| orr | n MC-33971 (05/17/2007) | | | | Page 4 | | |
|---|---|------------------------|---|-----------------------|----------|--|--|
| Ð | and 18 Not Applicable. | | | | | | |
| 19 | TYPE OF OPERATION Is the primary business of this establishment making artifi and other orthodontic appliances that are customized for | icial teeth, brid | ges, cr | owns, de (prescrij | entures, | | |
| ⁰⁶²⁰ 763 Yes 764 No Not Applicable. OBSTAN OF ONLES OF USES OF this establishment making artificial teeth, bridges, clowins, dentifies, | | | | | | | |
| 20 and 21 Not Applicable. | | | | | | | |
| 20 22 | and 2 Not Applicable. DETAIL OF SALES, SHIPMENTS, RECEIPTS, OR REVENUE | | | | | | |
| 3 | DETAIL OF SALES, SHIFMENTS, RECEIPTS, ON REVENUE | | Products shipped and other | | | | |
| Line No. | Products and services | Census product code | receipts | | | | |
| | | | Value, f.o.b. plant \$ Bil. Mil. Thou. | | | | |
| | 0734 | 0730 | 0731 | | | | |
| | Orthodontic appliances (artificial teeth, bridges, crowns, dentures, etc.), customized for individual application (prescription basis) (<i>Report artificial</i> <i>teeth, bridges, crowns, dentures, and other orthodontic appliances that are</i> | 220110 0100 | 1 | | 1 1 | | |
| | not customized for individual application on line 5.) | 339116 0100 | | | | | |
| | Dental equipment, professional, including dental chairs, dental units, hand pieces, hand instruments, and other equipment, excluding X-ray equipment . | 339114 1105 | | | | | |
| | Dental supplies, professional, including tools for use with dental hand pieces, alloys for amalgams, impression materials, filling materials, etc | 339114 1251 | | | | | |
| | Dental equipment, laboratory, including benches, blow pipes, casting machines, flasks, furnaces, lathes, polishing units, and presses | 339114 3101 | | | | | |
| | Dental metals, artificial teeth not customized for individual application, and other dental laboratory supplies (<i>Report artificial teeth, bridges,</i> crowns, dentures, and other orthodontic appliances that are customized for individual application on line 1.) | 339114 3102 | | | | | |
| | 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. | | | | | | |
| | | 18 | | | | | |
| | | 26 | | | | | |
| | | 34 | | | | | |
| | | 42 | | | | | |
| 0 | | 59 | | | | | |
| 1 | | 67 | | | | | |
| <u> </u> | Contract work - Receipts for work done for others on their materials (Specify products worked on and kind of work.) | | | | | | |
| 2 | | 930000 0000 | | | | | |
| <u>2</u> 3 | Resales - Sales of products bought and sold without further manufacture, processing, or assembly (The cost of such items should be reported in \mathfrak{G} , line A2.) | 999890 0000 | | | | | |
| | CONTINUE WITH & ON PAGE 5 | | | | | | |

33971045

| 2 | DETAIL OF SALES, SHIPMENTS, RECEIPTS, OR REVENUE - Continued | | | | | |
|----------|--|------------------------|------------------|-------------------------------------|-------|--|
| Line No. | Products and services | Census product code | | Products shipped and other receipts | | |
| | | | | Value, f.o.b. plant | | |
| 3 | 0734 | 0730 | \$ Bil. 0731 | Mil. | Thou. | |
| ŀ | Miscellaneous receipts, including receipts for repair work, sales of scrap and refuse, etc. | 999800 0000 |) | | | |
| 5 | TOTAL (Should equal total reported in \mathbf{G}) | 770000 0000 |) | | | |
| 23 | Not Applicable. | | | | | |
| | | | | | | |
| | | | | | | |
| 30 | CERTIFICATION - This report is substantially accurate and was prepared in ac | cordance with | the instru | ictions. | | |
| <u> </u> | he time period covered by this report a calendar year? Month | cordance with Year | | uctions. Month | Year | |
| <u> </u> | | | the instru TO | , , | Year | |
| <u> </u> | he time period covered by this report a calendar year? | | | | Year | |
| <u> </u> | he time period covered by this report a calendar year? Yes FROM FROM FROM | | | | Year | |
| <u> </u> | he time period covered by this report a calendar year? Yes No - Enter time period covered FROM Name of person to contact regarding this report Area code Number Extension | | то | | | |
| _ | he time period covered by this report a calendar year? Yes No - Enter time period covered FROM Name of person to contact regarding this report Title | Year | то | Month | | |
| <u> </u> | he time period covered by this report a calendar year? Yes No - Enter time period covered FROM Name of person to contact regarding this report Area code Number Extension | Year | то | Numb | | |