## Form MC-31171 (05/17/2007)

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Ð		'ERATION ne ONE box that best describes the operation performed at this es	tablishment durir	ng 2007	r.)	
		Selling bakery type products (donuts, pastries, cookies, p	retzels, bagels,	etc.)		
		Made on the premises for immediate consumption (to be	eaten at establi	shmen	t)	
06	427	Without seating				
	429	With seating - customer pays for items before consumption				
	428	With seating - customer pays for items after consumption				
		Made on the premises but not intended for immediate cor	sumption (carr	y out)		
	592	Made from scratch (flour and other ingredients mixed on the pre	emises)			
	593	Made from dough prepared elsewhere				
	594	Not made on the premises				
20	and 21 No	t Applicable.				
22	DETAIL OF S	SALES, SHIPMENTS, RECEIPTS, OR REVENUE				
No.		Products and services	Census product		cts shipped receipts	
Line No.			co de	∨ \$ Bil.	′alue, f.o.b. Mil.	plant Thou.
	0734		730	0731		
2	Commercial	products (including bread, rolls, bagels, and other sweet goods) bakeries products (Specify kind) 7 USE TO RE DO NOT USE	211812 W/V/MAA	I		1 1
2			311812 WYWW			
	product with one of the "li	ducts made in this establishment - Specify and report each sales value of \$50,000 or more that cannot be assigned to isted products and services". For all remaining products, write report a single total value.				
3			18			
4			26			
5			34			
6			42			
7			59			
8			67			
	Contract wor	k - Receipts for work done for others on their materials ( <i>Specify rked on and kind of work.</i> )				
9			930000 0000			
10	processing, c	es of products bought and sold without further manufacture, or assembly (The cost of such items should be reported in <b>®</b> ,	999890 0000			
	1					
11	TOTAL (Sho	ould equal total reported in <b>5</b> )	770000 0000			1 1

	orm MC-31171	(05/17/2007)												Page 5
SPECIAL INCUIRIES FRANCHISE Was this establishment operating under a trademark authorized by a franchisor in 20077 (Most X = only OVE Doc) 027 Ves - franchises owned establishment 028 0 No Ves - franchiser owned establishment 029 0 Not Applicable. EMARKS (Please use this space for any explanations that may be essential in understanding your reported data.) CERTIFICATION - This report is substantially accurate and was prepared in accordance with the instructions. he time period covered by this report a calendar year? Yes No - Enter time period covered - FROM 100 100 100 100 100 100 100 100 100 10	f not shown, ple lumber (CFN) fr	ase enter y om the ma	your 11-d iling addr	igit Ce ess.	nsus Filo									
FRANCHISE         Was this establishment operating under a trademark authorized by a franchisor in 2007?         //Mark X* only ONE box.J         uzz       Yes - franchise owned establishment         uzz       No	3-25 Not App	licable.												
Was this establishment operating under a trademark authorized by a franchisor in 2007?         (Mark "X" only ONE box.)         027       Yes - franchisee owned establishment         028       Yes - franchisor owned establishment         0297       No         Image: No image: N	6 SPECIAL INQ	UIRIES												
(Mark *X only ONE box.)         0237       Yes - franchise owned establishment         0238       Yes - franchisor owned establishment         0239       No         P-2       Not Applicable.         MARKS (Please use this space for any explanations that may be essential in understanding your reported data.)         P-2       Not Applicable.         MARKS (Please use this space for any explanations that may be essential in understanding your reported data.)         CERTIFICATION - This report is substantially accurate and was prepared in accordance with the instructions.         time time period covered by this report a calendar year?         Yes       No - Enter time period covered →         FROM       Month       Year         Telephone       Area code       Number         Telephone       Area code       Number         Internet e-mail address       Date       Month       Data	FRANCHIS	E												
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Yes       No - Enter time period covered       FROM       TO       Intervention         Name of person to contact regarding this report       Title       TO       Intervention         Area code       Number       Extension       Area code       Number         Telephone       -       -       -       -         Internet e-mail address       -       Date       Month       Day       Year							was pre	pared in a	ccordan	ce with	the	instruc	tions.	
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