

U.S. DEPARTMENT OF COMMERCE Economics and Statistics Administration U.S. CENSUS BUREAU FORM

PS-54117 (02/06/2007)

2007 ECONOMIC CENSUS

Environmental Consulting and Other Scientific and Technical Consulting Services

OMB No. 0607-0934: Approval Expires 12/31/2008

DUE DATE FEBRUARY 12, 2008

Mail your completed form to:

U.S. CENSUS BUREAU 1201 East 10th Street Jeffersonville, IN 47134-0001

Please read the accompanying information sheet(s) before answering the questions.

Need help or have questions about filling out this form?

Visit www.census.gov/econhelp

Call 1-800-233-6136, between 8:00 a.m. and 6:00 p.m., Eastern time, Monday through Friday.

Write to the address above. Include your 11-digit Census File Number (CFN) printed in the mailing address.

PS-54117

INFORMATION COPY DO NOT USE TO REPORT

(Please correct any errors in this mailing address.)

| YOUR RESPONSE IS REQUIRED BY LAW. Title 13, United States Code, requires businesses and other organizations |
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| that receive this questionnaire to answer the questions and return the report to the U.S. Census Bureau. By the same |
| law, YOUR CENSUS REPORT IS CONFIDENTIAL. It may be seen only by persons sworn to uphold the confidentiality |
| of Census Bureau information and may be used only for statistical purposes. Further, copies retained in respondents' |
| files are immune from legal process. |
| a blue or black hallnoint non. • Please center numbers in their respective haves. Examples: |

 Use blue or black ballpoint pen.
 Please center numbers in their respective boxes. Do not use pencil or felt-tip pen.
 Do not put slashes through 0 or 7. X 0 2 3 4 5 6 7 8 9 Place an "X" inside the box. The reporting unit for this form is an establishment. An establishment is generally a single physical location where business is conducted or where services or industrial operations are performed. For further clarification, see information sheet(s). **EMPLOYER IDENTIFICATION NUMBER** Is the Employer Identification Number (EIN) shown in the mailing address the same as the one used for this establishment on its latest 2007 Internal Revenue Service Form 941, Employer's Quarterly Federal Tax Return? 0021 ☐ Yes - Go to ② 0022 ☐ No - Enter current EIN (9 digits) -0025 PHYSICAL LOCATION A. Is this establishment's physical location the same as shown in the mailing address? (P.O. Box and rural route addresses are not physical locations.) 0031 ☐ Yes - Go to line B 0035 Number and street 0032 No - Enter physical location 0036 City, town, village, etc. 0037 State 0038 ZIP Code B. Is this establishment physically located inside the legal boundaries of the city, town, village, etc.? (Mark "X" only ONE box.) 0041 Yes 0042 No 0043 No legal boundaries 0044 Do not know C. In what type of municipality is this establishment physically located? (Mark "X" only ONE box.) 0046 City, village, or borough ₀₀₄₇ Town or township 0048 Other Do not know 0024

