

INPUT MATERIAL INGREDIENT DECLARATION REQUEST FORM

Instructions: In order to review and approve input materials for use by an organic operation, product details and complete ingredients (including additives and processing aids that remain in the final product) are required. This form must be completed by a technically qualified representative of the manufacturer or brand owner for the specified material. In lieu of this form, alternative documentation may be provided if it contains all information requested on this form. PCO may require additional information if needed to verify compliance with applicable regulations and policies. Should this form not contain enough space, please attach a table or use multiple of these forms to submit all ingredients.

| Material Name Listed on the Label/Sales Document | ation: | |
|--|-----------------------------------|--|
| Manufacturer/Brand Owner Company Name Listed | on the Label/Sales Documentation: | |
| Material Code, ID, UPC, or Stock No (if unique): | | |
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Please list ALL¹ ingredients including additives and processing aids:

| Ingredient or feedstock (Generic name and/or CAS No.) | Brand name of ingredient (e.g. AgSorb) | Ingredient supplier name (Company from which ingredient is purchased) | Ingredient manufacturer name (Company that makes the ingredient) | Function of the ingredient in final product | Note OMRI, WSDA, CDFA, or Certified Organic Status | If OMRI, WSDA, or CDFA listed include unique identifier here (e.g. abc-1234) |
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| Note: All ingredients include ancillaries, flavor enhance | | processing aids (i.e. anticakin bilizers, bleachers etc.) must | | | ervatives, pH adjusters, colora | nts, defoamers, |
| our responses are considered confider or by subpoena, summons, civil investi | | | | = - | | |
| , on behalf of the named manufacture tatements to an accredited certifying o | | | | d truthful to the best of my kı | nowledge. Note that per 205.100(c)(| '2), any person falsifyin <u>g</u> |
| Name of Representative | e (Print): | | | Signature: | | |
| Position of Representati | ve: | | | Date: | | |
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