PACA License Renewal Notice for Grocery Wholesalers and Retailers

Is all the information shown on the front of this form current and complete?

Yes	No
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INSTRUCTIONS: If any of the information shown on the front of this form is NOT current or correct, report the changes or additions on the front or in the appropriate space below. If the license is NOT being renewed, explain your reasons under "REMARKS." This form must be signed, returned, and received by the anniversary date shown on the front of this form.

Return Completed License Renewal Application by fax or mail to:

USDA, PACA Branch, National License Center 8700 Centreville Road, Suite 202 Manassas, VA 20110-8411 Fax: (703)330-4555

Questions, Call (703)331-4570 or email PACASearch@usda.gov

Visit our website at www.ams.usda.gov/fv/paca.htm

FRUITS AND V	EGETABLE	S HANDLED	NATURE OF BUSINESS								
(Item 3 on fro	nt)	Circle One	(Item 4 on front) Circle the one that best represents the predominant style of your operations								
Fresh	Frozen	Both	Wholesaler	Commission Merchant	Broker	Retailer	Processor	Trucker	Food Service	Grocery Wholesaler	
LEGAL STRUCTURE OF BUSINESS (Item 5 on front) Has changed to: Circle One DATE OF CHANGE											

Sole Proprietor Corporation Association Trust Estate Limited Partnership Limited Liability Company Partnership

CHANGES IN OWNERSHIP, PARTNERS, OFFICERS, DIRECTORS, MEMBERS and/or MANAGERS OF LLCs AND STOCKHOLDERS Please update all information requested

Changes Date of Add Delete Change			LEGAL NAME	Social Security Number		HOME ADDRESS City, State, Zip Code	Title (Including	Title (Including % of Stock Director)			
Auu	Delete	Change		Last, First, Middle Initia		Number	30000	City, State, Zip Code			
				100 H			10	1			
Main	Business	s Phone Nu	mber	Fax Number	E-Mail	Address		Federal Employer I	l dentification Numbe	er	
Cha Add	anges Delete	Date of Change						Signature and Title of Owner, Partner, Member/Manager (LLC) or Officer completing the PACA License Renewal			
1844						2 2 2 2		Signa	ture		
			1.51					Title	Date		
REM	ARKS	NO.400 A	O HOLA EHRE HEDR	2.30 1020 and a set of a set	H COL MOCK		person is number. required t including maintainii The U.S. on the ba familial si (Not all p means fo USDA's T write to U 20250-94	to the Paperwork Reduction Act of 1995 not required to respond to a collection of The valid OMB control number for this ini to complete this information collection is e the time for reviewing instructions, searc org the data needed, and completing and Department of Agriculture (USDA) prohit sis of race, color, national origin, age, dis atus, parental status, religion, sexual ori rohibited bases apply to all programs.) Pr r communication of program information 'ARGET Center at (202) 720-2600 (voice USDA, Director, Office of Civil Rights, 140 10, or call (800) 795-3272 (voice) or (202 and employer.	f information unless it displays a formation collection is 0581-003 estimated to average 3 minutes hing existing data sources, gath reviewing the collection of inform bits discrimination in all its progra- sability, and where applicable, se- antation, genetic information, or ersons with disabilities who requing (Braille, large print, audiotape, e and TDD). To file a complaint co 0 Independence Avenue, S.W.,	valid OMB control 1. The time per response, tering and mation. ams and activities ex, marital status, political beliefs. uire alternative tc.) should contact of discrimination, Washington, D.C.	

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FRUITS AND VEGETABL (Item 3 on front)	ES HANDLED Circle One	NATURE OF B (Item 4 on 1	USINESS front) Circle the one that b	est represe	ents the pre	edominant style	e of your ope	rations	
Fresh Frozen	Both	Wholesaler	Commission Merchant	Broker	Retailer	Processor	Trucker	Food Service	Grocery Wholesaler
LEGAL STRUCTURE OF	BUSINESS (Item	5 on front) Has char	nged to: Circle One					DATE OF CHAN	GE
Sole Proprietor	Corporation Asso	ociation Trust E	state Limited Partnership	Limited	Liability	Company F	artnership	11112	

CHANGES IN OWNERSHIP, PARTNERS, OFFICERS, DIRECTORS, MEMBERS and/or MANAGERS OF LLCs AND STOCKHOLDERS Please update all information requested

Cha Add	anges Delete			LEGAL NAME Soc Last, First, Middle Initial				FULL HOME ADD Street, City, State, Z		Title (Including Director)	% of Stock
			•				1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-				
Main	Business	s Phone Num	ber Fax Number		E-Mail A	Address		Feder	al Employer Ider	ntification Numbe	r
Cha Add	Changes Date of Add Delete Change			Name (dba) or Branch		Branch Locations City and State		Signature and Title of Owner, Partner, Member/Manager (LLC) or Officer completing the PACA License Renewal			
		19 20	51214311			<u> </u>			Signature	Date	
REM	ARKS	ACCER VIED	State as the second of the second sec	run or the one for a fifth				According to the Paperwork F person is not required to resp number. The valid OMB com required to complete this info including the time for reviewin maintaining the data needed. The U.S. Department of Agric on the basis of race, color, na familial status, parental status (Not all prohibited bases appl means for communication of USDA's TARGET Center at (2 write to USDA, Director, Offic 20250-9410, or call (800) 795 provider and employer.	pond to a collection of infor trol number for this informa mation collection is estima and completing and revier culture (USDA) prohibits di tional origin, age, disabilit s, religion, sexual orientati ly to all programs.) Person program information (Braill 202) 720-2600 (voice and T e of Civil Rights, 1400 Inde	agency may not conduct or mation unless it displays a ation collection is 0581-0031 ated to average 3 minutes p existing data sources, gathe wing the collection of inform iscrimination in all its progra y, and where applicable, se on, genetic information, or p on, genetic information, or p s with disabilities who requi lle, large print, audiotape, et TDD). To file a complaint of ependence Avenue, S.W., V	valid OMB control I. The time ber response, pring and hation. ms and activities x, marital status, solitical beliefs. ire alternative c.) should contact f discrimination, Vashington, D.C.