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| Solid or leased to another operator - Give date at right Solid or leased to another operator - Give date at right Solid or leased to another operator - Give date at right Solid or leased to another operator - Give date at right Solid or leased to another operator - Give date at right Solid or leased to another operator - Give date at right Solid or leased to another operator - Give date at right Solid or leased to another operator - Give date at right Solid or leased to another operator - Give date at right Solid or leased to another operator - Give date at right Solid or leased to another operator - Give date at right Solid or leased to another operator Solid or leased to another Solid or leased to another operator Solid or leased to another operator Solid or leased to another Solid or leased or another Solid or le | | | , | / | | | | | | | | | | | | 9 |
|--|---|---|--|-----------------------|-------------------------------------|-------------------------------------|--|--|--------------------------------|----------------------|-------------------|-------------------|---------------------|---------------------|-------------------|------------|
| Solid or lessed to another operator - Give date at right AND enter name and address of new owner or operator and Employer identification Number (Ein) below? Solid or lessed to another operator of operator and Employer identification Number (Ein) below? Solid or lessed to another operator of operator and Employer identification Number (Ein) below? Solid or lesses (Number and street, P.O. Box, etc.) Solid Ein (3 digsts) Solid Ein (3 digsts) Solid Ein (3 digsts) Solid Ein (4 digsts) Solid Ein (5 digsts) Solid Ein (6 digsts) | 3 | Which O | NE of the fo | ollowin | g best d | escribes | this estab | olishment's | operational | status | at the (| end of | f 2007? | | | |
| Sold or leased to another operator - Give date at right AND enter name and address of new owner or operator and Employer Identification Number (EIN) below? 1000 | | 0011 | In operatio | n | | | | 0013 | Temporaril | y or sea | asonall | ly inac | tive | | | |
| Sold or lessed to another operator "Gw date at right AND enter name and address of new owner or operator and Employer (dentification Number (Elfl) below? 2000 Name of new owner or operator | | 0014 | Ceased ope | eration | - Give c | late at ri | ght | | | | | · | Month | Day | Yea | ar |
| Other - Specify Other | | 0015 | AND enter | name | and add | ress of n | new owne | r or operat | | | | 0018 ▶ | | | | |
| Cost City, town, village, etc. Cost State Cost State Cost City Code | | | 0060 Name | of new | owner or | operator | | | | | O | 0061 EII | N (9 dig | its) | 1 1 1 | |
| Other - Specify → 1015 MONTHS IN OPERATION | | | 0062 Mailing | g addre | ss (Numb | er and st | reet, P.O. B | Box, etc.) | | | | | | | | |
| MONTHS IN OPERATION Mark "X" 2007 | | | 0063 City, to | own, vil | lage, etc. | | | | | 0064 | State | 065 ZII | P Code | | 1 1 | |
| Number of months in operation during 2007 (If none, mark "X" and go to ①.) Number of months in operation during 2007 (If none, mark "X" and go to ①.) Dollar figures should be rounded to thousands of dollars. If a figure is \$1,025,628.79: If a value is "0" (or less than \$500.00): Report X S Bil. Mil. Thou. Dol. | | 0016 | Other - Spe | ecify — | | 0815 | | | | | 1 | | | | | - |
| HOW TO REPORT DOLLAR FIGURES If a figure is \$1,025,628.79: If a value is "0" (or less than \$500.00): SALES, SHIPMENTS, RECEIPTS, OR REVENUE Mark "X 1/16 None \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ | 4 | | | | ration du | uring 200 | 7 /lf nana | mork "V" | and so to M | . 1 | | | | 1 | if None | |
| HOW TO REPORT DOLLAR FIGURES If a figure is \$1,025,628.79: If a value is "0" (or less than \$500.00): SALES, SHIPMENTS, RECEIPTS, OR REVENUE Mark "X" if None Operating receipts Not Applicable. EMPLOYMENT AND PAYROLL Include: • Full- and part-time employees working at this establishment whose payroll was reported on Internal Revenue Service Form 941, Employer's Quarterly Federal Tax Return, and filed under the Employer Identification Number (EIN) shown in the mailing address or corrected in Exclude: • Temporary staffing obtained from a staffing service. • Contractors, subcontractors, or independent contractors. • Full- or part-time leased employees whose payroll was filed under an employee leasing company's EIN. • Purchased or managed services, such as janitorial, guard, or landscape services. • Professional or technical services purchased from another firm, such as software consulting, computer programming, engineering, or accounting services. For further clarification, see information sheet(s). A. Number of employees for pay period including March 12. 1. Annual payroll | | Number | or months i | | | | | | and go to 👽 | | | | | | | |
| SALES, SHIPMENTS, RECEIPTS, OR REVENUE Mark "X" 2007 S Bil. Mil. Thou. Dol. | | | | Dolla tho u | ar figures usands o | s should of dollars | be round s. | ded to | | i | if None | \$ Bil. | . М | | | |
| SALES, SHIPMENTS, RECEIPTS, OR REVENUE Mark "X 2007 | | DOLLAR | | | J | | | > | • | | | - | + + | 1 0 | 0 2 6 | |
| Operating receipts Not Applicable. EMPLOYMENT AND PAYROLL Include: • Full- and part-time employees working at this establishment whose payroll was reported on Internal Revenue Service Form 941, Employer's Quarterly Federal Tax Return, and filed under the Employer Identification Number (EIN) shown in the mailing address or corrected in Exclude: • Temporary staffing obtained from a staffing service. • Contractors, subcontractors, or independent contractors. • Full- or part-time leased employees whose payroll was filed under an employee leasing company's EIN. • Purchased or managed services, such as janitorial, guard, or landscape services. • Professional or technical services purchased from another firm, such as software consulting, computer programming, engineering, or accounting services. A. Number of employees for pay period including March 12. Mark "X" 2007 if None Number | | | | | | | | 00.00): | Report — | <u> </u> | | | | | | |
