

REPORT OF EXPORT SALES ACTIVITY

Cherry Industry Administrative Board

P.O. Box 388, DeWitt, MI 48820-0388
 Tel: 517/669-1070 Fax: 517/669-1260

**CIAB
FORM 3A**

Crop Year

Handler: _____ Handler ID# _____

Address, City, State, Zip: _____

Telephone No.: _____

PORTS of ENTRY* (Report in Units)	Hot Pack	IQF	5 + 1	Dried	Other	Total
Europe						
Belgium						
France						
Germany						
Netherlands						
United Kingdom						
Other(s) (specify)						
Pacific Rim						
Australia						
Hong Kong						
Japan						
Korea						
Singapore						
Taiwan						
Other(s) (specify)						
North America						
Canada						
Mexico						
South or Central America						
Other(s) (specify)						
Mid. East and Africa						
Egypt						
Israel						
Saudi Arabia						
Other(s) (specify)						
Grand Total						

The undersigned hereby certifies to the Secretary of Agriculture and the Cherry Industry Administrative Board that this is a true and correct statement of the sales activity of this handler for the listed years.

By: _____

Title: _____

Date: _____

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CIAB Form 3A (Exp. X/XXXX) Destroy previous versions.

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OMB No. 0581-0177

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