

U.S. PRODUCERS' QUESTIONNAIRE

METHIONINE FROM FRANCE, JAPAN, AND SPAIN

This questionnaire must be received by the Commission by **March 26, 2021**
See last page for filing instructions.

The information called for in this questionnaire is for use by the United States International Trade Commission in connection with its antidumping investigations concerning methionine from France, Japan, and Spain (Inv. Nos. 731-TA-1534-1536 (Final)). The information requested in the questionnaire is requested under the authority of the Tariff Act of 1930, title VII. This report is mandatory and failure to reply as directed can result in a subpoena or other order to compel the submission of records or information in your firm's possession (19 U.S.C. § 1333(a)).

Name of firm _____
Address _____
City _____ State _____ Zip Code _____
Website _____

Has your firm produced methionine (as defined on next page) at any time since January 1, 2018?

- ☐ **NO** (Sign the certification below and promptly return **only** this page of the questionnaire to the Commission)
☐ **YES** (Complete all parts of the questionnaire, and return the entire questionnaire to the Commission)

Return questionnaire via the U.S. International Trade Commission *Drop Box* by clicking on the following link: <https://dropbox.usitc.gov/oinv/>. (PIN: **MET**)

CERTIFICATION

I certify that the information herein supplied in response to this questionnaire is complete and correct to the best of my knowledge and belief and understand that the information submitted is subject to audit and verification by the Commission. By means of this certification I also grant consent for the Commission, and its employees and contract personnel, to use the information provided in this questionnaire and throughout this proceeding in any other import-injury proceedings conducted by the Commission on the same or similar merchandise.

I, the undersigned, acknowledge that information submitted in response to this request for information and throughout this proceeding or other proceedings may be disclosed to and used: (i) by the Commission, its employees and Offices, and contract personnel (a) for developing or maintaining the records of this or a related proceeding, or (b) in internal investigations, audits, reviews, and evaluations relating to the programs, personnel, and operations of the Commission including under 5 U.S.C. Appendix 3; or (ii) by U.S. government employees and contract personnel, solely for cybersecurity purposes. I understand that all contract personnel will sign appropriate nondisclosure agreements.

Name of Authorized Official

Title of Authorized Official

Date

Signature

Phone

Email address

PART I.—GENERAL INFORMATION

Background.--This proceeding was instituted in response to petitions filed on July 29, 2020, by Novus International, Inc., St. Charles, Missouri. Antidumping duties may be assessed on the subject imports as a result of these proceedings if the Commission makes an affirmative determination of injury, threat, or material retardation, and if the U.S. Department of Commerce ("Commerce") makes an affirmative determination of dumping. Questionnaires and other information pertinent to this proceeding are available at https://www.usitc.gov/investigations/701731/2020/methionine_france_japan_and_spain/final.htm.

Methionine covered by these investigations is methionine and dl-Hydroxy analogue of dl-methionine, also known as 2-Hydroxy 4-(Methylthio) Butanoic acid (HMTBa), regardless of purity, particle size, grade, or physical form. Methionine has the chemical formula $C_5H_{11}NO_2S$, liquid HMTBa has the chemical formula $C_5H_{10}O_3S$, and dry HMTBa has the chemical formula $(C_5H_9O_3S)_2Ca$.

Subject merchandise also includes methionine processed in a third country including, but not limited to, refining, converting from liquid to dry or dry to liquid form, or any other processing that would not otherwise remove the merchandise from the scope of these investigations if performed in the country of manufacture of the in-scope methionine or dl-Hydroxy analogue of dl-methionine.

The scope also includes methionine that is commingled (i.e., mixed or combined) with methionine from sources not subject to these investigations. Only the subject component of such commingled products is covered by the scope of these investigations.

Excluded from this investigation is United States Pharmacopoeia (USP) grade methionine. In order to qualify for this exclusion, USP grade methionine must meet or exceed all of the chemical, purity, performance, and labeling requirements of the United States Pharmacopeia and the National Formulary for USP grade methionine.