| Operating receipts | 9 | SALES, S | SHIPMENTS | s, RECE | :IPTS, OF | ₹ REVEN | ,UE | | | | | (| | | | I Del |
| Solution Mark "X" For further clarification, see information sheet(s). A. Number of employees for pay period including March 12. Service For payroll. PEMPLOYMENT AND PAYROLL Include: Full- and part-time employees working at this establishment whose payroll was reported on Internal Revenue Service Form 941, Employer's Quarterly Federal Tax Return, and filed under the Employer Identification Number (EIN) shown in the mailing address or corrected in Contractors. Full- and part-time employees or corrected in Contractors. Full- or part-time leased employees whose payroll was filed under an employee leasing company's EIN. Purchased or managed services, such as janitorial, guard, or landscape services. Professional or technical services purchased from another firm, such as software consulting, computer programming, engineering, or accounting services. Mark "X" 2007 if None Mark "X" 2007 Number B. Payroll before deductions (Exclude employer's cost for fringe benefits.) 1. Annual payroll | | 0 " | | | | | | | | | | \$ DII. | . IVI | III. <u> </u> | Thou. | D01. |
| TempLoyment And Payroll Include: • Full- and part-time employees working at this establishment whose payroll was reported on Internal Revenue Service Form 941, Employer's Quarterly Federal Tax Return, and filed under the Employer Identification Number (EIN) shown in the mailing address or corrected in ●. Exclude: • Temporary staffing obtained from a staffing service. • Contractors, subcontractors, or independent contractors. • Full- or part-time leased employees whose payroll was filed under an employee leasing company's EIN. • Purchased or managed services, such as janitorial, guard, or landscape services. • Professional or technical services purchased from another firm, such as software consulting, computer programming, engineering, or accounting services. For further clarification, see information sheet(s). A. Number of employees for pay period including March 12 | 6 | | | | | | | | | • 0100 | | | | | | |
| Include: • Full- and part-time employees working at this establishment whose payroll was reported on Internal Revenue Service Form 941, Employer's Quarterly Federal Tax Return, and filed under the Employer Identification Number (EIN) shown in the mailing address or corrected in ●. Exclude: • Temporary staffing obtained from a staffing service. • Contractors, subcontractors, or independent contractors. • Full- or part-time leased employees whose payroll was filed under an employee leasing company's EIN. • Purchased or managed services, such as janitorial, guard, or landscape services. • Professional or technical services purchased from another firm, such as software consulting, computer programming, engineering, or accounting services. For further clarification, see information sheet(s). A. Number of employees for pay period including March 12. Mark "X" 2007 if None Mark "X" 2007 Number Mark "X" 1 2007 if None Number Mark "X" 1 2007 if None Number | | | | PAYR | OLL | | | | | | | | | | | |
| Full- or part-time leased employees whose payroll was filed under an employee leasing company's EIN. Purchased or managed services, such as janitorial, guard, or landscape services. Professional or technical services purchased from another firm, such as software consulting, computer programming, engineering, or accounting services. For further clarification, see information sheet(s). A. Number of employees for pay period including March 12 | | • Full Serv (EIN Exclude • Ten | I- and part-ti vice Form 9 N) shown in e: nporary stat | 941, Em the m | nployer's ailing ad btained f | s Quarter Idress or from a st | ly Federal corrected taffing ser | l Tax Retur l in ① . ∵vice. | nt whose pay n, and filed ເ | yroll wa under th | as repo he Emp | orted c oloyer | on Inter Identii | rnal Re licatior | evenue n Numbe | ? <i>r</i> |
| Professional or technical services purchased from another firm, such as software consulting, computer programming, engineering, or accounting services. Mark "X" | | | · · | | | • | | | d under an e | employ | ee leas | sing co | mpany | /ˈs EIN | l. | |
| consulting, computer programming, engineering, or accounting services. Mark "X" 2007 For further clarification, see information sheet(s). A. Number of employees for pay period including March 12 | | | | _ | | | | _ | • | | | | | | | |
| A. Number of employees for pay period including March 12 | | | | | | | | | | | | M | lark "X" | | 2007 | |
| B. Payroll before deductions (Exclude employer's cost for fringe benefits.) 1. Annual payroll | | For furth | ner clarificati | ion, se | e inform | ation sh | eet(s). | | | | | | | | Number | |
| B. Payroll before deductions (Exclude employer's cost for fringe benefits.) \$ Bil. Mil. Thou. Dol. 1. Annual payroll | | A. Numb | ber of empl | oyees | for pay p | period in | cluding M | larch 12 . | | | | 0320 | | ı | | |
| | | B. Payro | oll before de | eductio | ns <i>(Excl</i> u | ude emp | loyer's co | st for fring | e benefits.) | | | \$ Bil. | . М | | | Dol. |
| 2. First quarter payroll (January-March, 2007) | | 1. Ar | nnual payro | oll | | | | | | 0300 | | | | | <u> </u> | |
| | | 2. Fi | rst quarter p | payroll | (Januar | y-March, | . 2007) . | | | . 0310 | | | | | | |

