

FOR FISCAL YEAR 11/01/24 thru 10/31/25

PLEASE RETURN FORM BY: December 1, 2025

Shareholder Name:

Shareholder Number:

Phone Number:

IMPORTANT MESSAGE:

FAILURE TO ACCURATELY REPORT YOUR FERTILIZER PURCHASES AND RETURN THIS FORM TO CALIFORNIA AMMONIA CO. WILL PREVENT PAYMENT OF PATRONAGE REFUND TO YOU.

NAME OF DEALER	CITY OF DEALER	PRODUCT	TONS

Date: _____ By: _____
Shareholder's Signature



PLEASE SIGN THE ORIGINAL FORM IN THE SPACE PROVIDED ABOVE AND RETURN ORIGINAL TO CALIFORNIA AMMONIA CO. IN THE ENCLOSED ENVELOPE. PLEASE MAKE A COPY FOR YOUR OWN RECORDS.