| | MELAND SECURITY Border Protection NTENANCE FEE | <u> </u> | 1. Identifyin | g Number | | |
|-------------------------------------------------------------------------------------|--------------------------------------------------|---------------|------------------------------------------------|---------------------------------------|--------------------------|--------------------------------------------------|
| QUARTERLY SI | | | EIN or | IRS Number | CBP Number | SSN |
| <u>19 C</u> | FR 24.24 | | 2. Company Na | me | | |
| Click for | r Instructions | | Individual Na | me | | |
| 3. Complete Mailing Address | | | 4 | | | |
| | | | | | | |
| (Number and Street) | | (Number 2 | and Street 2) | | (City) | |
| (State) (Zip Code) | (Country) | (E-m | ail address) | Check here if addr | ress has changed sin | ce last filing. |
| (Phone Number) | (Fax Number) | | | | | |
| 4. REPORTING PERIOD | | 1st Quarter | r (Jan. 1 - Mar. 31) | 3rd Qua | arter (Jul. 1 - Sep. 30) | |
| Year (One | Quarter Only) | _ | | • | rter (Oct. 1 - Dec. 31 | |
| | 5. | 1 2110 Quarte | er (Apr. 1 - Jun. 30) 6. | 7 | litter (Oct. 1 - Dec. 31 | 8. |
| Type of Shipment With Class Code | Value of Shipments | correspor | emptions (from ading columns of line 15) | Net Value (columi 5 less column 6) | | o. Iltiply the amounts y appropriate rate) |
| A. Domestic Movements 503 | | | | | | |
| B. FTZ Admissions 505 | | 1 | | | | |
| C. Passengers 504 | | 1 | | | | |
| D. Total Line Value 5, 6 & 7 | | | | | | |
| 9. Total HMF Due (Total of Lines 8) | A through 8C) | | | | | |
| | 4 through oo, | | | •••• | | |
| ITEMIZATION OF EXEMPTIONS | A. Domestics | F | B. TZ(s) | C. Passengers | | D. Total |
| 10. Exempt Port | | | | | | |
| 11. Inland Waterway Fuel Tax | | | | | | |
| 12. Intraport | | | | | | |
| 13. U.S. Mainland-State/Possession/ Territory | | | | | | |
| 14. Other | | | | | | |
| 15. TOTALS (amounts in 15A thru 15D will automatically fill 6A thru 6D above) | | | | | | |

Continue

| accurate to the best of my k Signature Nannette Voll | ŭ | Date | 8-22-2008 | Telephone Number | 317-614-4458 |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 6650 Telecom Drive | | | | | |
| (Number and Street) | | | (Number | 2 and Street 2) | |
| Indianapolis | IN | 46278 | | | |
| (City) | (State) | (Zip C | ode) | | |
| submitted to the Government on o | ther forms requir | he Harbor M ed in the co | laintenance Fee. urse of shipping, | The number will be used exporting, or importing m | entification number provides unique to compare on this form with information perchandise, which contain the identification prent. Failure to disclose an identification |
| submitted to the Government on o number, e.g., the SED, Vessel Opera number may cause a penalty pursu | ther forms requir ation Report, to ve ant to 19 CFR 24. | he Harbor Med in the coerify that the 24(h). | laintenance Fee. urse of shipping, information sub | The number will be used exporting, or importing monitted is accurate and cur | to compare on this form with information perchandise, which contain the identification grent. Failure to disclose an identification |
| submitted to the Government on o number, e.g., the SED, Vessel Operanumber may cause a penalty pursuppersure work REDUCTION ACT NOT carry out the Harbor Maintenance formunity is complying with this mandatory. The estimated average recordkeeping depending on indiv | ther forms requiration Report, to ve ant to 19 CFR 24. TICE: This request Revenue provision Act, and to allow a burden associatidual circumstand J.S. Customs and | he Harbor Need in the co erify that the 24(h). is in accord as of the Wa CBP to deter ed with this tes. Comme Border Prote | laintenance Fee. urse of shipping, information sub ance with the Pa ter Resources De mine if the corre collection of info ents concerning t ection, Informatio | The number will be used exporting, or importing monitted is accurate and curperwork Reduction Act. Wevelopment Act of 1988. West amount of Harbor Main formation is 30 minutes per he accuracy of this burder on Services Division, Wash | to compare on this form with information herchandise, which contain the identification rent. Failure to disclose an identification We ask for the information in order to when he |