DEPARTMENT OF HEALTH AND HUMAN SERVICES FOOD AND DRUG ADMINISTRATION	1. DISTRICT ADDRESS AND PHO 6751 Steger Dr. Cincinnati, OH 45237 (513)679-2700	
2. NAME AND TITLE OF INDIVIDUAL Michael A. Weston, Plant Manager		3. DATE OF REQUEST 06/20/12
4. FIRM NAME ABC Food Company		5. TIME OF REQUEST
6. NUMBER AND STREET		8:30 ☑ <sup>A.M.</sup>
3114 Mapleleaf Avenue		F.m.
7. CITY AND STATE Cincinnati, OH		8. ZIP CODE
Vritten request is hereby given pursuant to 21 CFR 108.25(c)(3 nformation described below, concerning processes and proced Administration to determine the adequacy of the processes for p	lures, which is deemed necessary by	
RECORDS NECESSARY		
. SIGNATURE (Food and Drug Administration Employee(s))	11. TITLE FC	DA EMPLOYEE

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