POSTAL SERVICE ® (All Periodic 1. Publication Title	2. Publications Except Requ	3. Filing Date	
1. Issue Frequency	5. Number of Issues Published Annually	6. Annual Subscription Price	
7. Complete Mailing Address of Known Office of Publication (Not p	orinter) (Street, city, county, state, and ZIP+4®)	Contact Person	
		Telephone (Include area code)	
8. Complete Mailing Address of Headquarters or General Busines	s Office of Publisher (Not printer)	L	
Full Names and Complete Mailing Addresses of Publisher, Edit Publisher (Name and complete mailing address)	or, and Managing Editor (Do not leave blank)		
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f. Total Distribution (Sum of 15c and 15e)					
g. Copies not Distributed (See Instructions to Publishers #4 (page #3))					
h. Total (Sum of 15f and g)					
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Total circ	ulatio	on includes electronic copies. Report circulation on PS Form 3526-X worksheet.			
Publication of	State	ement of Ownership			
If the publication is a general publication, publication of this statement is required. Will be printed					
Signature and	Title	e of Editor, Publisher, Business Manager, or Owner		Date	
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