

**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.

<b>FRUITS AND VEGETABLES HANDLED</b> ("X" one box) (Item 3 on front)	<b>NATURE OF BUSINESS ("X" one box) (Item 4 on front)</b>
1. <input type="checkbox"/> Fresh    2. <input type="checkbox"/> Frozen    3. <input type="checkbox"/> Both	4. <input type="checkbox"/> Wholesaler    5. <input type="checkbox"/> Commission Merchant    6. <input type="checkbox"/> Broker    7. <input type="checkbox"/> Retailer    8. <input type="checkbox"/> Processor    9. <input type="checkbox"/> Trucker    0. <input type="checkbox"/> Food Service    G. <input type="checkbox"/> Grocery Wholesaler

**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.)

CHANGES (X) Add    Delete	DATE OF CHANGE	LEGAL NAME (Last - First - Middle Initial)	SOCIAL SECURITY NUMBER	FULL HOME ADDRESS (Street and Number, City, State, and ZIP Code)	DIRECTOR		% OF STOCK
					TITLE	X	

**REPORTED OWNERSHIP (Item 5 on front) HAS CHANGED TO:**

("X" one box)     I = Individual     C = Corp.     A = Assoc.     T = Trust     E = Estate     L = Limited Partnership     M = Company     P = Partnership-No. Partners.....

DATE OF CHANGE

CHANGES (X) Add    Delete	DATE OF CHANGE	TRADE NAME (d/b/a) OR BRANCH	LOCATION (City, State, and ZIP Code)

("X" one box)

With NO change     With CHANGE(s) shown above

Signature and Title of Owner, Partner, Member/Manager (LLC) or Officer Making Application for License Renewal →

SIGNATURE

TITLE

**REMARKS**

**RETURN APPLICATION AND FEES TO:**

**USDA-AMS-PACA**  
**P.O. BOX 790327**  
**ST LOUIS, MO 63179-0327**

**MAKE CHECKS PAYABLE TO "USDA-AMS"**  
 Please include license number being renewed on check.  
**(For more information about PACA, visit our website: "www.ams.usda.gov/fv/paca.htm".)**

**TO PAY BY CREDIT CARD:**

<input type="checkbox"/> VISA	<input type="checkbox"/> MASTERCARD	AMOUNT
<input type="checkbox"/> AMERICAN EXPRESS	<input type="checkbox"/> DISCOVER	
<input type="checkbox"/> DINERS CLUB		
ACCT. NO.	EXPIRATION DATE	MO    YR
NAME OF CARD HOLDER SIGNATURE (Please Print)		

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, 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 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 of information.

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 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 program information (Braille, large print, audiotape, etc.) should contact USDA's TARGET Center at 202-720-2600 (voice and TDD). To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, SW, Washington, DC 20250-9410 or call (202) 720-6964 (voice and TDD). USDA is an equal opportunity provider and employer.

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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# PACA LICENSE REINSTATEMENT NOTICE

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

1. LICENSE NO.	2. ANNIVERSARY DATE	3. TYPE OF BUSINESS	4. NATURE OF BUSINESS	5. OWNERSHIP TYPE	6. NO. OF BRANCHES
19910266	11-27-2006	FRESH FRUITS & VEG	WHOLESALE DEALER	CORPORATION	0

COATES FARM PRODUCE INC  
9800 N 400 E  
LAKE VILLAGE IN 46349-9249

BUS: 9800 N 400 E  
LAKE VILLAGE IN 46349-9249

**NOTICE TO LICENSEE**  
**THIS IS A BILL.** Failure to return this Form and fee within 30 days will result in the termination of your PACA license. **COMPLETE REVERSE SIDE**

RENEWAL FEES	
BASIC	\$ 550.00
BRANCH	\$ .00
REINSTATE	\$ 50.00
<b>FEES DUE</b>	<b>\$ 600.00</b>

Phone: (219) 345-3217 Fax: Email:

MUTI YEAR OPTIONS ("X" one box)  
 2 YEAR RENEWAL FEES DUE \$ 1,150.00  
 3 YEAR RENEWAL FEES DUE \$ 1,700.00

EIN : STATE IN WHICH INCORPORATED OR FORMED INDIANA

DATE INCORPORATED 01-01-1990

**PRINCIPALS - OWNER, PARTNERS, OFFICERS, DIRECTORS, MEMBERS, AND HOLDERS OF MORE THAN 10% OF STOCK**

NAME (LAST - FIRST - MIDDLE INITIAL)	SOCIAL SEC. NO.	HOME ADDRESS	TITLE	% OF STOCK
COATES DAVID A		LAKE VILLAGE IN	PD	50.00
COATES DORIS D		LAKE VILLAGE IN	S	50.00

**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.**