INSTRUCTIONS: If all of the information SHOWN ("X" the "With CHANGE(s)" box and report the app DUE to be received by the anniversary date. Under "Na partners, officers, directors, members and/or mana for each individual. Missing or incorrect data on the being renewed, explain your reason under "REMAR"	propriate changes or add ature of Business" check gers of LLCs or holders the front of this form ma	litions in the spaces below. This the ONE BOX which represent of more than 10 percent of the ay be inserted there. Adding an	s form must be signed s the predominant style stock, or in their addres d deleting persons shou	and returned completed, with of your operations. If there as, you should include and/or	h the total REINST have been change update ALL inform	es in ownership, nation requested				
FRUITS AND VEGETABLES HANDLED ("X" one box) (Item 3 on front)	NATURE OF BUSINESS ("X" one box) (Item 4 on front)  1. Wholesaler 5. Commission Merchant 6. Broker 7. Retailer 8. Processor 9. Trucker 0. Food Service Wholesaler									
1. Fresh 2. Frozen 3. Both 4.										
CHANGES IN OWNERSHIP, PARTNERS, OFFICERS, "X" the box showing your current operations.)	DIRECTORS, MEMBERS	AND OR MANAGERS OF LLCs	AND HOLDERS OF MOR	E THAN 10% OF THE STOCK	(If there have be	een any changes,				
CHANGES (X) DATE OF LEG	SAL NAME	SOCIAL SECURITY	FULL HOI	FULL HOME ADDRESS		CTOR % OF				
Add Delete CHANGE (Last - Fir	st - Middle Initial)	NUMBER	(Street and Number, City, State, and ZIP Code)		TITLE	х ѕтоск				
	00 m									
REPORTED OWNERSHIP (Item 5 on front) HAS CHANGED			ATE OF CHANGE							
("X" one box)	A = Assoc.  T = Tru	st E = Estate L = Limite Partn		P = Partnership-No	Partners					
CHANGES (X)  Add Delete CHANGE  TRADE NAME (d/b/a) OR BRANCH				LOCATION (City, State, and ZIP Code)						
("X" one box)	100	Signature and Title of Owner,		SIGNATURE						
With NO change With CHANG	Member/Manager (LLC) or Off Making Application for License		TITLE	111111111111111111111111111111111111111						
REMARKS										
RETURN APPLICATION AND FEES TO:	TO PAY BY CREDIT CARD:  VISA MASTERCARD AMOUNT			According to the Paperwork Reduction A and a person is not required to respond to OMB control number. The valid OMF 0581-0031. The time required to complete the control of	to a collection of information B control number for this ete this information collection	unless it displays a valid information collection is n is estimated to average				
USDA-AMS-PACA P.O. BOX 790327 ST LOUIS, MO 63179-0327	XPRESS DISCOVER	\$ MO YR	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, refigion, 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) 720-5964 (voice and TDD). USDA is an equal opportuntly provider and employer.							
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".)	NAME OF CARD HOLDER	R SIGNATURE (Please Print)								
EV 204 24										

PACA LICENSE REINSTATEMENT NOTICE 7, G

## PACA LICENSE REINSTATEMENT NOTICE

REINSTATEMENT FEE DUE \$50.00

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.	2. ANNIVERSARY DATE	3. TYPE OF BUSINE	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	RE OF BUSINESS		ERSHIP TYPE	6. NO. OF BRANCHES	
19951094	04-10-2007	FRESH FRUITS & V	EGS RE	TAILER	INDIVIDUAL		0	
8439 SOUT BUS: 4501	ISO GABRIEL MOUNTAIN VI H GATE S ALAMEDA S	CA	90280-0000		NOTICE TO LICENSEE  REINSTATEMENT FEE DUE \$50.00  Your PACA license expired on the anniversary date shown above as the RENEWAL FORM was not filed. The license may be reinstated by returning this NOTICE and paying the required \$50 fee within 30 days of anniversary date.  Failure to return this form with all fees due will result in the termination of your PACA license.			
hone:	Fax:		Email:		8 8 8 8 9			
EIN:			STATE IN WHICH	INCORPORATED (	OR FORMED	DATE		
			RS, DIRECTORS, MI					
NAME (LAS	T - FIRST - MIDDI	LE INITIAL)	SOCIAL SEC. NO.	HOM	IE ADDRESS	TITLE	% OF 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. 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, 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.

FV-231-2A (10-02) CG: HFDL

Return form with fees to: Notice to Customers Making Payment by Check: As part of a Department of Treasury initiative, if you pay your account by check, it will be converted into an electronic funds Return form with fees to:
USDA -PACA Branch
P.O.BOX 790327
St. Louis MO 63179 - 0327
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