



**UNITED STATES
POSTAL SERVICE**

**Statement of Ownership, Management, and Circulation
(All Periodicals Publications Except Requester Publications)**

1. Publication Title YOUR INFORMANT	2. Publication Number							3. Filing Date
	4	5	8	-	1	1	0	9-20-07
4. Issue Frequency Quarterly	5. Number of Issues Published Annually 4 issues							6. Annual Subscription Price \$7.00
7. Complete Mailing Address of Known Office of Publication (Not printer) (Street, city, county, state, and ZIP+4®) 1434 Cleveland Ave NW Canton, OH 44703							Contact Person Amanda Tietze Telephone (Include area code) 330-455-8202	

8. Complete Mailing Address of Headquarters or General Business Office of Publisher (Not printer)
**PO Box 8017
Canton, OH 44711-8017**

9. Full Names and Complete Mailing Addresses of Publisher, Editor, and Managing Editor (Do not leave blank)

Publisher (Name and complete mailing address)
**Better Business Bureau
PO Box 8017
Canton, OH 44711-8017**

Editor (Name and complete mailing address)
**Better Business Bureau
Amanda Tietze
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Managing Editor (Name and complete mailing address)
**Michael L. Paris
Better Business Bureau
PO Box 8017, Canton, OH 44711-8017**

10. Owner (Do not leave blank. If the publication is owned by a corporation, give the name and address of the corporation immediately followed by the names and addresses of all stockholders owning or holding 1 percent or more of the total amount of stock. If not owned by a corporation, give the names and addresses of the individual owners. If owned by a partnership or other unincorporated firm, give its name and address as well as those of each individual owner. If the publication is published by a nonprofit organization, give its name and address.)

Full Name	Complete Mailing Address
Better Business Bureau Canton Region/ Greater West Virginia	PO Box 8017 Canton, OH 44711-8017

11. Known Bondholders, Mortgagees, and Other Security Holders Owning or Holding 1 Percent or More of Total Amount of Bonds, Mortgages, or Other Securities. If none, check box None

Full Name	Complete Mailing Address

12. Tax Status (For completion by nonprofit organizations authorized to mail at nonprofit rates) (Check one)
The purpose, function, and nonprofit status of this organization and the exempt status for federal income tax purposes:
 Has Not Changed During Preceding 12 Months
 Has Changed During Preceding 12 Months (Publisher must submit explanation of change with this statement)

13. Publication Title YOUR INFORMANT		14. Issue Date for Circulation Data Below 11-1-07	
15. Extent and Nature of Circulation Newsletter to Members		Average No. Copies Each Issue During Preceding 12 Months	No. Copies of Single Issue Published Nearest to Filing Date
a. Total Number of Copies (Net press run)		500	500
b. Paid Circulation (By Mail and Outside the Mail)	(1) Mailed Outside-County Paid Subscriptions Stated on PS Form 3541 (Include paid distribution above nominal rate, advertiser's proof copies, and exchange copies)	254	152
	(2) Mailed In-County Paid Subscriptions Stated on PS Form 3541 (Include paid distribution above nominal rate, advertiser's proof copies, and exchange copies)	144	209
	(3) Paid Distribution Outside the Mails Including Sales Through Dealers and Carriers, Street Vendors, Counter Sales, and Other Paid Distribution Outside USPS®	0	0
	(4) Paid Distribution by Other Classes of Mail Through the USPS (e.g. First-Class Mail®)	0	0
c. Total Paid Distribution (Sum of 15b (1), (2), (3), and (4))		398	361
d. Free or Nominal Rate Distribution (By Mail and Outside the Mail)	(1) Free or Nominal Rate Outside-County Copies included on PS Form 3541	0	0
	(2) Free or Nominal Rate In-County Copies Included on PS Form 3541	0	0
	(3) Free or Nominal Rate Copies Mailed at Other Classes Through the USPS (e.g. First-Class Mail)	102	139
	(4) Free or Nominal Rate Distribution Outside the Mail (Carriers or other means)	0	0
e. Total Free or Nominal Rate Distribution (Sum of 15d (1), (2), (3) and (4))		102	139
f. Total Distribution (Sum of 15c and 15e)		500	500
g. Copies not Distributed (See Instructions to Publishers #4 (page #3))		0	0
h. Total (Sum of 15f and g)		500	500
i. Percent Paid (15c divided by 15f times 100)		79.6%	72.2%

16. Publication of Statement of Ownership

If the publication is a general publication, publication of this statement is required. Will be printed in the November 2007 issue of this publication. Publication not required.

17. Signature and Title of Editor, Publisher, Business Manager, or Owner

Amanda Tietze, Editor

Date

9-20-07

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