

CIAB  
FORM #5 A

# INVENTORY RESERVE SUMMARY

Crop Year _____
Original _____
Changed _____
(Mark Type)

## Cherry Industry Administrative Board

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

This report is required of all Handlers holding inventory. Reports are due by the close of business Eastern time 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, ST Zip: \_\_\_\_\_  
Telephone No.: \_\_\_\_\_

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**WAREHOUSE****CONVERTED LBS.**

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NAME	LOCATION	Raw Product Equivalent

1. For each warehouse listed on this form, a Form #5 B, Inventory Location Report, must be prepared and must accompany the report.

By: \_\_\_\_\_  
Title: \_\_\_\_\_  
Date: \_\_\_\_\_

Page \_\_\_\_ of \_\_\_\_ (see other side for additional information)

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