

**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:

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

**U.S. Producer Quantity and Value Data for 2021**  
*Processor*

<b>Calendar Year 2021</b>	
Production Capacity ( <i>Pounds</i> )	
Production ( <i>Pounds</i> )	
U.S. Commercial Shipments	
<i>Quantity (Pounds)</i>	
<i>Value</i>	
Company Transfers/Internal Consumption	
<i>Quantity (Pounds)</i>	
<i>Value</i>	
Export Shipments	
<i>Quantity (Pounds)</i>	
<i>Value</i>	
<b>Fiscal Year 2021</b>	
Net Sales	
<i>Quantity (Pounds)</i>	
<i>Value</i>	
Costs of Goods Sold	
Gross Profit	
Selling, General and Administrative Expenses ( <i>Operating Expenses</i> )	
Net Operating Income	
<b>Fiscal Year</b>	_____ is the same as calendar year <b><u>OR</u></b> ends on _____

**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:** \_\_\_\_\_