

FEE INFORMATION (For Payer Only)

TAXPAYER IDENTIFICATION NUMBER _____
 OR SOCIAL SECURITY NUMBER FOR NATURAL PERSONS _____

AMOUNT PAID \$ _____

NAME OF PAYER (if different from PERSON FILING) _____

WIRE TRANSFER or CERTIFIED CHECK / MONEY ORDER ATTACHED

WIRE TRANSFER CONFIRMATION NO. _____

FROM (NAME OF INSTITUTION) _____

IS THIS A CORRECTIVE FILING? YES NO CASH TENDER OFFER? YES NO BANKRUPTCY? YES NO

DO YOU REQUEST EARLY TERMINATION OF THE WAITING PERIOD? YES NO
 (Grants of early termination are published in the Federal Register and on the FTC web site, www.ftc.gov)

(voluntary) IS THIS ACQUISITION SUBJECT TO NON-US FILING REQUIREMENTS? YES NO
 IF YES, list jurisdictions: _____

ITEM 1
 1(a) PERSON FILING
 NAME
 HEADQUARTERS ADDRESS
 ADDRESS LINE 2
 CITY, STATE, COUNTRY
 ZIP CODE
 WEB SITE

1(b) PERSON FILING NOTIFICATION IS an acquiring person an acquired person both

1(c) PUT AN "X" IN THE APPROPRIATE BOX TO DESCRIBE THE PERSON FILING NOTIFICATION
 Corporation Unincorporated Entity Natural Person Other (Specify) _____

1(d) DATA FURNISHED BY
 calendar year fiscal year (specify period): _____ (month/year) to _____ (month/year)

1(e) PUT AN "X" IN THE APPROPRIATE BOX BELOW AND GIVE THE NAME AND ADDRESS OF THE ENTITY FILING NOTIFICATION, IF DIFFERENT THAN THE ULTIMATE PARENT ENTITY

Not Applicable This report is being filed on behalf of a foreign person pursuant to § 803.4. This report is being filed on behalf of the ultimate parent entity by another entity within the same person authorized by it to file pursuant to § 803.2(a).

NAME
 ADDRESS
 CITY, STATE, COUNTRY
 ZIP CODE

1(f) NAME AND ADDRESS OF ENTITY MAKING ACQUISITION OR WHOSE ASSETS, VOTING SECURITIES OR NON-CORPORATE INTERESTS ARE BEING ACQUIRED, IF DIFFERENT FROM THE ULTIMATE PARENT ENTITY IDENTIFIED IN ITEM 1(a)

NAME
 ADDRESS
 CITY, STATE, COUNTRY
 ZIP CODE

Not Applicable

PERCENT OF VOTING SECURITIES OR NON-CORPORATE INTERESTS THAT THE UPE HOLDS DIRECTLY OR INDIRECTLY IN THE ACQUIRING OR ACQUIRED ENTITY IDENTIFIED IN ITEM 1(f) _____ %

1(g) IDENTIFICATION OF PERSONS TO CONTACT REGARDING THIS REPORT

CONTACT PERSON 1
 FIRM NAME
 BUSINESS ADDRESS
 CITY, STATE, COUNTRY
 ZIP CODE
 TELEPHONE NUMBER
 FAX NUMBER
 E-MAIL ADDRESS

CONTACT PERSON 2
 FIRM NAME
 BUSINESS ADDRESS
 CITY, STATE, COUNTRY
 ZIP CODE
 TELEPHONE NUMBER
 FAX NUMBER
 E-MAIL ADDRESS

1(h) IDENTIFICATION OF AN INDIVIDUAL LOCATED IN THE UNITED STATES DESIGNATED FOR THE LIMITED PURPOSE OF RECEIVING NOTICE OF ISSUANCE OF A REQUEST FOR ADDITIONAL INFORMATION OR DOCUMENTS (See § 803.20(b)(2)(iii))

NAME
 FIRM NAME
 BUSINESS ADDRESS
 CITY, STATE, COUNTRY
 ZIP CODE
 TELEPHONE NUMBER
 FAX NUMBER
 E-MAIL ADDRESS