

RETURN RECEIPT OF KIWIFRUIT TO GROWER

TO: Kiwifruit Administrative Committee
 1521 "I" Street
 Sacramento, CA 95814
 Phone: (916) 441-0678
 Fax: (916) 446-1063 Email: calkiwi@agamsi.com

This form is used to verify provisions of the Marketing Order and to serve as proof of fruit ownership when transporting/selling fruit. Keep the original of this form on file, mail or fax a copy to the Committee office, and give a copy to the grower.

| | |
|------------------------------------|--|
| LEGAL OWNER (Grower's Name) | |
| Address | |
| City/State/Zip | |
| Telephone Number | |

| | |
|---------------------------------|--|
| Type of Container | |
| Number of Containers | |
| Approximate Total Pounds | |
| Container Markings | |

Fruit Picked Up From (check one):

Packer___ Handler___ Shipper___ Cold Storage___

| | |
|--|--|
| Name of Firm Where Fruit Picked Up From | |
| Address | |
| City/State/Zip | |
| Telephone Number | |

Signature of Grower_____ **Date:** _____

Signature of Firm Owner or Employee_____ **Date:** _____

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