

Ad Hoc Shrimp Industry Committee (“AHSIC”)

Name and Address of AHSIC member, including (if applicable) website address, e-mail address, telephone number, and fax number:

Name:	
Street Address:	
Alternative Street Address:	
Telephone Number:	
Fax Number:	
E-mail Address of certifying official:	
Web-site Address:	

This firm/entity member of AHSIC is a (check all that apply):

<input type="checkbox"/> U.S. Processor, Processor of the <i>Domestic Like Product</i>	<input type="checkbox"/> U.S. Wholesaler of the <i>Domestic Like Product</i>
<input type="checkbox"/> U.S. Shrimper, Producer of the <i>Domestic Like Product</i>	<input type="checkbox"/> Unloading dock, non-processing shoreside facility
<input type="checkbox"/> U.S. Shrimp Farmer, Producer of the <i>Domestic Like Product</i>	<input type="checkbox"/> Seafood Industry Association

This firm/entity member of AHSIC:

<p><input type="checkbox"/> is / <input type="checkbox"/> is not related to a foreign producer or foreign exporter of the subject merchandise</p>	<p><input type="checkbox"/> is / <input type="checkbox"/> is not an importer of record of the subject merchandise or related to an importer of record of the subject merchandise</p>
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Through AHSIC, this member firm/entity is willing to participate in this review by providing information requested by the Commission.

Certification

I, _____, hereby certify that (1) I have read the information contained herein, and (2) the information contained here is, to the best of my knowledge, complete and accurate.

Dated: _____