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| If not shown, please Number (CFN) from t | ente he n | er your 11-digit Census File nailing address. |
|--|--------------|--|
| 8-18 Not Applicab | le. | |
| KIND OF BUSINES Which ONE of the (Mark "X" only ON | follo | owing best describes this establishment's principal kind of business or activity in 2007? |
| Scientific and | tech | nical consulting services |
| ⁰⁷⁰⁰ 541 690 90 4 | | Safety or security consulting services |
| 541 690 10 5 | | Economic consulting services |
| 541 990 10 2 | | Meteorological consulting and weather forecasting services |
| 541 620 00 6 | | Environmental consulting services, excluding engineering |
| 541 330 00 G | | Consulting engineering services, including environmental engineering |
| 541 690 90 5 | | Scientific consulting services, excluding economic, meteorological, environmental, and engineering (Include geological, chemical, biological, etc.) |
| 541 512 20 5 | | Computer systems design services |
| 541 690 90 6 | | Pharmaceutical or clinical consulting services |
| 541 690 90 7 | | Energy management consulting services |
| 541 420 00 5 | | Industrial design consulting services |
| 541 410 00 9 | | Interior design consulting services |
| 611 710 10 4 | | Educational consulting services, excluding management consulting |
| 777 541 08 9 | | All other scientific and technical consulting services - Specify consulting work |
| 0701 | | |
| Other kind of k | usir | ness or activity |
| 541 611 00 6 | | Management consulting services - Specify |
| | | |
| 0701 | | |
| 561 110 00 7 | | Management services - providing day-to-day administrative services, such as personnel management, bookkeeping, billing, etc., for a client's business or operation - Specify |
| 0701 | | |
| 773 000 00 1 | | Other kind of business or activity - Specify |
| 0701 | | |
| | | |
| | | |

