

**CIAB
FORM #3A**

**REPORT OF EXPORT SALES ACTIVITY
Cherry Industry Administrative Board**

Crop Year _____

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

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

PORTS of ENTRY* (Report in Units)	Hot Pack	IQF	5 + 1	Dried	Other	Total
Europe						
Belgium						
France						
Germany						
Netherlands						
United Kingdom						
Other(s) (specify)						
ST Europe						
Pacific Rim						
Australia						
Hong Kong						
Japan						
Korea						
Singapore						
Taiwan						
Other(s) (specify)						
ST Pacific Rim						
North America						
Canada						
Mexico						
ST N. America						
South or Central America						
Other(s) (specify)						
ST S. or C. America						
Mid. East and Africa						
Egypt						
Israel						
Saudi Arabia						
Other(s) (specify)						
ST Mid. East/Africa						
Grand Total						

The undersigned hereby certifies to the Secretary of Agriculture and the Cherry Industry Administrative Board that this is a true and correct statement of the sales activity of this handler for the listed years.

By: _____
Title: _____

Date: _____

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