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**2015**

**Wage & Benefit**

**Survey Questionnaire**

Wage and Benefit Survey Questionnaire Instructions:

The survey is for **base** rates of **experienced** employees – please do not include compensation for trainees. **DO NOT** submit salary/wages for any company owner or partner.

* **Response:** **FAX**: (614) 794-2049 or **MAIL** to P.O. Box 819 Westerville, OH 43086
* Online responses: Coming Soon.
* Deadline for returned surveys:  **July 17, 2015**

You MUST Participate to Receive A **FREE** Final Report – a $250 Value

Company Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This confidential survey results will be returned to the individual on the left.

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_

Contact:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

All information collected is strictly **confidential**. This top sheet containing company information will be removed when your data is submitted. Thank you for your participation.

**2015 Wage & Benefit Survey Questionnaire**

This survey is being conducted through the efforts of Printing Industries of America and its local Affiliates. It is the most comprehensive industry survey of its kind, and your participation is important. If you have any questions and/or suggestions, please contact us at (614) 794-2300 or at clisenby@pianko.org

Because the industry is so large and diverse, it’s difficult to survey every position and/or equipment configuration. We have attempted to report the most common positions. To assist our survey participants in best classifying a position, you will find a PDF of title descriptions at http://ilnk.me/189b0**.**

We would also ask that the compensation and benefits reported are effective as of June 1, 2015. This will provide a common point of reference for all participating companies.

Please note:

* Personal Days off (Sick Days, Bereavement, etc.) should be reported in HOURS rather than days;
* For Management/Administrative salaries, we have asked compensation to be reported on an ANNUAL basis. As always, do not include salaries of company owners.

**Demographic Information**

1**. Please indicate your primary market classification:**

a. 🞏 General Commercial Printer b. 🞏 Inplant Printer c. 🞏 Digital Printer

d. 🞏 Quick Printer e. 🞏 Prepress Services f. 🞏 Business Forms Manufacturer

g. 🞏 Bindery/Finishing h. 🞏 Web Printer (Heat Set) i. 🞏 Web Printer (Non-Heat Set)

j. 🞏 Mailing House/Services k. 🞏 Packaging - Offset l. 🞏 Packaging - Flexo

m. 🞏 Labels n. 🞏 Wide Format o. 🞏 Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. **Please indicate your location:**

City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. **Number of Employees (full-time):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. **Annual Sales Volume $** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5.  **Is your workforce represented by a trade union?** a.\_\_\_\_ yes

**Human Resources Policies & Benefit Information**

POLICIES

6. **Please check all of the following employment features that apply to your company:**

a. 🞏 Company has a written employee handbook

b. 🞏 Company has a written “Drug Free Workplace Policy”

c. 🞏 Company tests for Drugs & Alcohol

d. 🞏 For new employees

e. 🞏 In event of an accident

f. 🞏 At random

g. 🞏 For cause

h. 🞏 No, we do not test for drugs & alcohol

i. 🞏 Company has job descriptions for employees

**SHIFTS OF PRODUCTION**

7. **Please indicate your shifts of production:**

a. 🞏 One shift of production employees

b. 🞏 Two shifts of production employees

c. 🞏 More than two shifts of production employees

**What is your predominant work week in production?**

d. 🞏 3 day work week (3 day 12hr shifts)

e. 🞏 4 day work week

f. 🞏 5 day work week

**Pay Differentials/Shift Premiums: (if applicable)**

**Please specify the method your firm uses to pay 2nd and 3rd shift production workers:**

2nd shift: g. $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_per hour over the day rate **or**

h. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_% differential over the day rate

3rd shift: i. $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_per hour over the day rate **or**

j. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_% differential over the day rate

