Almond Board of California Handler Information Sheet

Handler Name:		
Address:		
City, State, Zip		
Telephone:		
Fax Number:		
ompany is (check one):) Sole proprietorship	: If additional space is needed	, use reverse side.
Name of Owner:		
Residence Address:		
City, State, Zip		
	Residence Address of Part	
Name of Partner		
Name of Partner) Corporation. Please		tner
Name of Partner) Corporation. Please Chairman:	Residence Address of Part	tner
Name of Partner) Corporation. Please Chairman:	Residence Address of Part	tner
Name of Partner) Corporation. Please Chairman: President:	Residence Address of Part	tner
) Corporation. Please Chairman: President: Vice President:	Residence Address of Part	tner
) Corporation. Please Chairman: President: Vice President: Secretary:	Residence Address of Part	tner
) Corporation. Please Chairman: President: Vice President: Secretary: Treasurer: State Incorporated In: This will acknowledge that I h	Residence Address of Part	resses of officers (if applicable).

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