

Welcome to the Annual Refiling Survey

Industry Verification Form, BLS 3023-NVS Form Approved, O.M.B. No. 1220-0032 Arkansas Division of Workforce Services In cooperation with the U.S. Department of Labor.

Company Name:	SOPS INC
UI Account Number:	0440444444
RUN:	00004
State:	Arkansas

This report is authorized by law, 29 U.S.C. 2. Your cooperation is needed to make the results of this survey complete, accurate, and timely.

Continue

The purpose of this report is to update information on your products or services. The information will be used to ensure that we assign the correct North American Industry Class fication System (NAICS) code to this business location and that our records contain the correct name and address. The information collected on the form by the Bureau of Labor Statistics and the State agencies cooperating in its statistical programs will be used for statistical and Unemployment Insurance program purposes and other purposes in accordance with law.

Per the Federal Cybersecunty Enhancement Act of 2015, Federal information systems are protected from malicious activities through cybersecurity screening of transmitted data.

Time of completion is estimated to vary from 2 to 30 minutes with an average of 5 to 10 minutes per account. This estimate includes time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing this information. If you have any comments regarding these estimates, or any other aspect of this survey, please contact your State Agency which is located at the bottom of this page. You are not required to respond to the collection of information unless it displays a currently valid O.M.B. number. The 0.H.B. control number for this survey is 1220-0032 and it expires on XXXXXXXX.

If you have questions or comments, please send e-mail to: AnnualRefilingSurvey@bls.gov

Version: 4.1.1

Logout

If you have questions about the Annual Refiling Survey, please contact:

Arkansas Division of Workforce Services BLS Programs PO Box 2981

Little Rock AR 72203-2981 (501) 682-6581 501-682-3196 FAX: (501)682-2942

BUREAU OF LA	BOR STATISTICS					
						Logout
Address and Contact V	erification Page					
□ This firm is OUT OF BUSINES	S in Arizona. Date of closure :	mm/dd/yyyy	Θ	Company Name: UI Account Number: RUN:	SOPS INC 077077771 00007	
Please review the information be	low, and make corrections where needed.			State:	Arizona	
(*Required Field)						
Business Mailing Addre Please review the address below	ss If the information is incorrect please enter	updated information.				
Legal Name :	SOPS INC	Θ				
Trade Name :	SHARON'S LLC	Ø				
*Street Address :	1 MAIN STREET	Θ				
Additional Address Information :	STE 4	0				

Physical Location Address

*City:

*State:

*Zip Code :

BILLINGS

MT

59101

1000

Please review the street address below. This address is used to assign a county to this business for statistical purposes. Please make every effort to provide a physical location street address and county that best represents where employees are physically located in this state. If there is no physical location within the state (e.g. all workers are teleworkers), enter a street address (no R.O. Boxes) for your business in the county that represents the largest share of workers.

Θ

✓ Ø

0

Copy Business Mailing Addres	s	
*Street Address :	22 FIRST STREET	0
Additional Address Information :		Θ
*City :	BOLTON	0
State:	AZ	Θ
*Zip Code :	90210	0

🗌 This business has more than one physical location in Arizona. Do not count client sites or offsite projects that will last less than a year. 🧕

This business has no physical location address in Arizona and there is no county where a majority of business is conducted in Arizona 🤬

Please select the County, Township, Island, or Parish where your business is physically located. If you do not know it or it is not listed, please check the box below.

*County :	Not applicable	•	
] I don't know my County or I don't see my Co	ounty listed above.	
Contact Information Please provide your contact info	prmation.		
*Contact Name :		Θ	
*Phone Number :			
*Contact Email :			
*Confirm Email :			
		Previous Save and Continue	
If you have questions or comment	ts, please send e-mail to: <u>AnnualRefilingSurvey@bl</u>	ils.gov	Version: 4.1.1
If you have questions about the A	nnual Refiling Survey, please contact:		
Arizona Department of Administra Office of Employment and Populat PO Box 6029			
Phoenix AZ 85005-9860 (602) 771-1110 (800) 321-0381	FAX: (602) 771-1207		

BUREAU OF LABOR STAT	ISTICS			
				Logout
Additional Physical Location(s)			Company Name:	SOPS INC
Please enter information for your additional work (*Required Field)	Ksites in the boxes provided. Do not include P.	Box or out of State addresses.	UI Account Number:	0770777771
(Required Field)			RUN:	00007
			State:	Arizona
*Trade Name :		Θ		
*Street Address :		0		
*City :		0		
*State:	AZ	0		
*Zip Code :		Θ		
*County :		0		
*Approx. # of Employees :	Θ			
*Worksite Description :		Θ		
*Main Business Activity :		0		
Add Another Location				
	Previous	Save and Continue		
If you have questions or comments, please send e-n				Version: 4.

