

**CLASSIFICATION**

<p align="center"><b>PRODUCTION PROGRESS REPORT</b> <i>(Continuation)</i></p>	The public reporting burden for this collection of information is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to Department of Defense, Washington Headquarters Services, Directorate for Information Operations and Reports (0704-0250), 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302. Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number.	Form Approved OMB No. 0704-0250 Expires Dec 31, 1999	
<b>PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THIS ADDRESS. RETURN COMPLETED FORM AS SET FORTH IN THE CONTRACT.</b>			
<b>1. REPORT PERIOD</b>	<b>2. CONTRACT ADMINISTRATION OFFICE AND ADDRESS</b> <i>(Include ZIP Code)</i>	<b>3. PURCHASING OFFICE AND ADDRESS</b> <i>(Include ZIP Code)</i>	
<b>4. REPORT NUMBER</b>			
NOTE: If final report, so indicate by placing "F" after Report No.	<b>5. NAME AND ADDRESS OF CONTRACTOR</b> <i>(City, State, ZIP Code)</i>	<b>6. NAME AND ADDRESS OF PLANT</b> <i>(City, State, ZIP Code)</i>	
<b>7. PII (Contract) NUMBER</b>			
<b>8. REMARKS</b>			
<b>9. CONTRACTOR'S REPRESENTATIVE</b>		<b>10. GOVERNMENT REPRESENTATIVE</b>	
a. TYPED NAME <i>(Last, First, Middle Initial)</i>	b. TITLE	a. TYPED NAME <i>(Last, First, Middle Initial)</i>	b. TITLE
c. SIGNATURE	d. DATE SIGNED <i>(YYYYMMDD)</i>	c. SIGNATURE	d. DATE SIGNED <i>(YYYYMMDD)</i>