| Form | n PS-54117 (02/06/2007) | | | | | Pa | age 4 |
|------|---|---|---------------------------------|--|-----------------------|-----------------------------|---------|
| 20 | CLASS OF CUSTOMER | | | | | | |
| | Estimate the percentage of receipts (reported in 🧿) by class of customer. | | | | | 2007 ole pei f receij | |
| | 1. Business firms and farms | | | 3108 | | | % |
| | 2. Not-for-profit organizations (Include religious organizations) | | | 3107 | | <u> </u> | % |
| | 3. Federal government | i i i | | 3105 | | - | % |
| | 4. State and local governments | | | 3106 | | | % |
| | 5. Individuals (Include receipts from individually owned businesses on line 1.) | | | 3100 | | | % |
| | 6. TOTAL | | | | 1 | 0 0 | % |
| | Was this establishment primarily engaged in providing management, administrestablishments of your enterprise (rather than for the general public or other b Ogenity Yes No | usiness | r support firms) in 2 | services to 2007? | o otne | ;r | |
| | | | | 2007 | | | |
| | HOW TO REPORT | | | es are accep ollars OR pe | | s. | |
| | PERCENTS | \$ Bil. | Mil. | Thou. | Dol. | Perc | ent |
| | If figure is 38.76% of total sales: Report whole percents | | | | | 3 | 9 |
| 22 | DETAIL OF SALES, SHIPMENTS, RECEIPTS, OR REVENUE (Report receipts by source either as a dollar figure or as a whole percent of tot REPORT DOLLAR FIGURES on page 2 and HOW TO REPORT PERCENTS above receipts lines.) Line 1 - Report receipts from objective studies undertaken for any one or more whether or not environmental contamination exists at a particular site, and if so and extent of the contamination; assess the risk to public health and safety from associated with a project that is proposed or in place; or evaluate the impact of environmental contamination resulting from human or natural activity. | Do not e of the o, deter m envir | following mine the sonmental | e data for to purposes: source, nat contamina | ident ure, tion | <i>r mor</i> | TO e |

