

**SHELL EGG
 GRADING VOLUME REPORT**

1. NAME AND ADDRESS OF WORK LOCATION (Include Zip Code):

2 (a). Plant No.

2 (b). Fee Request No.

3. REPORTING PERIOD

Daily Weekly Billing Period

4. From

5. To

ADMINISTRATIVE VOLUME

6. TOTAL RECEIVED

ACCEPTANCE SERVICE VOLUME

7. SIZE	8. GRADE	9. ACCEPTANCE SERVICE	10. EXPORT COUNTRY CODE	11. GRADED	12. CONSUMER LABELED	13. 30 DOZ. CASES ACCEPTED	14. 30 DOZ. CASES RETAINED

CERTIFICATION STATEMENTS

I certify that the volumes stated above are the volumes of products processed and received.

I certify that the volumes of products processed and received, as stated above, are correct to the best of my knowledge and the product officially identified as marked.

 Signature of Plant Manager

 Signature of Grader

The following statements are made in accordance with the Privacy Act of 1974 (5 USC 552a). The authority for requesting the information to be supplied on this form and by supplements to this form is the Agricultural Marketing Act of 1946, as amended (7 U.S.C. 1621-1627) to provide voluntary grading programs. Response is required to obtain volume of shell eggs (7 CFR 56.52(a)(4)) to determine the administrative volume charge per billing period.

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