

CIAB
FORM #3

Crop Year

SALES/INVENTORY REPORT
Cherry Industry Administrative Board
P.O. Box 388, DeWitt, MI 48820-0388
Tel: 517/669-1070 Fax: 517/669-1260

| | |
|-------------------|------------|
| Period End | Due |
| Nov. ____ | Dec. 10 |
| Feb. ____ | Mar. 10 |

Reports are due the 10th day of the month following each reporting period.
Place a check mark in the appropriate month.

Handler: _____ Handler ID# _____

Address, City, State, Zip: _____ Telephone No.: _____

| | UNITS | INVENT B.O.Y. | PACKED | UTILIZATION WITHIN INDUSTRY | | SALES OUTSIDE OF THE INDUSTRY | ENDING INVENT. | FOR MAY REPORT ONLY | |
|----------------------------------|-----------|------------------|--------|--------------------------------|------------------|--|-------------------|-------------------------|-----------------------|
| | | | | IH TRANS. + / - | REPACKS + / - | | | JUNE SALES (Est.) | INV. EOY (Est.) |
| FROZEN | | | | | | | | | |
| 5+1 1. | 30# | | | | | | | | |
| Variants of Sugar Pack | | | | | | | | | |
| 2. | | | | | | | | | |
| 3. | | | | | | | | | |
| IQF 1. | 40# | | | | | | | | |
| 2. | | | | | | | | | |
| 3. | | | | | | | | | |
| DRYING STOCK | | | | | | | | | |
| 5+1 1. | 30# | | | | | | | | |
| Variants of Sugar Pack | | | | | | | | | |
| 2. | | | | | | | | | |
| 3. | | | | | | | | | |
| IQF 1. | | | | | | | | | |
| 2. | | | | | | | | | |
| 3. | 40# | | | | | | | | |
| Other (describe) | | | | | | | | | |
| OTHER | | | | | | | | | |
| 1. | | | | | | | | | |
| 2. | | | | | | | | | |
| WATERPACK | | | | | | | | | |
| | 6 / #10 | | | | | | | | |
| | 24 / #300 | | | | | | | | |
| Other (describe) | | | | | | | | | |
| PIFILL | | | | | | | | | |
| | 6 / #10 | | | | | | | | |
| | 12 / # 2 | | | | | | | | |
| Other (describe) | | | | | | | | | |
| DRIED | | | | | | | | | |
| | Pounds | | | | | | | | |
| PUREE | | | | | | | | | |
| Concentrated (30 Brix) | | | | | | | | | |
| Single strength | | | | | | | | | |
| JUICE | | | | | | | | | |
| Concentrate (68° Brix) | | | | | | | | | |
| | Gallon s | | | | | | | | |
| Concentrate (0, 68° Brix) | | | | | | | | | |
| | Gallon s | | | | | | | | |
| *Juice Stock | | | | | | | | | |
| | Pounds | | | | | | | | |
| Juice Stock (0 RPE) | | | | | | | | | |
| | Pounds | | | | | | | | |
| Single Strength | | | | | | | | | |
| OTHER (Describe and list) | | | | | | | | | |
| 1. | | | | | | | | | |

| | | | | | | | |
|---------------|--|---|---|---|---|--|--|
| 2. | | | | | | | |
| TOTALS | | - | - | - | - | | |

Please provide additional information on the reverse side for IH-transfers and/or repacks.

The undersigned hereby certifies to the CIAB and the Secretary of Agriculture, USDA, that this is a true and correct statement of the sales activity of this Handler for the relevant period.

By: _____ Title: _____ Date: _____

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0581-0177. The time required to complete this information collection is estimated to average 25 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

TRANSFERS OF PRODUCT BETWEEN HANDLERS – Please post any inter-handler transfers of products in which you were involved during the reporting period. If you are the receiving handler in this transaction, your entry should show an increase in the “IH Trans. +/-” for the item purchases. The seller in the transaction should show a decrease in their inventory for this item.

| | Selling Handler | Receiving Handler | Form | Product Bought or sold Type | Units |
|---|-----------------|-------------------|-------|--------------------------------|-------|
| 1 | _____ | _____ | _____ | _____ | _____ |
| 2 | _____ | _____ | _____ | _____ | _____ |
| 3 | _____ | _____ | _____ | _____ | _____ |
| 4 | _____ | _____ | _____ | _____ | _____ |
| 5 | _____ | _____ | _____ | _____ | _____ |

REPACKS AND RE-MANUFACTURES – Please account for any remanufacturing of cherry products in which you were involved during the reporting period. The products you manufactured should be reflected as an increase to the “Repacks” as a positive figure when compared to your report from the prior period. The products from which you manufactured the new product should be reflected as a negative entry in the “Repacks” column

| | FROM | | INTO | |
|---|----------------|------------|-------------|---------|
| | Source Product | # of Units | End Product | # Units |
| 1 | _____ | _____ | _____ | _____ |
| 2 | _____ | _____ | _____ | _____ |
| 3 | _____ | _____ | _____ | _____ |
| 4 | _____ | _____ | _____ | _____ |
| 5 | _____ | _____ | _____ | _____ |

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