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Parent Compan	y Informat	tion (if	applicable)							
Parent Name										
Address					City/State/ZIP					
Country							Parent Region			
Phone	ne Fax					E-mail				
CEO Name		Т	itle				Web Site			
Parent Notes										
Parent Compan	y Contact	e								
	y Contact	•		Title						
Type ☐ Parent Company Pri	mary 🔲 Pa	rent Comp	any Secondary	Title						
Name		Middle	Last				E-mail			
Phone		Extension	Cell Phone	Cell Phone			Fax () –			
Parent Contact Notes			, ,				,			
Туре				Title						
☐ Parent Company Pri	mary 🔲 Pa	rent Comp	any Secondary	Title						
Name		Middle								
Phone Extension F				Fax						
() –				() –				
Parent Contact Notes										
Camanana Inform										
Company Inform										
Person Filling Out This Form Date Form Filled Out										
Company Name				Previous Company Name (if applicable)						
Address				Phone () –						
City/State/ZIP				Fax () –						
Web Site					E	-mail				
Utility Provider 1: Utility Provider 2 (if appropriate):										
County	Region (user de	efined)	SCode (Defined by Master License Hol	der)	٧	isit Priority igh Medium Low	Next Visit Date	Member/Investor ☐ Yes ☐ No		
Company Notes	1		1					-		

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Contact type (Cribe one) Contact type (Cribe one) Company Primary Executive Company Secondary Executive Company Middle Manager First Middle Letter Date Company Contact Notes Company Primary Executive Company Secondary Executive Company Middle Manager First Middle Letter Date Company Secondary Executive Company Middle Manager First Middle Letter Date Company Primary Executive Company Contact Notes History Affiliation to parent company Subsidiary Vear in Business Vear Company Executive Private Beginning of Facility (Please check all that apply) Headquarters Division Giffice operation Branch plant Distribution/Warehouse Manufacturing Products/Services Primary Primary Executive Employee-owned Private Employee-owned Private Federal government									
Contact Type (Circle one) Company Pitriary Executive Company Secondary Executive Company Middle Manager First Middle	Company Contact(s)								
Company Primary Executive	Contact # 1								
Phone Extension Cell Phone									
Visit Date Letter Date Referred by Next Contact Date Company Contact Notes Referred by Next Contact Date Contact # 2 Contact # 2 Contact Type (Circle one) Title Title First Middle Letter Date Referred by Next Contact Date Phone Extension Cell Phone Referred by Next Contact Date Company Contact Notes Referred by Next Contact Date Wist Date Letter Date Referred by Next Contact Date Company Contact Notes Prinary Division Branch Year Company Established in Community Beginning of Fiscal Year (Mooth) Type of Facility (Please check all that apply) Private Family Headquarters Division Office operation Branch plant Distribution/Warehouse Manufacturing Type of Ownership (Please check ane) Private Family Private Employse—owned Private Family Products/Services Primary Products/Services If known, please list your NAICS (NAICS = North American Industry Classification System Code) 1	First	Middle			Last	1			
Visit Date	Phone	Extension	Cell Phone			Fax			
Contact # 2 Contact Type (Circle one) Company Primary Executive Company Primary Executive Company Primary Executive Company Primary Executive Middle Last Phone Extension Cell Phone ()	() –		() .	_		() –			
Contact # 2 Contact Type (Circle one) Company Primary Executive Company Primary Executive Company Primary Executive Company Drimary Executive Company Contact Notes	Visit Date	Letter Date		Referred by			Next Contact	Date	
Company Primary Executive	Company Contact Notes								
Company Primary Executive	Contact # 2								
First Middle Last Phone Extension Cell Phone (Title			
Phone	Company Primary Executive	Company Seco	ondary Executive Cor	mpany Middle M	anager				
Visit Date	First	Middle			Last				
History Affiliation to parent company	Phone	Phone Extension Cell Phone				Fax			
History Affiliation to parent company	() –		() .	_		()	_		
History Affiliation to parent company Subsidiary Division Branch Year sin Business Year Company Established in Community Beginning of Fiscal Year (Month) Type of Facility (Please check all that apply)	Visit Date	Letter Date		Referred by			Next Contact	Date	
