OMB # 0581-0177

CIAB FORM #1

## **Weekly Raw Product Report**

Week Ending:	
Final Report:	

## **Cherry Industry Administrative Board**

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

Report receipts of fruit s The report is due in the Indicate the Final Repor	CIAB office by	close of business, East	nd pack and continern Time, on Mono	nue until the harvest is cor day following each week	npleted. of harvest.			
Handler:				Handler ID#				
Address:								
_ 1 1								
_								
RAW PRODUCT RE	CCEIVED	WEEKLY PROD	OUCTION	YEAR to DAT	E			
By District of Prod	luction	Total of Fruit F	Received	Total of Fruit Rec	eived			
01 NW Michigan								
02 WC Michigan								
03 SW Michigan								
04 New York								
05 Oregon								
06 Pennsylvania								
07 Utah								
08 Washington								
09 Wisconsin								
TOTAL REC	EEIPTS:							
The undersigned hereby certifies to the CIAB and the Secretary of Agriculture that this is a true and correct report of product received by the Handler for the indicated period.								
			Title:					

(see other side for additional information)

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