DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
PUBLIC HEALTH SERVICE
FOOD AND DRUG ADMINISTRATION

1. DISTRICT ADDRESS
U.S. FOOD & DRUG ADMINISTRATION
1560 E. JEFFERSON AVENUE
DETROIT, MICHIGAN 48207

2. NAME OF INDIVIDUAL	3. TITLE OF INDIVIDUAL	4. DATE
Mr. Rex Autrey	VP	9-14-71
5. FIRM NAME		**6. SAMPLE NUMBER**
Bloomfield Silo Co.		
7. NUMBER AND STREET	**8. CITY AND STATE (Include Zip Code)**	
620 S. Jefferson St.	Bloomfield, Ind. 47424	

9. SAMPLES COLLECTED (*Describe fully. List lot, serial, model numbers and other positive identification*)

The following samples were collected by the Food and Drug Administration and receipt is hereby acknowledged pursuant to Section 704(c) of the Federal Food, Drug, and Cosmetic Act [21 U.S.C. 374(c)] and/or Section 511(d) of the Federal Food, Drug, and Cosmetic Act [21 U.S.C. 360a(d)] and/or Section 11(c) of the Federal Hazardous Substances Act [15 U.S.C. 1270(c)] or Section 151.227(a) of Narcotic Regulation No. 5 (26 CFR 151.227(a)). Excerpts of these are quoted on the reverse of this form.

1. Approx. 1 qt. COMAR

2. Approx. 1 qt. KLEER-KOTE

RAY STUTZMAN
INSPECTOR
U.S. FOOD & DRUG ADMINISTRATION
222 EAST OHIO ST.
INDIANAPOLIS, IND.
633-7479
9/16/71

0512914

10. SAMPLES	11. SAMPLES WERE	12. COLLECTOR
a. AMOUNT RECEIVED FOR SAMPLE: $ n/c	☐ PURCHASED	a. NAME (*Print or type*): R. Stutzman
b. SIGNATURE (*Person from whom sample received*): [illegible]	☐ BORROWED (*To be returned*)	b. SIGNATURE: Raymond H. Stutzman

FD FORM 484 (10/70) PREVIOUS EDITION IS OBSOLETE. **RECEIPT FOR SAMPLES**

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