

FORM NC-990006 (12-9-2006) U.S. DEPARTMENT OF COMMERCE Economic and Statistics Administration U.S. CENSUS BUREAU ESTABLISHMENT CARD 2006 REPORT OF ORGANIZATION FOR COMPANY USE ONLY - Please carry corrections directly to form NC-99001.	Line number	EIN	NAICS	2006 Employment and Payroll <i>(Refer to instructions for 5 A.)</i>			
		MAJOR ACTIVITY					Number of employees for pay period including March 12
		NAME					
		SECONDARY NAME		STORE OR PLANT NO.	\$ Bil.	Mil.	Thou.
		PHYSICAL LOCATION — NUMBER AND STREET		First quarter payroll (Jan.-Mar.)			
		CITY, TOWN, VILLAGE, ETC.		STATE	ZIP CODE		
				Annual payroll			
PLEASE COMPLETE REVERSE SIDE							

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OPERATIONAL STATUS OF ESTABLISHMENT AT THE END OF 2006

1. In operation

Month	Day	Year
-------	-----	------

2. Ceased operation →

3. Temporarily or seasonally inactive →

Month	Day	Year
-------	-----	------

4. Sold or leased to another operator →

Month	Day	Year
-------	-----	------

Name of new owner or operator		
Mailing address (Number and street, P.O. box, etc.)		
City, town, village, etc.	State	ZIP Code

5. Other - Specify ↘

FORM NC-99006 (12-5-2006)

OPERATIONAL STATUS OF ESTABLISHMENT AT THE END OF 2006

1. In operation

Month	Day	Year
-------	-----	------

2. Ceased operation →

3. Temporarily or seasonally inactive →

Month	Day	Year
-------	-----	------

4. Sold or leased to another operator →

Month	Day	Year
-------	-----	------

Name of new owner or operator		
Mailing address (Number and street, P.O. box, etc.)		
City, town, village, etc.	State	ZIP Code

5. Other - Specify ↘

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OPERATIONAL STATUS OF ESTABLISHMENT AT THE END OF 2006

1. In operation

Month	Day	Year
-------	-----	------

2. Ceased operation →

3. Temporarily or seasonally inactive →

Month	Day	Year
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4. Sold or leased to another operator →

Month	Day	Year
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Name of new owner or operator		
Mailing address (Number and street, P.O. box, etc.)		
City, town, village, etc.	State	ZIP Code

5. Other - Specify ↘

FORM NC-99006 (12-5-2006)

OPERATIONAL STATUS OF ESTABLISHMENT AT THE END OF 2006

1. In operation

Month	Day	Year
-------	-----	------

2. Ceased operation →

3. Temporarily or seasonally inactive →

Month	Day	Year
-------	-----	------

4. Sold or leased to another operator →

Month	Day	Year
-------	-----	------

Name of new owner or operator		
Mailing address (Number and street, P.O. box, etc.)		
City, town, village, etc.	State	ZIP Code

5. Other - Specify ↘

FORM NC-99006 (12-5-2006)