то	DEPARTMENT OF HEALTH AND HUMAN SERVICES PUBLIC HEALTH SERVICE FOOD AND DRUG ADMINISTRATION TO														INTERSTATE MILK SHIPPER'S CHECK RATING REPORT NAME AND ADDRESS OF SHIPPER																					
Sh	ipme	ents s	speci	fies t	hat th	ne PH	IS/FC	A sh	all co	onduc	ct che	eck ra	atings	or F	IACC	P au	nd Dr dits, t, if a	if app	olicab	le, o	f the	sanit	ation	com	plian	ce sta	atus	of lis	ted ii	nters	tate n		ion.	_		
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		PRODUCERS												PRODUCERS															7							
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9	-	TRANSFER STATION PLANT																					IS THIS SHIPPER IN COMPLIANCE WITH THE PROVISIONS OF APPENDIX N?									'				
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RECEIVED BY (Signature of State Official)											TTLE	ΓLE OF STATE OFFICIAL													DATE											
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