This form certifies that the following household received a distribution of USDA Commodity foods on the above listed date. Signature of Recipient plus the amount of people in the households is required.

<table>
<thead>
<tr>
<th>Households</th>
<th>Individuals</th>
</tr>
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<tbody>
<tr>
<td>30.</td>
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<td>31.</td>
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<td>39.</td>
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<td>40.</td>
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</tbody>
</table>

Total Households: _______  Total Individuals: _______

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FOR OFFICE USE ONLY

<table>
<thead>
<tr>
<th>FSF Team Member who processed information</th>
<th>____________________________</th>
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</thead>
<tbody>
<tr>
<td>Date Received</td>
<td>____________________________</td>
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</tbody>
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