

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

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 25 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the

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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Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language, etc.) should contact the responsible Agency or USDA’s TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English. To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at http://www.ascr.usda.gov/complaint_filing_cust.html and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: program.intake@usda.gov. USDA is an equal opportunity provider, employer, and lender.