UNITED STATES POSTAL SERVICE®

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

1. Publication Title	2. Publication Number	3. Filing Date
New York State Register	0 1 9 7 _ 2 4 7 2	September 10, 2010
4. Issue Frequency	5. Number of Issues Published Annually	6. Annual Subscription Price
Weekly	52	$80 1st Class $40 Periodical

7. Complete Mailing Address of Known Office of Publication *(Not printer) (Street, city, county, state, and ZIP+4®)*

New York State Department of State, Division of Administrative Rules, One Commerce Plaza, 99 Washington Avenue, Albany, NY 12231-0001

Contact Person: Deborah Ritzko

Telephone *(Include area code)*: (518) 474-6957

8. Complete Mailing Address of Headquarters or General Business Office of Publisher *(Not printer)*

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

Publisher *(Name and complete mailing address)*

Editor *(Name and complete mailing address)*

Deborah Ritzko, same as above

Managing Editor *(Name and complete mailing address)*

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
New York State Department of State	Division of Administrative Rules
	One Commerce Plaza
	99 Washington Avenue, Suite 650
	Albany, NY 12231-0001

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)*

PS Form **3526,** September 2007 *(Page 1 of 3 (Instructions Page 3))* PSN 7530-01-000-9931 **PRIVACY NOTICE**: See our privacy policy on w*ww.usps.com*

13. Publication Title	14. Issue Date for Circulation Data Below
New York State Register	September 1, 2010

15. **Extent and Nature of Circulation**			**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)*			493	350
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)	390	211
	(2)	Mailed In-County Paid Subscriptions Stated on PS Form 3541 *(Include paid distribution above nominal rate, advertiser's proof copies, and exchange copies)*	0	0
	(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®)	62	55
c. Total Paid Distribution *(Sum of 15b (1), (2), (3), and (4))*			452	266
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)	0	0
	(4)	Free or Nominal Rate Distribution Outside the Mail *(Carriers or other means)*	202	61
e. Total Free or Nominal Rate Distribution *(Sum of 15d (1), (2), (3) and (4))*			202	61
f. Total Distribution *(Sum of 15c and 15e)* ▶			654	327
g. Copies not Distributed *(See Instructions to Publishers #4 (page #3))* ▶			10	23
h. Total *(Sum of 15f and g)* ▶			664	350
i. Percent Paid *(15c divided by 15f times 100)* ▶			69	81

16. Publication of Statement of Ownership

☑ If the publication is a general publication, publication of this statement is required. Will be printed in the October 6, 2010 issue of this publication.

☐ Publication not required.

17. Signature and Title of Editor, Publisher, Business Manager, or Owner	Date
Deborah A Ritzko, Publications Manager	9/10/2010

I certify that all information furnished on this form is true and complete. I understand that anyone who furnishes false or misleading information on this form or who omits material or information requested on the form may be subject to criminal sanctions (including fines and imprisonment) and/or civil sanctions (including civil penalties).

PS Form **3526,** September 2007 *(Page 2 of 3)*