Methionine is currently classified under subheadings 2930.40.0000 and 2930.90.4600 of the Harmonized Tariff Schedule of the United States (HTSUS). Methionine has the Chemical Abstracts Service (CAS) registry numbers 583-91-5, 4857-44-7, 59-51-8 and 922-50-9. While the HTSUS subheadings and CAS registry numbers are provided for convenience and customs purposes, the written description of the scope of this investigation is dispositive.

Reporting of information.--If information is not readily available from your records, provide carefully prepared estimates. If your firm is completing more than one questionnaire (i.e., a producer, importer, and/or purchaser questionnaire), you need not respond to duplicated questions.

Confidentiality.--The commercial and financial data furnished in response to this questionnaire that reveal the individual operations of your firm will be treated as confidential by the Commission to the extent that such data are not otherwise available to the public and will not be disclosed except as may be required by law (see 19 U.S.C. § 1677f). Such confidential information will not be published in a manner that will reveal the individual operations of your firm; however, general characterizations of numerical business proprietary information (such as discussion of trends) will be treated as confidential business information only at the request of the submitter for good cause shown.

Verification.--The information submitted in this questionnaire is subject to audit and verification by the Commission. To facilitate possible verification of data, please keep all files, worksheets, and supporting documents used in the preparation of the questionnaire response. Please also retain a copy of the final document that you submit.

Release of information.--The information provided by your firm in response to this questionnaire, as well as any other business proprietary information submitted by your firm to the Commission in connection with this proceeding, may become subject to, and released under, the administrative protective order provisions of the Tariff Act of 1930 (19 U.S.C. § 1677f) and section 207.7 of the Commission's Rules of Practice and Procedure (19 CFR § 207.7). This means that certain lawyers and other authorized individuals may temporarily be given access to the information for use in connection with this proceeding or other import-injury proceedings conducted by the Commission on the same or similar merchandise; those individuals would be subject to severe penalties if the information were divulged to unauthorized individuals.

D-GRIDS tool.--The Commission has a tool that firms can use to move data from their own MS Excel compilation files into self-contained data tables within this MS Word questionnaire, thereby reducing the amount of cell-by-cell data entry that would be required to complete this form. This tool is a macro-enabled MS Excel file available for download from the Commission's generic questionnaires webpage (https://www.usitc.gov/trade_remedy/question.htm) called the "D-GRIDs tool." Use of this tool to help your firm complete this questionnaire is optional. Firms opting to use the D-GRIDs tool to populate their data into this questionnaire will need the D-GRIDs specification sheet PDF file specific to this proceeding (available on the case page which is linked under the "Background" above) which includes the necessary references relating to this questionnaire, as well as the macro-enable MS Excel D-GRIDs tool itself from the generic questionnaires page. More detailed instructions on how to use the D-GRIDs tool are available within the D-GRIDs tool itself.

- I-1a. **OMB statistics.**--Please report below the actual number of hours required and the cost to your firm of completing this questionnaire.

| Hours | Dollars |
|-------|---------|
| | |

The questions in this questionnaire have been reviewed with market participants to ensure that issues of concern are adequately addressed and that data requests are sufficient, meaningful, and as limited as possible. Public reporting burden for this questionnaire is estimated to average 50 hours per response, including the time for reviewing instructions, gathering data, and completing and reviewing the questionnaire.

We welcome comments regarding the accuracy of this burden estimate, suggestions for reducing the burden, and any suggestions for improving this questionnaire. Please attach such comments to your response or send to the Office of Investigations, USITC, 500 E St. SW, Washington, DC 20436.

- I-1b. **TAA information release.**--In the event that the U.S. International Trade Commission (USITC) makes an affirmative final determination in this proceeding, do you consent to the USITC's release of your contact information (company name, address, contact person, contact person's title, telephone number, email address) appearing on the front page of this questionnaire to the Departments of Commerce, Labor, and Agriculture, as applicable, so that your firm and its workers can be made eligible for benefits under the Trade Adjustment Assistance program?

