

HANDLER RESERVE PLAN and FINAL PACK REPORT

Crop Year

Cherry Industry Administrative Board

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

The report is required of all handlers processing tart cherries. It is due by close of business, Eastern time, November 1. Photocopy and attach Grower Diversion Certificates for which credit is claimed. (Complete both sides of this form.)

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

HANDLER RESERVE PLAN

| ALLOCATION OF PRODUCTION | REGULATED DISTRICTS (actual pounds) | UNREGULATED or EXEMPT DISTRICTS (actual pounds) | TOTAL ALL DISTRICTS (actual pounds) (Sum of Col. 1 & 2) |
|---|-------------------------------------|---|---|
| CHERRIES HANDLED | | | |
| FRUIT PROCESSED ¹ | _____ | _____ | _____ |
| + AT-PLANT DIVERSION ¹ | _____ | _____ | _____ |
| + IN-ORCHARD DIVERSION | _____ | _____ | _____ |
| = TOTAL GROSS POUNDS (Sum of 1 – 3) | _____ | _____ | _____ |
| RESTRICTED VOLUME | | | |
| CIAB RESTRICTED % | _____ | | |
| CIAB RESTRICTED LBS (Total Gross LBS x Rest. %) | _____ | | |
| COMPLIANCE PLAN | | | |
| + AT-PLANT (certificates required) | _____ | | |
| + IN-ORCHARD (certificates required) | _____ | | |
| + EXPORTS (certificates will be required) | _____ | | |
| + NEW MARKET/NEW PRODUCT (certificates will be required) | _____ | | |
| + MARKET GROWTH FACTOR | _____ | | |
| + RESERVE INVENTORY ^{2,3} | _____ | | |
| TOTAL of COMPLIANCE ACTIVITIES (Must equal "Restricted LBS". above.) | _____ | | |

1. The sum of "Fruit Processed" + "At-Plant Diversion" must equal the total for all Form 1's, Weekly Raw Product Report, submitted for the season.
2. Each handler's default inventory reserve obligations is the "Restricted Pounds calculated above. This amount of product must be in inventory reserves until either the planned diversion activities are completed and submitted to the CIAB for diversion credits or the CIAB issues releases from inventory reserve obligations.
3. Forms 5A, Inventory Reserve Summary, and Forms 5B, Inventory Location Report, must accompany this report and document the locations and the specific products placed into inventory reserves.

The undersigned hereby certifies to the CIAB and the Secretary of Agriculture that this is a true and correct Handler Reserve Plan and Final Pack Report for the undersigned Handler of the indicated crop year.

By: _____
Title: _____
Date: _____

(see other side for additional information)

CIAB
FORM 4
BACK

FINAL PACK REPORT

Handler ID#: _____

Crop Year

FINAL INVENTORY FULFILLMENT

| FORM of PRODUCT in INVENTORY | SIZE of UNITS | # of UNITS | PLANT CONVERSION FACTORS | RPE OF PRODUCT (1,000 LBS) |
|------------------------------|---------------|------------|--------------------------|----------------------------|
| FROZEN | | | | |
| 5+1 | 30# | | | |
| IQF | 40# | | | |
| Drying Stock | | | | |
| 5+1 | 30# | | | |
| IQF | 40# | | | |
| Other Drying stock | | | | |
| Other | | | | |
| 1. | | | | |
| 2. | | | | |
| WATERPACK | | | | |
| | 6/#10 | | | |
| | 24/#300 | | | |
| Other (Describe) | | | | |
| PIEFILL | | | | |
| | 6/#10 | | | |
| | 12/#2 | | | |
| Other (Describe) | | | | |
| DRIED | | | | |
| | Pounds | | | |
| PUREE (30° Brix) | | | | |
| | Pounds | | | |
| JUICE | | | | |
| Concentrate (68° Brix) | Gallons | | | |
| Concentrate (0, 68° Brix) | Gallons | | | |
| Juice Stock | Pounds | | | |
| Juice Stock (0 RPE) | Pounds | | | |
| Single Strength | | | | |
| OTHER (Describe) | | | | |
| Fresh sales | Pounds | | | |
| 1. | | | | |
| 2. | | | | |
| TOTAL: | | | | |

According the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number to this information collection is 0581-0177. The time required to complete this information collection is estimated to average 15 minutes per response, including the time for reviewing the collection of information.

The U.S. Department of Agriculture (USDA) prohibits discrimination in its programs and activities on the basis of race, color, national origin, age, disability, and where applicable, sex, marital status, familial status, parental status, religion, sexual orientation, genetic information, political beliefs, reprisal, or because all or part of an individual's income is derived from any public assistance program (Not all prohibited bases apply to all programs). Persons with disabilities who require alternative means for communication of program information (Braille, large print, audio tape, etc.) should contact USDA's TARGET Center at (202) 720-2600 (voice and TDD).

To file a complaint of discrimination, write to USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, or call (800) 795-3272 (voice) or (202) 720-6382 (TDD). USDA is an equal opportunity provider and employer.