

RECAP OF INTER-HANDLER MOVEMENT

HANDLER: _____

PERIOD: 8/1/20__ to __/__/20__ Incl.

PRUNES RECEIVED BY US FROM OTHER HANDLERS

Date	Handler	Description	Net Pounds	
			Natural Condition	Processes Condition
(Cumulative pounds from previous quarter)				
Enter on PMC 11.1 for the above period on appropriate space - B 2a or b.			Totals:	

PRUNES SHIPPED BY US TO OTHER HANDLERS

Date	Handler	Description	Net Pounds	
			Natural Condition	Processes Condition
(Cumulative pounds from previous quarter)				
Enter on PMC 12.1 for the above period on appropriate space - 4a or b.			Totals:	

Due Date is 5th working day of the month following each quarter ended 10/31, 1/31, 4/30 and 7/31

Signed: _____

Title: _____

AUTHORITY: This report is required by law (7 USC 608 (d), 7 CFR §993. 2, 7 CFR §993.172 (b) (3)). **FAILURE TO REPORT** can result in a fine of not less than \$50 or more than \$5000 for each such violation and each day during which such violation continues shall be deemed a separate violation.

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 0581-0178. The time required to complete this information collection is estimated to average 15 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.

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Mail or fax to the Prune Marketing Committee, 3841 No. Freeway Blvd., Suite 120, Sacramento, CA . Fax: (916) 565-6237. Retain a copy for your files.