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Arizona Department of Administration Office of Employment and Population Statistics PO Box 6029

	AU OF LABOR STATISTICS Refiling Survey				
					Logout
Main Busines	as Activity				
description of your participate. If the i	description of your main business activities, goods, products, or services in this State. This is a general main business activity and may not be an exact match. There may be activities listed in which you do not formation displayed below is correct for a majority of your business, please check "YES". If it is incorrect ur business, please check "NO" and click the "Save and Continue" button.	Compa UI Account	RUN:		
	Support Activities for Forestry This industry comprises establishments primarily engaged in performing particular supp activities related to timber production, wood technology, forestry economics and marke forest protection. These establishments may provide support activities for forestry, s estimating timber, forest firefighting, forest pest control, treating burner air for reforestation or on an emergency basis, and consulting on wood attributes and reforestation.	eting, and such as			
		115310			
 YES, the Main NO, I am una 	ess may not be engaged in all of the economic activities listed above, does the description above accurately i Business Activity selected above accurately represents my business. ble to find an applicable Main Business Activity description. you will be able to choose your correct economic activity on the next page.	nclude your mai	in business a	ctivity during the past 12 m	inths?



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If you have questions about the Annual Refiling Survey, please contact: Arizona Department of Administration Office of Employment and Population Statistics PD Box 6022

BUREAU OF LABOR STATISTICS

Main Business Activity Selection

Step 1: Search for your Main Business Activity.

Type in a key word, click "Search", and select the Main Business Activity that most accurately reflects your business. Simple key words work best (ex. If your business is a fast food restaurant, type "restaurant" into the search box.) The results displayed will be a general description and may not be an exact match. There may be activities listed in which you do not participate, and some of your business's activities may not be listed. If the description is generally correct for a majority of your business, please check "YES" in Step 2, and if it is incorrect for a majority of your business, please check "NO" in Step 2 and proceed to Step 3.

Company Name:	SOPS INC
UI Account Number:	0770777771
RUN:	00007
State:	Arizona

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Type your key word search:	Search
	*
	-

Step 2: Verify your Main Business Activity.

"While your business may not be engaged in all of the activities listed above, and some activities may be slightly different, does the selection above generally describe your main business activity during the past 12 months?

- \odot YES, the Main Business Activity selected above accurately represents my business.
- \bigcirc NO, I am unable to find an applicable Main Business Activity description.

Step 3: Describe your Main Business Activity.

*Please help us verify your selection in Step 2 by entering a brief description of your main business activities, goods, products, or services in this state, as though you were telling a prospective employee what you do. In addition, please provide the approximate percentage of sales or revenues resulting for each description. Percentages should total 100%.

If this establishment is comprised of remote employees only, please provide a general description of the remote employees job activities so that an industry code can be assigned to this establishment. (Maximum 255 Characters)



If you have questions or comments, please send e-mail to: AnnualRefilingSurvey@bls.gov

If you have questions about the Annual Refiling Survey, please contact: Arizona Department of Administration Office of Employment and Population Statistics PO Box 6029

BUREAU OF LABOR STATISTICS Summary Page Attention: Your report is not yet submitted. You must click the "Submit Data to BLS" button at the bottom of this page to submit your data to BLS. Company Name: SOPS INC UI Account Number: 077077771 This is a summary of the data that you are about to submit. If you are satisfied with the information below, please click the "Submit Data to BLS" button. If you need to make any changes, please click the "Edit" link to return to the appropriate screen. RUN: 00007 State: Arizona Please remember to print this page for your records. Print Main Business Activity Edit Industry Verification : Convenience Retailers This U.S. industry comprises establishments primarily engaged in retailing a limited line of groceries that generally includes milk, bread, soda, and snacks, such as convenience stores or food marts (except those operating fuel pumps). 445131 **Business Activity Description :** convenience store Contact and Address Information **Business Mailing Address** Edit Legal Name : SOPS INC Trade Name : SHARON'S LLC Street Address : 1 MAIN STREET Additional Address Information : STE 4 City : BILLINGS State: MT Zip Code : 59101 1000 Physical Location Address Street Address : 22 FIRST STREET Additional Address Information : City : BOLTON State: AZ Zip Code: 90210 County : Not applicable Explanation: Contact Information Contact Name : Sharon Stang Contact Phone : (111) 222 - 3333 Contact Email : stang.sharon@bls.gov Submit Data to BLS

Version: 4.1.1

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BUREAU OF LABOR STATISTICS			
			Logout
	Company Name:	SOPS INC	
	UI Account Number:		
	RUN:	00007	
	State:	Arizona	
Thank you for reporting your data!			

Your data were received by BLS on Nov 2, 2023 at 12:15:05 PM

You have successfully submitted data for the Annual Refiling Survey. You may wish to print a copy of your submission for your records.

Version: 4.1.1



If you have additional UI accounts to report online, you can return to the login screen.

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