Line 1a - Report receipts from environmental assessments on two or more environmental categories (e.g., air, water, soil, noise).

Line 2 - Report receipts from an independent audit of the current status of compliance with applicable environmental requirements or of environmental compliance policies, practices, and controls.

Line 2a - Report receipts from environmental audits on two or more environmental categories (e.g., air, water, soil,

Line 3 - Report receipts from preparation of a plan for the abatement of environmental contamination, usually at a specific site, and incorporating such technical or other criteria as may be prescribed by law or regulation.

Line 3a - Report receipts from site remediation planning services on two or more environmental categories (e.g., air, water, soil, noise)

Line 5 - Report receipts from providing unbiased information, advice, and guidance concerning the best practices for the ecologically sustainable development and use of land and forests; bodies of water; oil, gas, and mineral deposits; wildlife populations; and other natural resources.

CONTINUE WITH @ ON PAGE 5

| If n Nur | ot shown, please enter your 11-digit Census File nber (CFN) from the mailing address. | | | | | | |
|-------------|---|-------|---------|------|----------------------------|------|---------|
| 22 | DETAIL OF SALES, SHIPMENTS, RECEIPTS, OR REVENUE - Continued | | | | | | |
| | | Cen- | | | 2007 | | |
| | Description of sales, shipments, receipts, or revenue | sus | | | es are acce ollars OR p | | |
| | | use | \$ Bil. | Mil. | Thou. | Dol. | Percent |
| 0723 | | 0720 | 0721 | | | | 0722 |
| 1. | Environmental assessments | | | | | | |
| | a. Integrated environmental assessments | 38841 | | | | | |
| | b. Air assessments | 38842 | | | | | |
| | c. Water assessments | 38843 | | | | | |
| | d. Soil assessments | 38844 | | 1 1 | | | 1 1 |
| | e. Noise assessments | 38845 | | | | | |
| | f. Sum lines 1a through 1e | 38840 | | | | | |
| 2. | Environmental audits | 30040 | | | | | |
| 2. | | | | 1 1 | | | 1 1 |
| | a. Integrated environmental audits | 38851 | | | | | |
| | b. Air audits | 38852 | | | | | |
| | c. Water audits | 38853 | | | | | |
| | d. Soil audits | 38854 | | | | | |
| | e. Noise audits | 38855 | | | | | |
| | f. Sum lines 2a through 2e | 38850 | | 1 1 | | | 1 1 |
| 3. | Site remediation planning services | | | | | | |
| | a. Integrated site remediation planning services | 38861 | | | | | |
| | b. Air remediation planning services | 38862 | | | | | |
| | c. Water remediation planning services | 38863 | , | | | | |
| | d. Soil remediation planning services | 38864 | | | | | |
| | e. Noise remediation planning services | 38865 | | | | | |
| | f. Sum lines 3a through 3e | 38860 | | | | | |
| 4. | Evaluation of environmental studies | 38870 | | | | | |
| 5. | Natural resource management consulting services | 38880 | | | | | |
| 6. | | 30000 | | | | | |
| 0. | Waste management consulting services | | | | | | |
| | a. Hazardous waste management consulting services | 38891 | | | | | |
| | b. Non-hazardous waste management consulting services | 38892 | | | | | |
| | c. Sum lines 6a and 6b | 38890 | | | | | |
| | CONTINUE WITH ❷ ON PAGE 6 | | | | | | |

| 22 | DETAIL OF SALES, SHIPMENTS, RECEIPTS, OR REVENUE - Continued | | | | | | | | |
|------|--|-------|---|------|-------|------|---------|--|--|
| | | Cen- | 2007 | | | | | | |
| | Description of sales, shipments, receipts, or revenue | sus | Estimates are accept Report dollars OR per | | | | | | |
| | | | \$ Bil. | Mil. | Thou. | Dol. | Percent | | |
| 0723 | | 0720 | 0721 | T T | 1 1 | | 0722 | | |
| 7. | Environmental policy development consulting services | 38900 | | | | | | | |
| 8. | All other environmental consulting/services | | | | | | | | |
| | a. Environmental licensing and permitting services | 38911 | | 1 1 | 1 1 | | 1 1 | | |
| | | 30911 | | | | | | | |
| | b. Litigation support services - Environmental | 38912 | | | | | | | |
| | c. Other environmental consulting services - Specify | | | | | | | | |
| | | | I | 1 1 | 1 1 | | 1 1 | | |
| | | 38913 | | | | | | | |
| | d. Sum lines 8a through 8c | 38910 | I | 1 1 | 1 1 | | 1 1 | | |
| 9. | Economic consulting services | 38920 | | 1 1 | | | 1 1 | | |
| | · | 30320 | | | | | | | |
| 10. | Agricultural, fisheries, and biological consulting services | 38930 | | | | | | | |
| 11. | Energy, mining, geological, and geophysical consulting services | 38940 | | | | | | | |
| 12. | Safety and security consulting services | 38950 | | 1 1 | 1 1 | | 1 1 | | |
| 13 | Other scientific and technical consulting services - Specify | | | | | | | | |
| 10. | Other selentine and teenmean consulting services "Openny" | | | | | | | | |
| | | 38960 | | | 1 1 | | | | |
| 1.1 | Information technology /IT) technical conculting convices | 24040 | | | | | | | |
| | Information technology (IT) technical consulting services | 34910 | | | | | | | |
| 15. | Management consulting services - Specify type of consulting work | | | | | | | | |
| | | | I | 1 1 | | | 1 1 | | |
| | | 38980 | | | | | | | |
| 16. | Construction management services | 33630 | | | | | | | |
| 17. | Facilities management services, excluding computer - Specify | | | | | | | | |
| | | | I | 1 1 | 1 1 | | 1 1 | | |
| | | 39000 | | | 1 1 | | 1 1 | | |
| 18. | Other management services - Specify | | | | | | | | |
| | · | | | | 1 1 | | 1 1 | | |
| | | 39010 | | | | | | | |
| 19. | Resale of merchandise | 39635 | | 1 1 | 1 1 | | ' ' | | |
| 20 | All other energting receipts. Specify if many then 10 percent of total | | | ' ' | ' ' | | | | |
| 20. | All other operating receipts - Specify if more than 10 percent of total receipts | | | | | | | | |
| | | | | 1 1 | 1 1 | | 1 1 | | |
| | | 39734 | | | | | | | |
| 21. | TOTAL OPERATING RECEIPTS - Sum of lines should equal 9 if | | | | | | 1 0 0 | | |
| | reporting in dollars | 39850 | | | | | | | |

