

Liner Service 2	XX,XXX	XX
Liner Service 3	XX,XXX	XX
Etc. . . .		
Carrier B		
Liner Service 1	XX,XXX	XX
Liner Service 2	XX,XXX	XX
Liner Service 3	XX,XXX	XX
Etc. . . .		
Etc. . . .		

(C) Narrative Statement on significant changes that occurred during the calendar quarter: _____

Part 6 Port Service

Narrative statement on significant changes in service at ports that occurred during the calendar quarter: _____

Section III

Part 1 Contact Person and Certification

(A) Person(s) to Contact Regarding Monitoring Report.

(1) Name _____
 (2) Title _____
 (3) Firm Name and Business _____
 (4) Business Telephone Number _____
 (5) Fax Number _____
 (6) E-Mail Address _____

(B) Certification

This Monitoring Report, together with any and all appendices and attachments thereto, was prepared and assembled in accordance with instructions issued by the Federal Maritime Commission. The information is, to the best of my knowledge, true, correct, and complete

Name (please print or type) _____
 Title _____
 Relationship with parties to agreement _____
 Signature _____
 Date _____

By Order of the Commission.

Bryant VanBrakle,

Secretary.

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