

CIAB  
FORM #4  
FRONT

**HANDLER RESERVE PLAN and  
FINAL PACK REPORT**  
**Cherry Industry Administrative Board**  
P.O. Box 388, DeWitt, MI 48820-0388  
Tel: 517/669-1070 Fax: 517/669-1260

Crop Year

The report is required of all handlers processing tart cherries. It is due by close of business Eastern time October 1. Please note: appropriate certificates will be required for each diversion activity. Complete both sides of this form.

Handler: \_\_\_\_\_ Handler ID# \_\_\_\_\_  
Address, City, State, Zip: \_\_\_\_\_  
Telephone No.: \_\_\_\_\_

**HANDLER RESERVE PLAN**

TREATMENT or ALLOCATION of RED TART CHERRIES	REGULATED DISTRICTS (actual pounds)	UNREGULATED or EXEMPT DISTRICTS (actual pounds)	TOTAL ALL DISTRICTS (actual pounds) (Sum of Col. 1 & 2)
<b>CHERRIES HANDLED:</b>			
FRUIT PROCESSED	_____	_____	_____
AT-PLANT DIVERSION (certificates required) +	_____	_____	_____
GROSS POUNDS HANDLED <sup>1</sup> =	_____	_____	_____
<b>RESTRICTED VOLUME:</b>			
RESTRICTION % x	_____		
RESTRICTED POUNDS (Gross Pounds Handled x Restriction %) =	_____		
<b>COMPLIANCE PLAN:</b>			
AT-PLANT	_____		
IN-ORCHARD +	_____		
EXPORTS +	_____		
NEW MARKET/NEW PRODUCT +	_____		
RESERVE INVENTORY <sup>2,3</sup> +	_____		
TOTAL, COMPLIANCE ACTIVITIES (Must equal "Restricted Pounds", above.) =	_____		

The sum of "Fruit Processed" + "At-Plant Diversion" must equal the total for all Form 1's, Weekly Raw Product Report, submitted for the season.

- Each handler's default inventory reserve obligation is the "Restricted Pounds" calculated above. This amount of product that must be in inventory reserves until the planned diversion activities are completed and submitted to the CIAB for diversion credits.
- Forms 5A, Inventory Reserve Summary, and 5B, Inventory Location Report, must accompany this report and document the locations and the specific products placed into inventory reserves.

The undersigned hereby certifies to the CIAB and the Secretary of Agriculture that this is a true and correct Handler Reserve Plan and Final Pack Report for the undersigned Handler of the indicated crop year.

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

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number to this information collection is 0581-0177. The time required to complete this information collection is estimated to average 15 minutes per response, including the time for reviewing the collection of information.

CIAB  
FORM #4  
BACK

**FINAL PACK REPORT**  
**FINAL INVENTORY FULFILLMENT**

Crop Year

Handler ID#: \_\_\_\_\_

FORM and TYPE of PRODUCT	SIZE of UNITS	# of UNITS	CONVERSION FACTORS	RPE OF PRODUCT (actual pounds)
<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. _____	40#			
2. _____				
3. _____				
Other (describe)				
<b>OTHER</b>				
1. _____				
2. _____				
<b>WATERPACK</b>	6/#10			
	24/#300			
Other (Describe)				
<b>PIEFILL</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)</b>				
1. _____				
2. _____				
3. _____				
<b>TOTAL:</b>				

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