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 (Required by 39 U.S.C. 3685)

1. TITLE OF PUBLICATION  TECHNICAL SOARING	A. PUBLICATION NO						2. DATE OF FILING  9/26/83
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3. FREQUENCY OF ISSUE  Quarterly	A. NO. OF ISSUES PUBLISHED ANNUALLY  4	B. ANNUAL SUBSCRIPTION PRICE  \$12.00
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4. COMPLETE MAILING ADDRESS OF KNOWN OFFICE OF PUBLICATION (Street, City, County, State and ZIP Code) (Not printers)  
 The Soaring Society of America, Inc.  
 3200 Airport Ave., Suite 25, Santa Monica, CA 90405

5. COMPLETE MAILING ADDRESS OF THE HEADQUARTERS OR GENERAL BUSINESS OFFICES OF THE PUBLISHERS (Not printers)  
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 3200 Airport Ave., Suite 25, Santa Monica, CA 90405

6. FULL NAMES AND COMPLETE MAILING ADDRESS OF PUBLISHER, EDITOR, AND MANAGING EDITOR (This item MUST NOT be blank)

**PUBLISHER (Name and Complete Mailing Address)**  
 The Soaring Society of America, Inc.  
 3200 Airport Ave., Suite 25, Santa Monica, CA 90405

**EDITOR (Name and Complete Mailing Address)**  
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**MANAGING EDITOR (Name and Complete Mailing Address)**  
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7. OWNER (If owned by a corporation, its name and address must be stated and also immediately thereunder the names and addresses of stockholders owning or holding 1 percent or more of total amount of stock. If not owned by a corporation, the names and addresses of the individual owners must be given. If owned by a partnership or other unincorporated firm, its name and address, as well as that of each individual must be given. If the publication is published by a nonprofit organization, its name and address must be stated.) (Item must be completed)

FULL NAME	COMPLETE MAILING ADDRESS
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8. KNOWN BONDHOLDERS, MORTGAGEES, AND OTHER SECURITY HOLDERS OWNING OR HOLDING 1 PERCENT OR MORE OF TOTAL AMOUNT OF BONDS, MORTGAGES OR OTHER SECURITIES (If there are none, so state)

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2. RETURN FROM NEWS AGENTS	0	0
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11. I certify that the statements made by me above are correct and complete

SIGNATURE AND TITLE OF EDITOR, PUBLISHER, BUSINESS MANAGER, OR OWNER  
 BUSINESS MANAGER