

17-21 Not Applicable.

22 DETAIL OF SALES, SHIPMENTS, RECEIPTS, OR REVENUE

General - The manufactured products and services listed below are generally made in your industry. If you make products that are not listed, describe and report them in the "All other products made in this establishment" section at the end of 2. PLEASE DO NOT COMBINE PRODUCT LINES.

If quantities are requested, please use the unit of measure specified.

If the information as requested cannot be taken directly from your book records, REASONABLE ESTIMATES ARE ACCEPTABLE.

Valuation of Products - Report the value of the products shipped and services performed at the net selling value, f.o.b. plant to the customer; i.e., after discounts and allowances, and exclusive of freight charges and excise taxes.

If you transfer products to other establishments within your company, you should assign the full economic value to the transferred products; i.e., include all direct costs of production and a reasonable proportion of all other costs and profits.

Contract Work - Report PRODUCTS MADE BY OTHERS FOR YOU FROM YOUR MATERIALS on the specific lines as if they were made in this establishment. On the other hand, do not report on the specific product lines PRODUCTS THAT YOU MADE FROM MATERIALS OWNED BY OTHERS. Report only the amount that you received for "commission or contract receipts" under Census code 930000 0000.

Resales - Do not report on the specific product lines those PRODUCTS BOUGHT AND SOLD OR TRANSFERRED FROM OTHER ESTABLISHMENTS OF YOUR COMPANY AND SOLD WITHOUT FURTHER MANUFACTURE. Report only a value under Census code 999890 0000, "Resales."

Line No.	Products and services	Census product code	Unit of measure for quantities	Products shipped and other receipts				
				Quantity	Value, f.o.b. plant			
					\$ Bil.	Mil.	Thou.	
0734		0730	0736	0732	0731			
1	Ice, manufactured (cubed, crushed, etc.), including can or block	312113 0100	short tons					
2	All other products made in this establishment - Specify and report each product with sales value of \$50,000 or more that cannot be assigned to one of the "listed products and services". For all remaining products, write "Other" and report a single total value.							
3		26						
4		34						
5		42						
6		59						
7		67						
8	Contract work - Receipts for work done for others on their materials (Specify products worked on and kind of work.) ↴	930000 0000						
9	Resales - Sales of products bought and sold without further manufacture, processing, or assembly (The cost of such items should be reported in 16, line A2.)	999890 0000						
10	Miscellaneous receipts, including receipts for repair work, sales of scrap and refuse, etc.	999800 0000						
11	TOTAL (Should equal total reported in 5)	770000 0000						

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23-25 Not Applicable.

If not shown, please enter your 11-digit Census File Number (CFN) from the mailing address.

26 SPECIAL INQUIRIES

OTHER ESTABLISHMENT ACTIVITIES

1. Did this establishment design, engineer, or formulate the manufactured products that it sold, produced, or shipped?

0318 Yes

0319 No

2. Which of the following best describes this establishment's primary activity? (Mark "X" only ONE box.)

0362 Providing contract manufacturing services for others

0363 Transforming raw materials or components into new products that this establishment owns or controls

0364 Reselling goods manufactured by others (with or without minor final assembly)

0365 Other - Specify ↴

0366

3. Did this establishment purchase contract manufacturing services from other companies or other establishments of your company to process materials or components that this establishment owns or controls?

0496 Yes, primarily with establishments WITHIN the 50 States and the District of Columbia

0497 Yes, primarily with establishments OUTSIDE of the 50 States and the District of Columbia

0498 No

27-29 Not Applicable.

REMARKS (Please use this space for any explanations that may be essential in understanding your reported data.)

30 CERTIFICATION - This report is substantially accurate and was prepared in accordance with the instructions.

Is the time period covered by this report a calendar year?

Yes

No - Enter time period covered →

FROM	Month	Year	TO	Month	Year

Name of person to contact regarding this report	Title

Telephone	Area code	Number			Extension	Fax	Area code	Number		
			-						-	

Internet e-mail address	Date completed	Month	Day	Year

Thank you for completing your 2007 ECONOMIC CENSUS form.

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

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