| If not shown, please enter your 11-digit Census File Number (CFN) from the mailing address. | | | | | | | | | | | | |
|---|-------------------|-----------------|-------------|---------|--------------|--|--|--|--|--|--|--|
| 23 and 24 Not Applicable. | | | | | | | | | | | | |
| 25 EXPORTED SERVICES | | | | | | | | | | | | |
| NOTE - An exported service is a product (e.g., service performed, license agreement) that is performed for, or sold or transferred to, a customer or client (individual, government, business establishment, etc.) located outside the United States (i.e., outside the 50 States, District of Columbia, U.S. Commonwealth Territories, or U.S. possessions). Include products provided to unaffiliated and affiliated foreign firms (e.g., foreign parent firms, subsidiaries, branches). Exclude products provided to domestic subsidiaries of foreign firms. | | | | | | | | | | | | |
| A. Did the receipts or revenue (reported in ⑤) include any amounts for exported services? | | | | | | | | | | | | |
| O911 Yes - Go to line B | | | | | | | | | | | | |
| 0912 No - Go to 1 | | \$ | Bil. Mil. | Z007 | Dol. | | | | | | | |
| B. Amount of receipts or revenue for exported services | | 0914 | | | | | | | | | | |
| 26-29 Not Applicable. | | | | | | | | | | | | |
| REMARKS (Please use this space for any explanations that may b | e essential in un | derstanding yοι | ır reported | data.) | | | | | | | | |
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| 30 CERTIFICATION - This report is substantially accurate and wa | as prepared in a | cordance with t | he instruct | ions. | | | | | | | | |
| | , , | 1 | | 1 | | | | | | | | |
| Is the time period covered by this report a calendar year? | FROM Month | Year | TO | lonth Y | ear = | | | | | | | |
| ☐ Yes ☐ No - Enter time period covered → | INOIVI | | 10 | | , , j | | | | | | | |
| Name of person to contact regarding this report | Title | | | | | | | | | | | |
| | | | | | | | | | | | | |
| Area code Number Extens | sion | Area coo | de | Number | | | | | | | | |
| Telephone | Fax | | 1 1 | | I I | | | | | | | |
| | | | B.C. | | | | | | | | | |
| Internet e-mail address | | Date | Month | Day Y | 'ear | | | | | | | |
| | | completed | | | , , l | | | | | | | |
| Thank you for completing your 20 | OZ ECONO | MIC CENICI | IC form | | | | | | | | | |

Thank you for completing your 2007 ECONOMIC CENSUS form.

PLEASE PHOTOCOPY THIS FORM FOR YOUR RECORDS AND RETURN THE ORIGINAL.

54117072