distance learning option in the form of 10-15 minute topical, "just-in-time" streaming media presentations. The first presentation will be on the Cubby feature in PubMed. Users will need to have: the free Real Player plug-in loaded to see the video;

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speakers to hear the narration; and an additional free plug-in called Screen Watch.

NLM Budget

In recent years, Congress has been quite generous with NLM's budget — it is likely to be \$256 million in fiscal year 2001 — and this has enabled the library to make great strides in system reinvention.

About four years ago, we made a commitment to convert pre-1966 *Index Medicus* citations to machine-readable form. Now OLDMEDLINE contains about one million records from 1958-65, with 1953-57 to be added next year.

We converted to an ILS for acquisition, serials control, cataloging, circulation and other internal functions. We replaced the 28-year-old ELHILL

retrieval software with Entrez, PubMed's software. We purchased Relais for document delivery processing. We just introduced the new web-based DOCLINE and a new in-house data creation and maintenance system used for the creation of MEDLINE citations.

Bibliographic Data

In the near future, bibliographic data will fall into three buckets: citations to journal articles will be in the first bucket; citations to monographs, book chapters and serial titles in the second bucket; and citations to meeting abstracts and OLDMEDLINE in the third.

Bucket one will be searchable via PubMed; bucket two using Locator Plus; and bucket three using the NLM Gateway. So far, we have moved

unique HealthSTAR journal citations to PubMed, with AIDSLINE, HISTLINE, SPACELINE, POPLINE and BIOETHICSLINE journal citations to follow.

When this is complete, expect to see about 500 to 700 more currently indexed journal titles in MEDLINE, bringing the total to more than 5,000. Unique monograph citations from most of these databases have already been moved to Locator Plus.

When all the unique data from these files is in their respective buckets, access to IGM will be discontinued. The new Gateway will provide searching of these three systems and MEDLINEplus in one search statement. One stop shopping across multiple databases will eventually expand to include TOXNET, *Clinical-Trials.gov* and other systems.

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occasion with a mock memorial service, and invited library staff to a viewing followed by refreshments.

In preparation for the transition, we tried to arm ourselves with as much information as possible. Two staff members joined the DOCLINE-L and QuickDOC-L email discussion groups. As we followed the threads on both lists, we learned a great deal from the questions and responses posted by other participants. We also used information from NN/LM, primarily "New DOCLINE Survival Links" available at www.nlm.nih.gov/libinfo/docline. Documentation from NLM regarding new DOCLINE was also extremely helpful, as were the NLM and GMR staffs.

After we started using DOCLINE on the Web, we quickly learned some tips that made the transition more successful. First, we took advantage of the option to print barcodes on in-

coming requests. We had been using a barcode scanner for OCLC updating, and when we learned that DOCLINE requests could also be printed with barcodes, we had barcode scanners installed on the rest of our ILL workstations. Because we receive a high volume of requests each day, this tip alone has greatly improved our updating procedure. Updating DOCLINE requests has never been easier or quicker.

Second, we discovered an option to continue printing our incoming requests two-to-a-page. We had grown accustomed to this feature when using QuickDOC and could see few ways to easily incorporate a full-page DOCLINE printout into our paging, billing and filing routine. We began printing our requests to a laser printer, instead of a dot-matrix printer, and discovered that our printer supports a specific printer driver that allows two-to-a-page printing. We now have

our printer set up to print normally and two-to-a-page, and choose the latter option when printing our DOCLINE requests each morning. The orientation of the page is different than we were used to with QuickDOC, and the request is shrunk down in size, but we were willing to change our routine slightly to accommodate two-to-a-page printing, which works well with our current filing and billing system.

Now that we've been using DOCLINE on the Web for more than two months, we can fully appreciate the positive impact it has had on our unit. There are still things we miss about the old DOCLINE and QuickDOC, as well as features we'd like to see in the new DOCLINE. But we've successfully made the transition to DOCLINE on the Web. Our old friend DOCLINE is not gone and not forgotten. It was just transformed into a newer, better system.

Technical Bulletin

The list below summarizes the articles published by the National Library of Medicine in the *Technical Bulletin* (www.nlm.nih.gov/pubs/techbull/tb.html). To request print copies of individual articles, please contact the GMR office.

September/October 2000 #316

Searching *Clinical Trials.gov* - e1

An introduction to searching Clinical Trials.gov.

PubMed Central Links Added to PubMed - e2:

PubMed provides free online access to the full text of life research articles.

Hands On: Registering for the PubMed Cubby - e3

Step-by-step instructions for registering for the new PubMed Cubby.

Technical Notes - e4

MeSH® Tools 2001 Available for Purchase

MeSH® Files 2001 Available for Downloading

Updated Training Manuals Available

National Library of Medicine Classification, 5th ed., rev. 1999

Now Available

New Clinical Advisory Issued On Hearing Loss

NLM Online Users' Meetings 2000: DOCLINE Questions and

Answers - e5

Docline Questions and Answers from the NLM Online Users Meeting in Vancouver, BC, May 9, 2000.

The Cubby – A New PubMed Feature - e6

Overview of New “Cubby” Feature added to PubMed.

Important Dates

PLA and Consumer Health

January 10-11, 2001

Hyatt Regency Capitol Hill

Washington, DC

Contact: PLA office

Phone: (800) 545-2433

Email: pla@ala.org

American Library Association Mid-Winter Meeting

January 12-17, 2001

Washington Convention Center

Washington, DC

Contact: ALA office

Phone: 800-545-2433

www.ala.org/events/mw2001/

IHSLA 2001 Annual Conference

Sponsored by the Northeast Indiana Health Science Libraries Consortium

April 18 - 20, 2001

Potawatomi Inn

Resort and Conference Center

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