This report is required by certain states for the interstate shipment of poultry products. Failure to report may result in non-acceptance of shipment. See reverse side for additional OMB information.

REPORT NO. **Y 050501**

1. DATE OF SHIPMENT

UNITED STATES DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
NATIONAL POULTRY IMPROVEMENT PLAN

REPORT OF SALES OF HATCHING EGGS, CHICKS, AND POULOTS

2. NAME & ADDRESS OF PURCHASER *(Include zip code)*

3. NAME & ADDRESS OF PRODUCER OR SHIPPER *(Include zip code)*

<table>
<thead>
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</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Chicken Eggs</td>
<td>Turkey Eggs</td>
<td>Chick</td>
<td>Other</td>
<td>Pulmonary Typhoid Clean</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Eggs</td>
<td>Meat</td>
<td>Other</td>
<td>Eggs</td>
<td>M. Gallisepticum Clean</td>
</tr>
</tbody>
</table>

10. REMARKS *(Services performed on products in shipment, e.g.; vaccination, debeaking, dubbing, etc., but not necessarily certified by a State Inspector.)*

This is to certify that the above name producer or shipper is participating in the National Poultry Improvement Plan.

11. SIGNATURE OF STATE INSPECTOR

12. DATE
PART 1 - To Accompany Shipment