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<ul> <li>quarantines.</li> <li>1. DATE ISSUED</li> <li>3. NAME OF CONSIGNOR</li> <li>4. SHIPPING POINT</li> <li>5. NAME AND ADDRESS OF CO</li> <li>6. VEHICLE LICENSE NO. AND</li> <li>8. DESCRIPTION</li> </ul>	ONSIGNEE	2. VOID AFTE	ER
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A. QUANTITY			
	B. ARTICLE		C. REMARKS
9. SIGNATURE OF ISSUING OF	FICER		
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The above described shipment wa handled in the manner approved i			
cooperative domestic plant quara			
10. DATE RECEIVED			
11. SIGNATURE OF DESTINATI			
PENALTY FOR M	MISUSE OR A	LTERATION (7 L	J.S.C. 163)
According to the Paperwork Redu and a person Is not required to re valid OMB control number. The v are 0579-0088, 0317, 0322, 0331 this information collection is estim including the time for reviewing in and maintaining the data needed,	uction Act of 19 espond to, a col valid OMB cont 1, 0337, 0346, a nated to averag nstructions, sea	195, an agency m Ilection of informa trol numbers for t and 0363. The ti ge between .16 a arching existing d	ay not conduct or sponsor, ation unless it displays a his information collection me required to complete nd 2 hours per response, ata sources, gathering
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