

<b>Handler (Company) Name:</b>	<b>Date:</b>
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**2019/20 Season**

**HANDLER SUPPLIER REPORT FOR MARKETING ORDER NO. 905**

Please Complete this Spreadsheet and return to the Committee office.

Grower's Name	Street Address	City	State	Zip	Email Address

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 OMB 0581-0189. The time required to complete this information collection is estimated to average 20 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.

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Exp. X/XXXX