

FOREIGN PRODUCERS'/EXPORTERS' QUESTIONNAIRE

**FROZEN WARMWATER SHRIMP FROM CHINA, ECUADOR, INDIA, INDONESIA,
MALAYSIA, THAILAND, AND VIETNAM**

This questionnaire must be received by the Commission by no later than July 10, 2013

See page 4 of the Instruction Booklet for filing instructions.

The information called for in this questionnaire is for use by the United States International Trade Commission in connection with its countervailing duty investigations concerning frozen warmwater shrimp from China, Ecuador, India, Indonesia, Malaysia, Thailand, and Vietnam (Inv. Nos. 701-TA-491-497 (Final)). The information requested in the questionnaire is requested under the authority of the Tariff Act of 1930, title VII.

<p>Name of firm _____</p> <p>Address _____</p> <p>_____</p> <p>World Wide Web address _____</p> <p>Has your firm produced or exported frozen warmwater shrimp (as defined in the instruction booklet) at any time since January 1, 2010?</p> <p><input type="checkbox"/> NO (Sign the certification below and promptly return only this page of the questionnaire to the Commission)</p> <p><input type="checkbox"/> YES (Read the instruction booklet carefully, complete all parts of the questionnaire, and return the entire questionnaire to the Commission so as to be received by the date indicated above)</p> <p>Data reported in this questionnaire relate to (Check one):</p> <p><input type="checkbox"/> CHINA <input type="checkbox"/> ECUADOR <input type="checkbox"/> INDIA <input type="checkbox"/> INDONESIA</p> <p><input type="checkbox"/> MALAYSIA <input type="checkbox"/> THAILAND <input type="checkbox"/> VIETNAM</p> <p>Return questionnaire via the U.S. International Trade Commission <i>Drop Box</i> by clicking on the following link: https://dropbox.usitc.gov/oinv/. (use the following PIN: SHRM)</p>

CERTIFICATION

I certify that the information herein supplied in response to this questionnaire is complete and correct to the best of my knowledge and belief and understand that the information submitted is subject to audit and verification by the Commission.

By means of this certification I also grant consent for the Commission, and its employees and contract personnel, to use the information provided in this questionnaire and throughout this proceeding in any other import-injury proceedings conducted by the Commission on the same or similar merchandise.

I acknowledge that information submitted in this questionnaire response and throughout this proceeding may be used by the Commission, its employees, and contract personnel who are acting in the capacity of Commission employees, for developing or maintaining the records of this proceeding or related proceedings for which this information is submitted, or in internal audits and proceedings relating to the programs and operations of the Commission pursuant to 5 U.S.C. Appendix 3. I understand that all contract personnel will sign non-disclosure agreements.

Name of Authorized Official

Title of Authorized Official

Date

Signature

Phone:

Fax:

Email address

PART I.—GENERAL INFORMATION

The questions in this questionnaire have been reviewed with market participants to ensure that issues of concern are adequately addressed and that data requests are sufficient, meaningful, and as limited as possible. Public reporting burden for this questionnaire is estimated to average 20 hours per response, including the time for reviewing instructions, searching existing data sources, gathering the data needed, and completing and reviewing the questionnaire. Send comments regarding the accuracy of this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to the Office of Investigations, U.S. International Trade Commission, 500 E Street, SW, Washington, DC 20436.

I-1a. **OMB statistics.**--Please report below the actual number of hours required and the cost to your firm of preparing the reply to this questionnaire and completing the form.

_____ hours _____ dollars

I-1b. **OMB feedback.**--We are interested in any comments you may have for improving this questionnaire in general or the clarity of specific questions. Please attach such comments to your response or send them to the above address.

I-2. **Establishments covered.**--Provide the name and address of establishment(s) covered by this questionnaire (see page 3 of the instruction booklet for reporting guidelines). If your firm is publicly traded, please specify the stock exchange and trading symbol.

I-3. **U.S. importers.**--Please provide the names, street addresses (not P.O. boxes), contacts, telephone numbers, and e-mail addresses of the **FIVE** largest U.S. importers of your firm's frozen warmwater shrimp in 2012.

Importer's name	Contact person	Email	Telephone	Street address (not P.O. box), city, state, and zip code	Share of your 2012 exports (%)
1				Street Address City ' State Zip Code	
2				Street Address City ' State Zip Code	
3				Street Address City ' State Zip Code	
4				Street Address City ' State Zip Code	
5				Street Address City ' State Zip Code	