

CHERRIES ACQUIRED from PRODUCERS

Crop Year

Cherry Industry Administrative Board

P.O. Box 388, DeWitt, MI 48820-0388
Tel: 517/669-1070 Fax: 517/669-1260

The report covers the current crop year from July 1 to October 30. List all fruit received using the raw product volume of fruit delivered. The report is due at the CIAB offices by close of business, Eastern time, on September 15.

Handler: _____ Handler ID# _____
Address: _____
City, ST Zip: _____
Telephone No.: _____

All Weights are to be listed at Raw Product Equivalents (RPE)

| | Grower Name | CIAB ID# | District # or Name | Cherries Delivered (actual pounds) |
|----|-------------|----------|--------------------|------------------------------------|
| 1 | | G | | |
| 2 | | G | | |
| 3 | | G | | |
| 4 | | G | | |
| 5 | | G | | |
| 6 | | G | | |
| 7 | | G | | |
| 8 | | G | | |
| 9 | | G | | |
| 10 | | G | | |
| 11 | | G | | |
| 12 | | G | | |
| 13 | | G | | |
| 14 | | G | | |
| 15 | | G | | |
| 16 | | G | | |
| 17 | | G | | |
| 18 | | G | | |
| 19 | | G | | |
| 20 | | G | | |
| 21 | | G | | |
| 22 | | G | | |
| 23 | | G | | |
| 24 | | G | | |
| 25 | | G | | |

The undersigned hereby certifies to the CIAB and the Secretary of Agriculture that this is a true, correct and complete report of the raw product received by the Handler for the current year.

By: _____
Title: _____
Date: _____

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(Please see other side for additional information)

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