Affiliation to parent company	Company Contact Notes								
Year Company Established in Community Beginning of Fiscal Year (Month)	History								
Year Company Established in Community Beginning of Fiscal Year (Month)	Affiliation to parent company	☐ Subsidiary		☐ Division			☐ Branch		
Headquarters Division Office operation Branch plant Distribution/Warehouse Manufacturing		_	ar Company Established	d in Community				lonth)	
Headquarters Division Office operation Branch plant Distribution/Warehouse Manufacturing									
Type of Ownership (Please check one) Public	Type of Facility (Please ch	eck all that app	ly)						
Type of Ownership (Please check one) Public	☐ Headquarters ☐ Division	☐ Offic	ce operation	Branch plant		Distribution/W	/arehouse	☐ Manufacturing	
Prublic		, , ,	·	·				-	
Products/Services Primary Products/Services If known, please list your NAICS (NAICS = North American Industry Classification System Code) 1) 2) 3) 4) 5) Business Sector (Please check one) Advanced Manufacturing Consumer Goods Producer Energy & Energy Utilities Industrial Goods Aeronautics and Defense Consumer Services Finance, Insurance, Real Estate Retail Related Operations Agriculture, Forestry, Minerals Convention/tourism Government Technology/Information Building & Construction Diversified Health care & Pharmaceuticals Telecommunications Communications Durable goods producer High-end Business Services Transportation									
Primary Products/Services If known, please list your NAICS (NAICS = North American Industry Classification System Code) 1) 2) 3) 4) 5) Business Sector (Please check one) Advanced Manufacturing Consumer Goods Producer Energy & Energy Utilities Industrial Goods Aeronautics and Defense Consumer Services Finance, Insurance, Real Estate Retail Related Operations Agriculture, Forestry, Minerals Convention/tourism Government Technology/Information Building & Construction Diversified Health care & Pharmaceuticals Telecommunications Communications Durable goods producer High-end Business Services Transportation									
Primary Products/Services If known, please list your NAICS (NAICS = North American Industry Classification System Code) 1) 2) 3) 4) 5) Business Sector (Please check one) Advanced Manufacturing Consumer Goods Producer Energy & Energy Utilities Industrial Goods Aeronautics and Defense Consumer Services Finance, Insurance, Real Estate Retail Related Operations Agriculture, Forestry, Minerals Convention/tourism Government Technology/Information Building & Construction Diversified Health care & Pharmaceuticals Telecommunications Communications Durable goods producer High-end Business Services Transportation	☐ Not-for-Profit	☐ State govern	iment	☐ Federal (governmer	nt			
If known, please list your NAICS (NAICS = North American Industry Classification System Code) 1) 2) 3) 4) 5) Business Sector (Please check one) Advanced Manufacturing Consumer Goods Producer Energy & Energy Utilities Industrial Goods Aeronautics and Defense Consumer Services Finance, Insurance, Real Estate Retail Related Operations Agriculture, Forestry, Minerals Convention/tourism Government Technology/Information Building & Construction Diversified Health care & Pharmaceuticals Telecommunications Communications Durable goods producer High-end Business Services Transportation	Products/Services								
Business Sector (Please check one) Advanced Manufacturing Consumer Goods Producer Energy & Energy Utilities Industrial Goods Aeronautics and Defense Consumer Services Finance, Insurance, Real Estate Retail Related Operations Agriculture, Forestry, Minerals Convention/tourism Government Technology/Information Building & Construction Diversified Health care & Pharmaceuticals Telecommunications Communications Durable goods producer High-end Business Services Transportation									
Business Sector (Please check one) Advanced Manufacturing	If known, please list your NAICS (NAICS = North American Industry Classification System Code)								
☐ Advanced Manufacturing ☐ Consumer Goods Producer ☐ Energy & Energy Utilities ☐ Industrial Goods ☐ Aeronautics and Defense ☐ Consumer Services ☐ Finance, Insurance, Real Estate ☐ Retail Related Operations ☐ Agriculture, Forestry, Minerals ☐ Convention/tourism ☐ Government ☐ Technology/Information ☐ Building & Construction ☐ Diversified ☐ Health care & Pharmaceuticals ☐ Telecommunications ☐ Communications ☐ Durable goods producer ☐ High-end Business Services ☐ Transportation				,	4)		5)		
