



Category	Mean	SD	Min	Max
Control	1.0	0.0	0.0	1.0
Online	1.0	0.0	0.0	1.0
Offline	1.0	0.0	0.0	1.0

State	California
Local Government Code	Gov. Code, Sec. 54000
Contractor's Name	SHAW, JAMES M., INC.
Contract Date	04/01/2004

1. $\text{H}_2\text{SO}_4 + \text{H}_2\text{O} \rightarrow \text{H}_3\text{O}^+ + \text{HSO}_4^-$
2. $\text{H}_2\text{SO}_4 + \text{H}_2\text{O} \rightarrow \text{H}_3\text{O}^+ + \text{HSO}_4^-$
3. $\text{H}_2\text{SO}_4 + \text{H}_2\text{O} \rightarrow \text{H}_3\text{O}^+ + \text{HSO}_4^-$
4. $\text{H}_2\text{SO}_4 + \text{H}_2\text{O} \rightarrow \text{H}_3\text{O}^+ + \text{HSO}_4^-$
5. $\text{H}_2\text{SO}_4 + \text{H}_2\text{O} \rightarrow \text{H}_3\text{O}^+ + \text{HSO}_4^-$
6. $\text{H}_2\text{SO}_4 + \text{H}_2\text{O} \rightarrow \text{H}_3\text{O}^+ + \text{HSO}_4^-$
7. $\text{H}_2\text{SO}_4 + \text{H}_2\text{O} \rightarrow \text{H}_3\text{O}^+ + \text{HSO}_4^-$
8. $\text{H}_2\text{SO}_4 + \text{H}_2\text{O} \rightarrow \text{H}_3\text{O}^+ + \text{HSO}_4^-$
9. $\text{H}_2\text{SO}_4 + \text{H}_2\text{O} \rightarrow \text{H}_3\text{O}^+ + \text{HSO}_4^-$
10. $\text{H}_2\text{SO}_4 + \text{H}_2\text{O} \rightarrow \text{H}_3\text{O}^+ + \text{HSO}_4^-$

100

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LN	PROV. L. NAME	A. ADDRESS		CITY/STATE/ZIP
		1. NAME	2. ADDRESS	
1	ABC	1	123	123
2	DEF	4	456	456
3	GHI	10	101	101
4	JKL	3	321	321
5	MNO			
6	PQR			
7	STU	23	234	234
8	VWX	9	987	987
9	YZA			
TOTAL NO. TOWNS		30		

I, [Signature], declare as President of the College of Public Health that the information submitted by this person is true and correct.

by providing a platform for the exchange of ideas and information.