OVERTIME

8. Select all questions which are applicable.

a. 🞏 Overtime is paid on the basis of the hours earned (vacation/sick leave/holidays are counted)

b. 🞏 Overtime is paid on the amount of hours worked (vacation/sick leave/holidays are not counted)

c. 🞏 Overtime is paid upon shift completion

d. 🞏 Double time is paid after working 4 hours of overtime in a shift

**If extra overtime is available for weekends/holidays, how is it paid?**

Saturday e. 🞏 Time and ½ f. 🞏 Double Time

Sunday g. 🞏 Time and ½ h. 🞏 Double Time

Holidaysi. 🞏 Time and ½ j. 🞏 Double Time

**HOLIDAY, VACATION, OTHER ABSENCE POLICIES**

9**. Leave of Absence policies:**

a. 🞏 Employees have paid time for voting

b. 🞏 Company offers jury duty pay

c. 🞏 Company has a written sick leave/personal time off policy (PTO)

**Sick Day Policies**

d. What are the maximum HOURS provided in one year? \_\_\_\_\_\_

e. Do you permit accumulation from year to year? 🞏 Yes 🞏 No

f. What is the maximum number of HOURS which can be accumulated? \_\_\_\_\_\_\_

**PTO (Personal Time Off)**

If you offer a PTO policy rather than traditional vacation/sick days,

g. What are the number of HOURS you provide?

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Hours of PTO offered in a year** | | | | | |
| **Years of Employment** | **<40** | **>40 and <80** | **>80 and <120** | **>120 and <160** | **>160 and <200** | **>200 hours** |
| <1 | G1 | G2 | G3 | G4 | G5 | G6 |
| >1 and <2 | G7 | G8 | G9 | G10 | G11 | G12 |
| >2 and <3 | G13 | G14 | G15 | G16 | G17 | G18 |
| >3 and <5 | G19 | G20 | G21 | G22 | G23 | G24 |
| >5 and <10 | G25 | G26 | G27 | G28 | G29 | G30 |
| 10+ | G31 | G32 | G33 | G34 | G35 | G36 |

h. Do you permit accumulation from year to year? 🞏 Yes 🞏 No

i. What is the maximum number of HOURS which can be accumulated? \_\_\_\_\_\_\_

10. P**lease indicate your vacation policy (answer all that applies):**

a. 🞏 1 week after 6 months b. 🞏 1 week after 1 year  
c. 🞏 2 weeks after 1 year d. 🞏 2 weeks after 2 years

e. 🞏 3 weeks after 5 years f. 🞏 4 weeks after 20 years

g. 🞏 Other \_\_\_\_\_\_\_\_\_\_\_\_\_

11. **Please list the maximum number of vacation days which you offer:**

a. \_\_\_\_\_ days after b.\_\_\_\_years

12. **Do** **you have a specific time period when employees must take their vacation?**

a. 🞏 Yes b. 🞏 No

13. **Do employees accumulate vacation time from year to year?**

a. 🞏 Yes b. 🞏 No

If yes, what is the maximum number of days carried forward? c. \_\_\_\_\_\_\_

14. **How do you determine sick/vacation/PTO time eligibility?**

* 1. 🞏 Anniversary of date of hire
  2. 🞏 By calendar year
  3. 🞏 Earn days based on length of service

15. **What is the number of** **Paid Holidays offered by your company in a year?** a. \_\_\_\_\_\_\_\_\_\_\_\_

**Please check off all the days offered below:**

b. 🞏 New Year’s Eve i. 🞏 Columbus Day

c. 🞏 New Year’s Day j. 🞏 Thanksgiving Day

d. 🞏 President’s Day k. 🞏 Day after Thanksgiving

e. 🞏 Good Friday l 🞏 Christmas Eve

f. 🞏 Memorial Day m. 🞏 Christmas Day

g. 🞏 Independence Day n. 🞏 One Floating Day

h. 🞏 Labor Day o. 🞏 Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

16. **Do you provide funeral or bereavement leave?** a. Yes 🞏 b. No 🞏

Is it c. 🞏 Paid d. 🞏 Unpaid

What length of time? Please state in HOURS.

