OMPANY NAME:							CONTACT:										
DRESS: STATE: ZIP: I						SIGNATURE:											
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e VI	RUCTIONS: Complete the informals should be in PDF FORMAT and elementary in the IMERCIAL FEED PRODUCT REGIST roducts sold in 10lbs & greater_paroducts sold in both weight categ	emailed: to RATION CO ckaging: ye	bpifflsp@mo STS: (1) pro arly tonnage	dac.ms.gov oducts sold e is paid, du	<u>or</u> mailed of in <i>less than</i> ue in in the r	on CD-Rom o 10 lb packag nonth of Jan	r thumb-drive ging: \$25.00 per uary for the pre	to the addr r product p	ess oi er yea	n the b				ees.			
_	T	PRODUCT TYPE					PRODUCT SIZE				CONTAINER		USE		FEE	**LABEI	
	PRODUCT NAME	FORMULA FEED	INGREDIENT	CUSTOMER FORMULA	INTEGRATED CONTRACT FEED	\$25.00 PER PRODUCT UNDER 10LBS	10 LBS & OVER YEARLY TONNAGE	BOTH SIZES \$25 PER PRODUCT			LIQUID	PET		вотн	AMT	ATTACHED MAILED, C	
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Branch Director, Feed Program