FORM **FI-F (Item 11B)**
(6010, 6311, 6321)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

1997 ECONOMIC CENSUS

Refer to this CENSUS FILE NUMBER in any correspondence pertaining to this report

Item 11B — LOCATIONS OF OPERATION: ADDITIONAL ESTABLISHMENT(S) OF YOUR COMPANY

- **Column (a) —** List separately any establishments of your company and its subsidiaries that were not prelisted in item 11A, but were in operation during part or all of 1997, **and** were engaged in the activity described in the mailing label. If your company operates at locations for which you received separate establishment report form(s), **DO NOT** add them, but rather complete the other report form(s).

  For acquired establishments that you list, complete item (e).

  For all other establishments that you list, complete item (f).

- **Columns (b), (c), and (d) —** Complete these columns for each establishment. For column (c), choose from codes at right.

- Please refer to additional instructions for banking and savings institutions on Instruction Sheet FI-M60(I) and for insurance carriers on Instruction Sheet FI-M63(I).

DESCRIPTION AND CODES FOR COLUMN (c)

Banking Institutions

1 — National Commercial Bank
2 — Credit Card Issuing – National Bank
3 — State Commerical Bank
4 — Credit Card Issuing – State Bank
5 — Federal Savings Institution
6 — State Savings Institution
7 — Nonbanking Subsidiary (see instruction sheet FI-M60(I), for banking and savings institutions) – *Be sure to describe in column (d).*

Insurance Carriers

8 — Life Insurance Carrier – Direct
9 — Accident Insurance Carrier – Direct
10 — Health Insurance Carrier – Direct
11 — Health Plan – Direct
12 — Property and Casualty Insurance Carrier – Direct
13 — Surety Insurance Carrier – Direct
14 — Title Insurance Carrier – Direct
15 — Reinsurance Carrer – *Be sure to describe type(s) of insurance in column (d).*
16 — Other Insurance Carrier – *Be sure to describe type(s) of insurance in column (d).*

IMPORTANT ***DO NOT DUPLICATE ESTABLISHMENTS ALREADY PRELISTED IN ITEM 11A***

Line No.	Employer Identification Number (EIN), establishment name, your store or plant number (if any), and address of **physical** location (including ZIP Code) **(a)**	Employment and payroll in 1997 for each establishment *(including part-year operations)* **(b)**	Kind of business activity in 1997: Major activity *Mark (X) one box from the above descriptions* **(c)**	Description of major activity or principal services SIC **(d)**
	EIN → — Name / Store or plant number Physical location — *Number and street* City / State / ZIP Code **(e) Name and address of former owner or operator and date of purchase** Name and address of former owner or operator / Month / Year **(f) Date establishment opened or is expected to open and expected employment** OPN Month / Year / Expected employment	Employees (during pay period including March 12, 1997) 032 Number Payroll for 1st quarter of 1997 before deductions 031 Mil. Thou. Total annual payroll for 1997 before deductions 030 **Census use only** Census file number / TOC SIC / OLDID	1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐ 11 ☐ 12 ☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐	
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Item 11B — LOCATIONS OF OPERATION: ADDITIONAL ESTABLISHMENT(S) OF YOUR COMPANY – Continued

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