

<b>CIAB</b> <b>FORM #3</b>	<b>Crop Year</b>	<b>SALES/INVENTORY REPORT</b> <b>Cherry Industry Administrative Board</b> P.O. Box 388, DeWitt, MI 48820-0388 Tel: 517/669-1070 Fax: 517/669-1260	<b>Period Due</b> End Nov. ____ Dec. 10 Feb. ____ Mar. 10 May ____ June 10 June ____ July 10
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Reports are due the 10<sup>th</sup> 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.)
<b>FROZEN</b>									
5+1 1.	30#								
Variants of Sugar Pack									
2.									
3.									
IQF 1.	40#								
2.									
3.									
<b>DRYING STOCK</b>									
5+1 1.	30#								
Variants of Sugar Pack									
2.									
3.									
IQF 1.									
2.									
3.	40#								
Other (describe)									
<b>OTHER</b>									
1.									
2.									
<b>WATERPACK</b>									
	6 / #10								
	24 /								
	#300								
Other (describe)									
<b>PIFILL</b>									
	6 / #10								
	12 / # 2								
Other (describe)									
<b>DRIED</b>									
	Pounds								
<b>PUREE</b>									
Concentrated (30 Brix)									
Single strength									
<b>JUICE</b>									
Concentrate (68° Brix)									
	Gallons								
Concentrate (0, 68° Brix)									
	Gallons								
*Juice Stock									
	Pounds								
Juice Stock (0 RPE)									
	Pounds								
Single Strength									
<b>OTHER (Describe and list)</b>									
1.									
2.									
<b>TOTALS</b>									
		-	-			-	-		

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 5 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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