



STATE OF NEW YORK
DEPARTMENT OF AGRICULTURE AND MARKETING
BUREAU OF MARKET INSPECTION

Inspected at _____ Date _____
Inspector _____
Inspector _____
Inspector _____

Number of cases of the article _____
Number of boxes of the article _____
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Number of boxes of the article _____

NO.	NO. OF CASES	NO. OF BOXES	NO. OF CASES	NO. OF BOXES
1	5			
2	20			
3	500			
4	200			
5	200			
6	100			
7	100			
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99	100			
100	100			

TOTAL NO. OF CASES

66

20150

I, MEMBER DEPARTMENT of AGRICULTURE AND MARKETING do hereby certify that the information furnished in this form is true and accurate and that the same is the property of the State of New York and that the same is not to be used for any other purpose without the written consent of the Department of Agriculture and Marketing.

By Signature of Inspector
Inspector



25/2/23