

CIAB
FORM 5B

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

Crop Year
Due Dates:
 Oct. 1 _____
 May 31 _____

This report is required of all Handlers holding inventory. Reports are due by the close of business Eastern Time on October 1 and May 31 and at any other time that a rotation of stock in inventory reserves is desired.

Handler: _____ Handler ID# _____
 Address, City, State, Zip: _____
 Telephone No.: _____

Warehouse Address: _____

| Warehouse Lot ID # | Producing Handler ¹ | Container Codes | Form of Product | # of Units | RPE Factor/Unit | RPE of Lot ² |
|---------------------------|--------------------------------|-----------------|-----------------|------------|-----------------|-------------------------|
| 1. | | | | | | |
| 2. | | | | | | |
| 3. | | | | | | |
| 4. | | | | | | |
| 5. | | | | | | |
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| 8. | | | | | | |
| 9. | | | | | | |
| 10. | | | | | | |
| 11. | | | | | | |
| 12. | | | | | | |
| 13. | | | | | | |
| 14. | | | | | | |
| 15. | | | | | | |
| 16. | | | | | | |
| 17. | | | | | | |
| 18. | | | | | | |
| 19. | | | | | | |
| 20. | | | | | | |
| 21. | | | | | | |
| 22. | | | | | | |
| 23. | | | | | | |
| 24. | | | | | | |
| 25. | | | | | | |
| TOTAL³: | | | | | | |

1. Please provide the name of the handler that manufactured the product you are placing in the reserves.
2. Conversion of finished product to its Raw Product Equivalent (RPE) should be calculated using your company's conversion factor if the product was manufactured by your firm or the originating handler's RPE factor if you are using another handler's product.
3. The RPE total should equal the Form 4, Reserve Inventory less completed diversion activities less CIAB releases.

The undersigned hereby certifies to the CIAB and the Secretary of Agriculture that this is the true and correct Inventory Location Report for the undersigned Handler for the indicated crop year.

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By: _____
 Title: _____
 Date: _____

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