to assist us in	to hear about your suc our efforts to continual grams and services w	ly improve	e the quality ar	d effectiveness of	se complete the following the various export
Did you make	an export sale in the la	ast 12 mor	nths?		
Country First-Ever Export Sale					
To what countries did you export for the or first time in the past 12 months?			In what countries did you have repeat sales in the past 12 months?		
Country	First Export Sale	or	Country	Repeat Expor	t Sale
	\$		or		\$
	\$		or		\$
	\$		or		\$
	- \$		or		\$
	\$		or		\$
	\$		or		\$
					me regarding export n the following markets for
Countries:					
Signature	e of Executive (Please	Print or T	ivne) Told	ephone Number	 Fax Number

Individual name Company name

Address

Dear:

Public reporting for this collection of information is estimated to be 10 minutes per response, including the time for reviewing instructions, and completing and reviewing the collection of information. All responses to this collection of information are voluntary, and will be provided confidentially to the extent allowed under the Freedom of Information Act. Notwithstanding any other provision of law, no person is required to respond to nor shall a person be subject to a penalty for failure to comply with a collection of information subject to the requirements of the Paperwork Reduction Act unless that collection of information displays a current valid OMB Control Number. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Reports Clearance Officer, International Trade Administration, Department of Commerce, Room 4001, 14th and Constitution Avenue, N.W., Washington, D.C. 20230.

Expiration Date: 07/31/2005

Please fax back your response. Thank you for your assistance.

OMB Control Number: 0625-0217