\*Immediate family e. \_\_\_\_\_\_ HOURS (\*spouse, child, mother, father, sister, brother, grandparent)

Other family members? f. \_\_\_\_\_\_ HOURS

HEALTH INSURANCE

17. **Group health insurance offering (select all that apply):**

a. 🞏 No plan offered b. 🞏 Self-insured Plan

c. 🞏 HMO Plan d. 🞏 PPO Plan

**Deductibility**

e. 🞏 <$1,000 for individual

f. 🞏 >$1,000 and <$3,000 for individual

g. 🞏 >$3,000 for individual

h. 🞏 HSA or HRA high deductible with Company Contribution i. $\_\_\_\_\_\_\_\_\_\_ max company contribution (for employee)

18**. Contribution to health plan:**

# MEDICAL

Please provide the percentage of total premium your company pays per plan level, as well as the total premium cost (premium cost paid by both employee and employer.) Use the plan with the most employees if you offer multiple plans/options.

**% paid by Total Average**

**Company Monthly Premium**

Employee coverage a. \_\_\_\_% b. $\_\_\_\_\_\_\_\_ (average)

Employee +1 c. \_\_\_\_% d. $\_\_\_\_\_\_\_\_ (average)

Family e. \_\_\_\_% f. $\_\_\_\_\_\_\_\_ (average)

g 🞏 Check here if dental is included in these rates and skip the dental question.

h. 🞏 Check here if vision is included in these rates. (Basic vision is included in many plans)

# DENTAL

If your dental coverage is not included above, please complete the following:

**% paid by Total Average**

**Company Monthly Premium**

Employee coverage a. \_\_\_\_% b. $\_\_\_\_\_\_\_\_ (average)

Employee +1 c. \_\_\_\_% d. $\_\_\_\_\_\_\_\_ (average)

Family e. \_\_\_\_% f. $\_\_\_\_\_\_\_\_ (average)

19**. Other insurance benefits (not voluntary benefits). Select all that apply:**

1. 🞏 Group life is provided paid in full or part by employer

b. 🞏 Group life is available for purchase by employee

c. 🞏 Group accidental death & dismemberment coverage is provided.

d. 🞏 Short term disability is provided paid in full or part by employer

e. 🞏 Short term disability is available for purchase by employee

f. 🞏 Long term disability is provided paid in full or part by employer

g. 🞏 Long term disability is available for purchase by employee

**OTHER POLICIES**

20**. Please indicate your smoking policy. Select one:**

a. 🞏 No smoking. Smoke Free Environment

b. 🞏 Smoking outside the building, **off** the clock

c. 🞏 Smoking outside the building, **on** the clock

d. 🞏 Smoking inside in designated areas

Are Electronic Cigarettes included in your smoking policy? e. 🞏 Yes 🞏 No

f. 🞏 No formal policy on smoking

21. R**etirement or profit sharing plan provided by the company. Please check all that apply:**

a. 🞏 Profit Sharing

b. 🞏 401(k) Plan

c. 🞏 Defined Benefit Plan (Company)

d. 🞏 Defined Benefit Plan (Union Plan)

e. 🞏 No company retirement plan offered

22**. Does your company offer incentive plans for production employees?**

a.🞏 Yes b.🞏 No

If the answer is yes, what type of plan(s) is offered? c. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

23. **If your company tracks job absence and employee turnover rates, what are those metrics?**

a. Job Absence \_\_\_\_\_\_\_\_ (% of work period)

1. Turnover \_\_\_\_\_\_\_\_ (% of workforce )

24. **Does your company have a policy in effect with respect to moonlighting by employees?**

a. Yes 🞏 b. No 🞏

If Yes, indicate whether:

c.🞏 It restricts employees from accepting part-time work with any other firm in printing or related activity.

d. 🞏 It requires granting of prior approval by company principal, or supervisor.

e. 🞏 We have no restrictions on moonlighting providing it doesn’t interfere with employee’s job performance.

f. 🞏 No restrictions.

25. **Because many member companies continue to make changes to their wage and benefit policies, please share your company’s experience.**

a. Our projected average increase for wages and salaries in the up coming 12 months will be \_\_\_\_\_\_%.

b. 🞏 Our company will not provide any wage adjustments over the coming 12 month period

As it pertains to 2015-2016 health care, at this point:

c. 🞏 We have decided to no longer offer health insurance to our employees

d. 🞏 We have reduced the % of coverage paid by the company for health insurance

e. 🞏 We have made plan design changes to reduce the cost of the health care plan

f. 🞏 We have modified our coverage so we only cover the employee’s portion

i. If your company received a health rate change during 2015, what was the **proposed** change of the existing plan? \_\_\_\_\_%

j. What was the **effective**change after any plan adjustments were made? \_\_\_\_\_%