☐ Advanced Manufacturing ☐ Consumer Goods Producer ☐ Energy & Energy Utilities ☐ Industrial Goods ☐ Aeronautics and Defense ☐ Consumer Services ☐ Finance, Insurance, Real Estate ☐ Retail Related Operations ☐ Agriculture, Forestry, Minerals ☐ Convention/tourism ☐ Government ☐ Technology/Information ☐ Building & Construction ☐ Diversified ☐ Health care & Pharmaceuticals ☐ Telecommunications ☐ Communications ☐ Durable goods producer ☐ High-end Business Services ☐ Transportation	Business Sector (Please o	heck one)	·						
□ Aeronautics and Defense □ Consumer Services □ Finance, Insurance, Real Estate □ Retail Related Operations □ Agriculture, Forestry, Minerals □ Convention/tourism □ Government □ Technology/Information □ Building & Construction □ Diversified □ Health care & Pharmaceuticals □ Telecommunications □ Communications □ Durable goods producer □ High-end Business Services □ Transportation	·	-	er Goods Producer	☐ Energy	& Fneray l	.Jtilities	☐ Indust	rial Goods	
☐ Agriculture, Forestry, Minerals ☐ Convention/tourism ☐ Government ☐ Technology/Information ☐ Building & Construction ☐ Diversified ☐ Health care & Pharmaceuticals ☐ Telecommunications ☐ Communications ☐ Durable goods producer ☐ High-end Business Services ☐ Transportation									
□ Building & Construction □ Diversified □ Health care & Pharmaceuticals □ Telecommunications □ Communications □ Durable goods producer □ High-end Business Services □ Transportation							•		
☐ Communications ☐ Durable goods producer ☐ High-end Business Services ☐ Transportation			☐ Health care & Pharmaceuticals						
Business Sector Notes		☐ Durable g	goods producer	☐ High-end Business Services			☐ Transp	oortation	
	Business Sector Notes	·							

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Local Employment					
Type Number	er	Function	Number		
Full-time		Management			
Part-time		Technical			
Leased		Sales/Marketing			
		Clerical			
		Production			
Total Employees	(mm/yy)	Total Employees			
	Date				
Number of jobs added or lost (-) in past 3	Number of shifts per day	Number of days per week	Peak Season (circle all that apply)		
years	Number of stills per day	Number of days per week	J F M A M J J A S O N D		
Total Gross Annual Payroll		ı			
\$					
Employment Notes					
Union Representation					
Is there union representation at your bus	siness?	□ No			
If Yes, Name of Primary Union		Contract expiration date (mm/yy)			
2 nd Union (if applicable)		2 nd Contract expiration date (mm/yy)			
3 rd Union (if applicable)		3 rd Contract expiration date (mm/yy)			
ornon (ii applicable)		5 Contract expiration date (min/yy)			
Percentage of Workforce Represented	%				
Union Activity (please check all that apply)					
☐ Positive working relationship	☐ Organization activi	ties			
☐ Strike or lockout	☐ Arbitration	☐ Decertification			
Union Notes					

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Facility								
Acreage		Building Size (square feet)		Number of Building	s			
Average Age of Building(s) (check one)								
Under 10 years	11–25 years	Over 25 yea	re					
Average Condition of Building(s			13					
Excellent	Good	☐ Average	☐ Faii	r	☐ Poor			
Space added or deleted (-) in last 3 years (square feet)								
(,	, , , , , , , , , , , , , , , , , , , ,							
Past expansion date (mm/yy)	Size and purpose of	expansion						
Past expansion date (mm/yy)	Size and purpose of	expansion						
Past expansion date (mm/yy)	Size and purpose of	expansion						
la thara ream for additions	N expension of this	location:	Yes					
Is there room for additiona	ii expansion at this							
Is the facility owned or lease	ed? 🔲 Own	ed 🗌 Leased	If leased, lease expira	ition date				
Name, location, phone number of property owner								
Facility Notes								
Other Facilities								
Are there other company-	owned facilities in t	he region?	☐ Yes ☐ No)				
If yes, what type? (Please chec	ck all that apply)							
☐ Headquarters ☐	Division	Office operation	ranch plant	Distribution/Wareho	ouse			
Where are they located?								
Are there other company facilities that make the same or similar products?					No			
If yes, where are they located?								
Other Facility Notes								