Statement of Ownership, Management and Circulation

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

1A. Title of Publication	1B. PUBLICATION NO.	2. Date of Filing
LANGUAGE	0 0 9 7 8 5 0 7	10-1-92
3. Frequency of Issue	3A. No. of Issues Published Annually	3B. Annual Subscription Price
Quarterly	4	$45.00

4. Complete Mailing Address of Known Office of Publication *(Street, City, County, State and ZIP+4 Code) (Not printers)*

428 East Preston Street, Baltimore, Maryland 21202-3993

5. Complete Mailing Address of the Headquarters of General Business Offices of the Publisher *(Not printer)*

428 East Preston Street, Baltimore, Maryland 21202-3993

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)*

Linguistic Society of America
428 East Preston Street, Baltimore, Maryland 21202-3993

Editor *(Name and Complete Mailing Address)*

Sara G. Thomason, Dept. Of Linguistics, Univ. Of Pittsburgh,
Pittsburgh, PA 15260

Managing Editor *(Name and Complete Mailing Address)*

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
Linguistic Society Of America	1325 18th Street, N.W. Suite 211 Washington, DC 20036

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)*

Full Name	Complete Mailing Address
NONE	

9. For Completion by Nonprofit Organizations Authorized To Mail at Special Rates *(DMM Section 424.12 only)*
The purpose, function, and nonprofit status of this organization and the exempt status for Federal income tax purposes *(Check one)*

(1) [X] Has Not Changed During Preceding 12 Months
(2) [ ] Has Changed During Preceding 12 Months

(If changed, publisher must submit explanation of change with this statement.)

10. Extent and Nature of Circulation *(See instructions on reverse side)*	Average No. Copies Each Issue During Preceding 12 Months	Actual No. Copies of Single Issue Published Nearest to Filing Date
A. Total No. Copies *(Net Press Run)*	7355	7302
B. Paid and/or Requested Circulation *SEE BELOW 1. Sales through dealers and carriers, street vendors and counter sales	300	289
2. Mail Subscription *(Paid and/or requested)*	6325	6087
C. Total Paid and/or Requested Circulation *(Sum of 10B1 and 10B2)*	6625	6376
D. Free Distribution by Mail, Carrier or Other Means Samples, Complimentary, and Other Free Copies	50	54
E. Total Distribution *(Sum of C and D)*	6675	6430
F. Copies Not Distributed 1. Office use, left over, unaccounted, spoiled after printing	680	872
2. Return from News Agents	NONE	NONE
G. TOTAL *(Sum of E, F1 and 2—should equal net press run shown in A)*	7355	7302

11. **I certify that the statements made by me above are correct and complete**

Signature and Title of Editor, Publisher, Business Manager, or Owner

W. Reynolds

(See instructions on reverse)

*Paid Subs, mailed via Canada Post

PS Form 3526, January 1991

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