## **UNITED STATES** Statement of Ownership, Management, and Circulation POSTAL SERVICE (All Periodicals Publications Except Requester Publications)

1. Publication Title	2. Publication Number						3. Filing Date			
					_					
4. Issue Frequency	5. N	lumbe	er of I	ssue	s Pi	ublish	ned A	nnua	ally	6. Annual Subscription Price
7. Complete Mailing Address of Known Office of Publication (Not printer) (Street, city, county, state, and ZIP+4®)						Contact Person				
										Telephone (Include area code)

8. Complete Mailing Address of Headquarters or General Business Office of Publisher (Not printer)

9. Full Names and Complete Mailing Addresses of Publisher, Editor, and Managing Editor (*Do not leave blank*) Publisher (*Name and complete mailing address*)

Editor (Name and complete mailing address)

Managing Editor (Name and complete mailing address)

10. Owner (Do not leave blank. If the publication is owned by a corporation, give the name and address of the corporation immediately followed by the names and addresses of all stockholders owning or holding 1 percent or more of the total amount of stock. If not owned by a corporation, give the names and addresses of the individual owners. If owned by a partnership or other unincorporated firm, give its name and address as well as those of each individual owner. If the publication is published by a nonprofit organization, give its name and address.)

Full Name	Complete Mailing Address			

11. Known Bondholders, Mortgagees, and Other Security Holders Owning or Holding 1 Percent or More of Total Amount of Bonds, Mortgages, or Other Securities. If none, check box — D None

Full Name	Complete Mailing Address			
12 Tax Status (For completion by concretit ergenizations outborized to me	l at nannrafit rataa) (Chaak ana)			

12. Tax Status (For completion by nonprofit organizations authorized to mail at nonprofit rates) (Check one)

The purpose, function, and nonprofit status of this organization and the exempt status for federal income tax purposes:

□ Has Not Changed During Preceding 12 Months

□ Has Changed During Preceding 12 Months (Publisher must submit explanation of change with this statement)

Publication Title		14. Issue Date for Circulation Data Below			
Extent and Nature of Circulation		Average No. Copies Each Issue During Preceding 12 Months	No. Copies of Single Issue Published Nearest to Filing Date		
a. Total Numb	er of	Copies (Net press run)			
	(1)	Mailed Outside-County Paid Subscriptions Stated on PS Form 3541 (Include paid distribution above nominal rate, advertiser's proof copies, and exchange copies)			
b. Paid Circulation (By Mail and Outside the Mail)	(2)	Mailed In-County Paid Subscriptions Stated on PS Form 3541 (Include paid distribution above nominal rate, advertiser's proof copies, and exchange copies)			
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c. Total Paid [	Distrit	pution [Sum of 15b (1), (2), (3), and (4)]			
d. Free or Nominal	(1)	Free or Nominal Rate Outside-County Copies included on PS Form 3541			
Rate Distribution (By Mail and Outside the Mail)	(2)	Free or Nominal Rate In-County Copies Included on PS Form 3541			
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e. Total Free c	or No	minal Rate Distribution (Sum of 15d (1), (2), (3) and (4))			
f. Total Distrib	oution	(Sum of 15c and 15e)			
		buted (See Instructions to Bublishers #4 (news #2))			
g. Copies not I	Distri	buted (See Instructions to Publishers #4 (page #3))			
g. Copies not l h. Total <i>(Sum</i>					

\* If you are claiming electronic copies, go to line 16 on page 3. If you are not claiming electronic copies, skip to line 17 on page 3.

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	c. Total Print Distribution (Line 15f) + Paid Electronic Copies (Line 16a)		
	d. Percent Paid (Both Print & Electronic Copies) (16b divided by 16c × 100)		

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## 17. Publication of Statement of Ownership

If the publication is a general publication, publication of this statement is required. Will be printed

Publication not required.

Date

in the \_\_\_\_\_ issue of this publication.

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John Cusant.

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