



**UNITED STATES
POSTAL SERVICE®**

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

1. Publication Title Attica Independent	2. Publication Number 546-600	3. Filing Date 10/01/2025
4. Issue Frequency Weekly	5. Number of Issues Published Annually 52	6. Annual Subscription Price 35.0
7. Complete Mailing Address of Known Office of Publication (Not printer) (Street, city, county, state, and ZIP+4®) Attica Independent 140 N Main Kingman KS 67068 / HARPER		Contact Person Stephanie Jump Telephone (Include area code) (620) 532-3151
8. Complete Mailing Address of Headquarters or General Business Office of Publisher (Not printer) Kingman Leader Courier 140 N Main Kingman KS 67068		
9. Full Names and Complete Mailing Addresses of Publisher, Editor, and Managing Editor (Do not leave blank)		
Publisher (Name and complete mailing address) Jason Jump 907 Central St Harper KS 67058		
Editor (Name and complete mailing address) Jason Jump 140 N Main Kingman KS 67068		
Managing Editor (Name and complete mailing address) Jason Jump 140 N Main Kingman KS 67068		
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	
Jason and Stephanie Jump	140 N Main Kingman KS 67068	
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)		