F/H Form 1e OMB CONTR. NO. 0581-0178

KERNEL SHIPMENTS

Handler

Period										
D	T .									
Date	Invoice			г.						
Of	Or			Extra	_			****		
Ship	Lot No.	Giant	Jumbo	Large	Large	Med.	Small	W/B	Total	
DOMESTIC SHIPMENTS										
Total This Period										
EXPORT SHIPMENTS										Country
	**									
Total	This Period									

Please return this form marked "No Activity" if no shipments have been made. Individual shipments need not be itemized – monthly totals are acceptable.

This report is required by law (7 U.S.C. 608(d), and 7 CFR 982.66 and 7 CFR 982.466). Failure to report can result in a fine of not less than \$50 or more than \$5,000 for each such violation and each day during which such violation continues shall be deemed a separate violation.

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