**COMMENTS:**

**Please return by July 17, 2015**

**Wage & Salary Information**

**BE CAREFUL TO ENTER “ANNUAL” SALARIES FOR INDICATED POSITIONS AND “HOURLY” WAGES FOR ALL OTHER EMPLOYEES (even if you pay these other employees on a salary basis).**

**The form allows for 4 employees’ wages in each category, but you can add additional reporting wages on the last page of the questionnaire. We are asking for representative wages – if there are multiple individuals with the same salary, just report one.**

**DO NOT INCLUDE TRAINEES.**

Please enter base salary (NO Shift Differentials or Bonus) EFFECTIVE as of June 1, 2015

**Title Enter** ANNUAL **Salaries**

**MANAGEMENT:**

1. CEO/President (No Owners)
2. COO/Vice President/General Mgr.
3. Manufacturing- Plant Manager/

VP Operations/Production Manager

1. CFO/Controller/Financial Manager
2. Sales Manager/Sales VP
3. Marketing/Business Development Mgr.
4. Customer Service Manager
5. **Customer Service Representative I**  \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_
6. **Customer Service Representative II** \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_
7. Production Planner/Scheduler \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_
8. Estimating Manager
9. Estimator \_\_\_\_\_\_\_\_
10. Human Resources Manager/Personnel

