

U.S. DEPARTMENT OF AGRICULTURE AGRICULTURAL MARKETING SERVICE LIVESTOCK, POULTRY, AND SEED PROGRAM FEDERAL SEED LABORATORY, GASTONIA, NC 28054-2193

ERTIFICATE	NO.		
70	- AA	XXXXX	-X
ATE ISSUED			

DATE ISSU	E
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June 03, 2016 DATE SAMPLE RECEIVED

1/

May 18, 2016

			1				AND DESCRIPTION OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUM	-
Tested in accordance with ISTA rules.			Solanum Lycopersicum (tomato)					
SENDER'S MARK					, сороло	ioum (tomo		
Lot No. xxxxxx, tomato, AN	NAIS F1.							
PURE SEED		INERT MATTER			OTHER SEEDS			
100.0 %			0.0 % SEEDS			0.0	%	
		OTHER	SEEDS					
GERMINATION O. O.	ABNORMAL SPE		DORMANT SEED	0.0/	TE	ST PERIOD	. 541/6	
98%	2/	1 %		0%		14		
Not Requested		NOXIOUS WEEL	SEEDS BAS	ED ON E	XAMINATIO	V OF GF	RAMS.	
Not Requested								
REMARKS	Control of							
1/ The results herein appl	y only to the abov	re described sample su	ubmitted for xx	xxxxx, P.	O. Box xxxxx	x, San Jose	e, CA XXXX	xx. The
sample is to represent a tol	tal of 1,300,000 s	eeds of which 500,000	seeds are scl	heduled f	or export. Tr	eatment: N	one.	
0/ DD- 20 2000								
2/ BP; 20-30°C.		@ nui	PLICATE					
SIGNATURE			TITLE					
This codificate is issued under th	a cuthority of the Agr	outhern Marketine Ast of 10	IS as amanded (7	711.C. 161	11 at ana) and th	o roquiations	thereunder (7	CER
This certificate is issued under the 75.1 et seq.), and is receivable in	n all courts of the Unite	ed States as prima facie evid						
excuse failure to comply with any	y of the regulatory law	s of the United States.				· · · · · · · · · · · · · · · · · · ·		
A UNIT RATES		SP COLUMN TO COMPANY OF THE COLUMN	encount of the territory control	er of the Translation	ver acceleration and	**************************************	and the contract	
O CEDVICE IDENTIFICA	TION							
B SERVICE IDENTIFICAT 1. APPLICANT NO.	CERTIFICATE NO.	3. AUTHORIZATIO	N NO.	4. BILL REFI	ERENCE	5. DATE	ISSUED	
1000000	70 11 100				9P5914T	мо. 06	Day. 03	Year 2016
C FIXED AMOUNTS	70 - AA xxx	xx-x	D ACCOUN	<u> </u>	SIFICATION	1 00	1 00	2010
1. TOTAL DUE			1. SUBCENTER	TI OLAO	OlitoAtion			
				XXX	(XXXXXXXXX	XXXXXXX	XXXXXXX	X
E MISCELLANEOUS								
CERTIFICATE TO BE REPLACED	2. DIVISION		3. APPLICANT NAM	E (Area Code a	nd No.)			
E APPLICANT NAME AN	ID ADDRESS							
F APPLICANT NAME AND ADDRESS 1. NAME			2. 1ST LINE ADDRESS					
			4. CITY			5. STATE	6. ZIP CODE	
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FORM LS-375 CG (5-98)

Replaces LS-375 (8-83)



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