DETAILED COST OF MATERIALS, PARTS, AND SUPPLIES

General - The materials, parts, and supplies listed below are those commonly consumed in the manufacture, processing, or assembly of the products listed in ②. Please review the entire list and report separately each item consumed. Leave blank if you do not consume the item. If you use materials, parts, and supplies that are not listed, describe and report them in the "Cost of all other materials . . . " at the end of this section. If you consumed less than \$25,000 of a listed material, include the value with "Cost of all other materials . . . " Census material code 009700 99.

Report materials, parts, and supplies purchased, transferred from other plants of your company, or withdrawn from inventory.

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 Materials Consumed - The value of the materials, etc., consumed should be based on the delivered cost; i.e., the amount paid or payable after discounts and including freight and other direct charges incurred in acquiring the materials.

Materials received from other plants within your company should be reported at their full economic value (the value assigned by the shipping plant, plus the cost of freight and other handling charges).

If purchases or transfers do not differ significantly from the amounts actually put into production, you may report the cost of purchases or transfers. However, if consumption differs significantly from the amounts purchased or transferred, these amounts should be adjusted for changes in the materials and supplies inventories by adding the beginning inventory to the amount purchased or transferred and subtracting ending inventory.

Contract Work - Include as materials consumed those you purchased for use by others making products for you under contract. Amounts paid to the companies doing the contract work should be reported in **©**, line A5, and should include freight in and out. On the other hand, materials owned by others but used at this establishment in making products for others under contract or on commission should be excluded.

Resales - Cost for products bought and sold or transferred from other establishments of your company and sold without further manufacture, processing, or assembly should be reported in **©**, line A2, not in **①**. The value of these products shipped by this establishment should be reported in **②** under Census product code 999890 0000, "Resales."

Line No.	Materials, parts, and supplies ATION COP INFORMATION REPORTS TO REPORTS	Census material	Consumption of purchased materials and of materials received from other establishments of your company				
≔	INFORMS TO REP		Cost, including delivery cost (freight-in)				
	DO NOT DO	0630	\$ Bil. 0631	Mil.	Thou.		
1	Precious metals, all forms (gold, platinum, silver, etc.), including ingot, sheet, strip, solder, plating, electrodes, etc.	331419 01					
2	Fabricated metal products, excluding forgings	332000 57					
3	Steel shapes and forms, excluding castings, forgings, and fabricated metal products	331200 01					
4	Chemical, all types, including resins	325000 06					
5	Fabricated plastics products (excluding gaskets)	326190 11	'				
6	Electronic-type components (resistors, capacitors, transformers, electron tubes, semiconductors, etc.)	330000 82					
7	Paperboard containers, boxes, and corrugated paperboard	322210 01					
	Cost of all other materials and components, parts, containers, and supplies						
8	consumed (Specify the principal materials, etc., included in this value.)	009700 99					
9	TOTAL (Should equal total reported in 🌀, line A1)	771000 00					

1 age 3								
If not shown, please enter your 11-digit Census File Number (CFN) from the mailing address.								
18 Not Applicable.								
19 TYPE OF OPERATION								
Is the primary business of this establishment making artificial teeth, bridges, crowns, denture and other orthodontic appliances that are customized for individual application (prescription basis)?								
⁰⁶²⁰ 763	3 🗌	Yes						
764	4 🗆	No						
20 and 21	No	t Applicable.						

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.

22 DETAIL OF SALES, SHIPMENTS, RECEIPTS, OR REVENUE

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."

No.		Census product	Products shipped and other receipts				
о В	Products and services	code	Value, f.o.b. plant			1	
Line			\$ Bil.	Mil.	Thou.		
	0734	0730	0731				
	Orthodontic appliances (artificial teeth, bridges, crowns, dentures, etc.),					ı	
	customized for individual application (prescription basis) (Report artificial teeth, bridges, crowns, dentures, and other orthodontic appliances that are					١	
1	not customized for individual application on line 5.)	339116 0100		1 1	1 1	ı	
						1	
2	Dental equipment, professional, including dental chairs, dental units, hand pieces, hand instruments, and other equipment, excluding X-ray equipment.	339114 1105				ı	
	process, manual modulations, and outlot oquipmonic, oxologing x ray oquipmonic	0001111100				ı	
ارا	Dental supplies, professional, including tools for use with dental hand	0004444054	1	1 1		ı	
3	pieces, alloys for amalgams, impression materials, filling materials, etc	339114 1251				ŧ	
	Dental equipment, laboratory, including benches, blow pipes, casting					F	
4	machines, flasks, furnaces, lathes, polishing units, and presses	339114 3101				E	
	Dental metals, artificial teeth not customized for individual application,					F	
	and other dental laboratory supplies (Report artificial teeth, bridges,					E	
5	crowns, dentures, and other orthodontic appliances that are customized for individual application on line 1.)	339114 3102			F		
1	individual application on line 1.)	339114 3102				퇃	
	All other products made in this establishment - Specify and report each					E	
	product with sales value of \$50,000 or more that cannot be assigned to					F	
	one of the "listed products and services". For all remaining products, write "Other" and report a single total value.					F	
	o and report a onigio total value.	18				1	
6				1 1	1 1	1	
		26				1	
7						1	
CONTINUE WITH 🚭 ON PAGE 10							

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			<u> </u>				J	
22	DETAIL O	F SAI	LES, SHIPMENTS, RECEIPTS, OR REVENUE - Continued					
o.				Conous mus du st	Products shipped and other receipts			
Line No.		Products and services	Census product code	Value, f.o.b. plant				
Ë					\$ Bil.	Mil.	Thou.	
	0734			0730	0731			
В				34				
<u> </u>				42				
9								
10				59				
				67				
11								
	Contract w	ork - vorke	Receipts for work done for others on their materials (Specify d on and kind of work.)					
10							1 1	
12				930000 0000				
			of products bought and sold without further manufacture,					
13			assembly (The cost of such items should be reported in © ,	999890 0000			1 1	
	Missellone							
14	refuse, etc	ousi	receipts, including receipts for repair work, sales of scrap and	999800 0000			1 1	
15	TOTAL /S	houle	d equal total reported in ⑤)	770000 0000			1 1	
23			cable.	770000 0000				
26								
	O318 Yes O319 No 2. Which of the following best describes this establishment's primary activity? (Mark "X" only ONE box.) O362 Providing contract manufacturing services for others Transforming raw materials or components into new products that this establishment owns or controls Reselling goods manufactured by others (with or without minor final assembly)							
	Other - Specify							
	0366	5						
	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	s 🗆	Yes, primarily with establishments WITHIN the 50 States and	the District of Co	olumbia			
	049	,	Yes, primarily with establishments OUTSIDE of the 50 States	and the District	of Colur	mbia		
	0498		No					

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If not shown, please enter your 11-digit Census File

Number (CFN) from the mailing address.						
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 co	overed by this report a calendar year?	Month	Year Month Year			
☐ Yes	☐ No - Enter time period covered → FROM		то			
Name of person to	contact regarding this report Title					
ivanie or person to	ritte					
Telephone	Area code Number Extension	nsion Fax	Area code Number			
Internet e-mail add	dress		Month Day Year			
			completed			
Tha	ank you for completing your 2007 ECC	ONC	MIC CENSUS form			
1119	ACE DUOT OCODY THE FORM FOR YOUR PROCESS		D DETURN THE OPICIFIAL			

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