Mgr./Director

14. Environmental Health & Safety Mgr.

15. Quality Control Manager

16. Quality Technician

999. Position not listed - Job Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Salary/Wage: \_\_\_\_\_\_\_\_\_\_

**DEPARTMENT MANAGERS**

17. IT Manager

18. Workflow Manager \_\_\_\_\_\_\_\_

19. Prepress Manager

20. Pressroom Manager – Sheetfed

21. Pressroom Manager – Web

22. Digital Print Manager

23. Bindery/Finishing Manager

24. Converting Manager

25. Mailroom/Fulfillment Manager

26. Shipping/Receiving Manager

27. **Maintenance Manager**

999. Position not listed - Job Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Salary/Wage: \_\_\_\_\_\_\_\_\_\_

**(Report base wage only – do NOT include shift premiums or bonuses)**

**Beginning with #28, enter** Hourly **Wages**

**OFFICE/ADMINISTRATION**

28. Office Manager

29. Executive Administrative Assistant

30. Administrative Assistant

31. HR Assistant

32. General Administrative/Clerical Support

33. Receptionist

34. Accounting Supervisor/Manager

35. A/P or A/R Clerk

36. Full Charge Bookkeeper

37. **Accountant**

38. Credit Manager

39. **Purchasing Specialist**

999. Position not listed - Job Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Salary/Wage: \_\_\_\_\_\_\_\_\_\_

**INFORMATION TECHNOLOGY**

40. MIS/IT Support

41. **Database Specialist**

999. Position not listed - Job Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Salary/Wage: \_\_\_\_\_\_\_\_\_\_

**PREPRESS**

42. Working Supervisor (Prepress)

43. Graphic Design (Art Director/Designer) \_\_\_\_\_\_\_\_

44. Desktop Operator

45. Prepress/Desktop Technician

46. Stripper/Film Assembly

47. Platemaker (CTP/Conventional)

999. Position not listed - Job Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Salary/Wage: \_\_\_\_\_\_\_\_\_\_

**DIGITAL PRINTING**

48. Working Supervisor (Digital) \_\_\_\_\_\_\_\_

49. Direct Image Press Operator (DI Press)   
50. Digital Color Press Operator (iGen, Indigo)

51. Production Copiers -- Black & White

52. Production Copiers – Color

53. Hi-speed Inkjet Presses (B&W)

54. Hi-speed Inkjet Presses (Color)

55. Wide Format Operator (Proofing)

56. Wide Format Operator (Production <60”)

57. Grand Format Operator (Production >60”)

58. Wide Format Finishing/Laminating

999. Position not listed - Job Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Salary/Wage: \_\_\_\_\_\_\_\_\_\_

**PRESS OPERATIONS (SHEETFED)**

59. Working Supervisor (Sheetfed)

60. 20" or Smaller – 1/2 Color Press Operator

61. 20" or Smaller - 4/5/6 Color Press Operator

62. Jet Press Operator

63. 20” - 28" 1-2 Color Press Operator

64. 20" - 28" 4-5 Color Press Operator

65. 20" - 28" 6 Color Press Operator

66. 38" - 42" 1-2 Color Press Operator

67. 38" - 42" 4-5 Color Press Operator

68. 38" - 42" 6 Color Press Operator

69. 38" - 42" 8 Color Press Operator

70. 38" - 42" 4-5 Color 2nd Press Operator

71. 38" - 42" 6 Color 2nd Press Operator

72. 38" - 42" 8 Color 2nd Press Operator

73. 52" - 60" Press Operator

74. 52" - 60" 2nd Press Operator

75. 61" - 81" Press Operator

76. 61" - 81" 2nd Press Operator

77. Press Feeder/Helper

999. Position not listed - Job Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Salary/Wage: \_\_\_\_\_\_\_\_\_\_

**PRESS OPERATIONS (HEATSET WEB - FULL)**

78. Working Supervisor

79. Lead Pressman

80. Assistant Pressman

81. Material Handler

999. Position not listed - Job Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Salary/Wage: \_\_\_\_\_\_\_\_\_\_

**PRESS OPERATIONS (HEATSET WEB - HALF)**

82. Working Supervisor

83. Lead Pressman

84. Assistant Pressman

85. Material Handler

999. Position not listed - Job Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Salary/Wage: \_\_\_\_\_\_\_\_\_\_

**PRESS OPERATIONS (NON-HEATSET WEB)**

86. Working Supervisor

87. Lead Pressman

88. Assistant Pressman

89. Material Handler

999. Position not listed - Job Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Salary/Wage: \_\_\_\_\_\_\_\_\_\_

**NARROW WEB PRESSES, COLLATORS**

90. Working Supervisor

91. Press Operator

92. Forms Collator Operator

999. Position not listed - Job Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Salary/Wage: \_\_\_\_\_\_\_\_\_\_

**FINISHING/CONVERTING**

93. Letterpress Operator

94. Finishing Press Operator (Kluge,etc.)

95. Automated Diecutter (<28” Cylinder)

96. Automated Diecutter (40”+, Bobst,etc.)

97. **Diemaker**

98. Folder/Gluer Operator

999. Position not listed - Job Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Salary/Wage: \_\_\_\_\_\_\_\_\_\_

**FLEXO**

99. Flexo Operator – <= 9” web width

100. Flexo Operator – > 10” web width

101. **Plate Mounter**

102. Flexo Platemaker

103. Rewind Operator

104. Slitter Operator

999. Position not listed - Job Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Salary/Wage: \_\_\_\_\_\_\_\_\_\_

**BINDERY**

105. Working Supervisor

106. Hand Bindery

107. Small Bindery Machines

108. Combination (Small Machine/Hand)

109. Folder Operator >17x22

110. Cutter Operator

111. Folder/Cutter Operator

112.  **Multi-competency Operator**

113. Stitcher/Binder Operator

114. Perfect Binder Operator

**115. Binder/Stitcher Helper**

116. Shrink Wrap Operator

999. Position not listed - Job Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Salary/Wage: \_\_\_\_\_\_\_\_\_

**MAILING & FULFILLMENT**

117. Working Supervisor

118. Inserting Machine Operator

119. Mail Machine Operator

120. Mail Specialist

121. Fulfillment Worker

999. Position not listed - Job Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Salary/Wage: \_\_\_\_\_\_\_\_\_\_

**SHIPPING/WAREHOUSE/MAINTENANCE**

122. **Working Supervisor**

123. Shipping/Receiving Clerk

124. Delivery Person/Driver

125. **Materials Handler (Shipping/Warehouse)**

126. Forklift Operator

127. Maintenance (Facility)

128. Maintenance (Equipment)

999. Position not listed - Job Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Salary/Wage: \_\_\_\_\_\_\_\_\_\_

**Additional Personnel**

**# Title Additional Wages**

\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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