PACA LICENSE REINSTATEMENT NOTICE

INSTRUCTIONS: If all of the information SHOWN ON THE FRONT OF THIS FORM is current and complete, "X" the "With NO Change" box below OR if the information is NOT current or correct, "X" the "With CHANGE(s)" box and report the appropriate changes or additions in the spaces below. This form must be signed and returned completed, with the total REINSTATEMENT FEES DUE to be received by the anniversary date. Under "Nature of Business" check the ONE BOX which represents the predominant style of your operations. If there have been changes in ownership, partners, officers, directors, members and/or managers of LLCs or holders of more than 10 percent of the stock, or in their address, you should include and/or update ALL information requested for each individual. Missing or incorrect data on the front of this form may be inserted there. Adding and deleting persons should be reported in the space provided below. If license is NOT being renewed, explain your reason under "REMARKS" and return this form. QUESTIONS??? call (202) 720-3053. FRUITS AND VEGETABLES HANDLED NATURE OF BUSINESS ("X" one box) (Item 4 on front) ("X" one box) (Item 3 on front) 4. Wholesaler 5. Commission Merchant 6. Broker 7. Retailer 8. Processor 9. Trucker 0. Food Service Wholesaler 1. Fresh 2. Frozen 3. Both CHANGES IN OWNERSHIP, PARTNERS, OFFICERS, DIRECTORS, MEMBERS AND OR MANAGERS OF LLCs AND HOLDERS OF MORE THAN 10% OF THE STOCK (If there have been any changes, "X" the box showing your current operations.) DIRECTOR CHANGES (X) DATE OF SOCIAL SECURITY LEGAL NAME **FULL HOME ADDRESS** % OF STOCK (Last - First - Middle Initial) NUMBER CHANGE (Street and Number, City, State, and ZIP Code) Add Delete TITLE X REPORTED OWNERSHIP (Item 5 on front) HAS CHANGED TO: DATE OF CHANGE Limited I = Individual C = Corp. A = Assoc. T = Trust E = Estate L = Limited Liability P = Partnership-No. Partners...... ("X" one box) M = Company CHANGES (X) DATE OF TRADE NAME (d/b/a) OR BRANCH LOCATION (City, State, and ZIP Code) CHANGE Add Delete SIGNATURE ("X" one box) Signature and Title of Owner, Partner, Member/Manager (LLC) or Officer With NO change With CHANGE(s) shown above Making Application for License Renewal TITLE REMARKS TO PAY BY CREDIT CARD: According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor RETURN APPLICATION AND FEES TO: and a person is not required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is **AMOUNT** VISA MASTERCARD 0581-0031. The time required to complete this information collection is estimated to average 3 minutes per response, including the time for reviewing instructions, searching existing data AMERICAN EXPRESS DISCOVER sources, gathering and maintaining the data needed, and completing and reviewing the USDA-AMS-PACA \$ P.O. BOX 790327 **DINERS CLUB** The U.S. Department of Agriculture (USDA) prohibits discrimination in all its programs and activities on the basis of race, color, national origin, gender, religion, age, disability, political ST LOUIS, MO 63179-0327 ACCT. NO. MO YR beliefs, sexual orientation, and marital or family status. (Not all prohibited bases apply to all programs.) Persons with disabilities who require alternative means for communication of **EXPIRATION** MAKE CHECKS PAYABLE TO "USDA-AMS" program information (Braille, large print, audiotape, etc.) should contact USDA's TARGET DATE Center at 202-720-2600 (voice and TDD). To file a complaint of discrimination, write USDA, Please include license number being renewed on check. Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, SW, Washington, DC 20250-9410 or call (202) 720-5964 (voice and TDD). USDA is an equal (For more information about PACA, visit our opportuntiy provider and employer NAME OF CARD HOLDER SIGNATURE (Please Print) website: "www.ams.usda.gov/fv/paca.htm".)

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Your PACA license expires on anniversary date shown below as the annual fees were not paid. The license may be reinstated by paying the annual fee plus a \$50 reinstatement fee within 30 days of the anniversary date

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0581-0031. The time required to complete this information collection is estimated to average 3 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection information.

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1. LICENSE NO. 19910266	2. ANNIVERSA DATE 11-27-2006	RY 3. TYPE OF BUS			OF BUSINESS	5. OWNE	RSHIP TY		6. NO. OF BRANCHES
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BUS:	N 400 E VILLAGE	IN	N 46349-9249			REINSTATE \$ FEES DUE \$ MUTI YEAR OPTIONS ("X" one box			50.00
Phone: (219)	345-3217 Fa	x:	Ema	1:		2 YEAR REN			1,150.00
EIN:			STATE IN WHICH INCORPORATED OR FORMED			3 YEAR RENEWAL FEES DUE \$ 1,700.00 DATE INCORPORATED 01-01-1990			
PRINCIPA	LS - OWNER,	PARTNERS, OFFIC	ERS, DIRE	INDIANA CTORS, MEM	IBERS, AND HOL	DERS OF MOR	ORATE RE THA	N 10% OF	-1990 STOCK
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NOTICE TO LICENSEE - You are licensed under the Perishable Agricultural Commodities Act as described above. If you are continuing in business, subject to the Act, you must renew the license for another year. This renewal application must be signed on the reverse and must reach this office by the anniversary date shown above. See reverse for instructions on how to report changes in your business operations, if any have occurred. PENALTIES: Operations without a license could result in an injunction plus a civil penalty of \$1200 for each offense plus \$350 for each day the offense continues.