☐ Yes ☐ No

- I-2a. **Establishments covered.**--Provide the city, state, zip code, and brief description of each establishment covered by this questionnaire. **Firms operating more than one establishment should combine the data for all establishments into a single report.**

"Establishment"--Each facility of a firm involved in the production of methionine, including auxiliary facilities operated in conjunction with (whether or not physically separate from) such facilities.

| Establishments covered ¹ | City, State | Zip (5 digit) | Description |
|---|-------------|---------------|-------------|
| 1 | | | |
| 2 | | | |
| 3 | | | |
| 4 | | | |
| 5 | | | |
| 6 | | | |
| ¹ Additional discussion on establishments consolidated in this questionnaire: _____. | | | |

- I-2b. **Stock symbol information.**-- If your firm or parent firm is publicly traded, please specify the stock exchange and trading symbol: _____.

- I-2c. **External counsel.**-- If your firm or parent firm is represented by external counsel in relation to this proceeding, please specify the name of the law firm and the lead attorney(s).

| | |
|-------------------|--|
| Law firm: | |
| Lead attorney(s): | |

- I-3. **Petitioner status.**--Is your firm a petitioner in this proceeding or a member firm of the petitioning entity?

| | |
|--------------------------|--------------------------|
| No | Yes |
| <input type="checkbox"/> | <input type="checkbox"/> |

- I-4. **Petition support.**--Does your firm support or oppose the petition?

| Country | Investigation type | Support | Oppose | Take no position |
|---------|--------------------|--------------------------|--------------------------|--------------------------|
| France | Antidumping duty | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Japan | Antidumping duty | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Spain | Antidumping duty | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

I-5. **Ownership.**--Is your firm owned, in whole or in part, by any other firm?

☐ No

☐ Yes--List the following information, relating to the ultimate parent/owner.

| Firm name | Country | Extent of ownership (percent) |
|------------------|----------------|--|
| | | |
| | | |
| | | |

I-6. **Related importers/exporters.**--Does your firm have any related firms, either domestic or foreign, that are engaged in importing methionine from France, Japan, and Spain into the United States or that are engaged in exporting methionine from France, Japan, and Spain to the United States?

☐ No

☐ Yes--List the following information.

| Firm name | Country | Affiliation |
|------------------|----------------|--------------------|
| | | |
| | | |
| | | |

I-7. **Related producers.**--Does your firm have any related firms, either domestic or foreign, that are engaged in the production of methionine?

☐ No ☐ Yes--List the following information.

[illegible]

PART II.--TRADE AND RELATED INFORMATION

Further information on this part of the questionnaire can be obtained from Calvin Chang (202-205-3062, calvin.chang@usitc.gov). **Supply all data requested on a calendar-year basis.**

- II-1. **Contact information.**--Please identify the responsible individual and the manner by which Commission staff may contact that individual regarding the confidential information submitted in Part II.

| | |
|-----------|--|
| Name | |
| Title | |
| Email | |
| Telephone | |

- II-2a. **Changes in operations.**--Please indicate whether your firm has experienced any of the following changes in relation to the production of methionine since January 1, 2018.

| <i>(check as many as appropriate)</i> | | <i>(If checked, please describe the nature, date(s), and significance of any such reported changes as well as the business reasons for them; leave completely blank if not applicable)</i> |
|---------------------------------------|--|--|
| <input type="checkbox"/> | plant openings | |
| <input type="checkbox"/> | plant closings | |
| <input type="checkbox"/> | relocations | |
| <input type="checkbox"/> | expansions | |
| <input type="checkbox"/> | acquisitions | |
| <input type="checkbox"/> | consolidations | |
| <input type="checkbox"/> | prolonged shutdowns or production curtailments | |
| <input type="checkbox"/> | revised labor agreements | |
| <input type="checkbox"/> | other (e.g., technology) | |

- II-2b. **COVID-19 pandemic.**-- Since January 1, 2020, has the COVID-19 pandemic or have any government actions taken to contain the spread of the COVID-19 virus resulted in changes in relation to your firm's supply arrangements, production, employment, and shipments relating to methionine?

| No | Yes | If yes, describe these changes including a separate discussion of the (a) supply chain impact, (b) production and shipments impact, and (c) employment impact of the COVID-19 pandemic. |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | |

- II-3a. **Production using same machinery.**--Please report your firm's production of products using the same equipment, machinery, or employees as used to produce methionine, and the combined production capacity on this shared equipment, machinery, or employees in the periods indicated.

"Overall production capacity" or "capacity" – The level of production that your establishment(s) could reasonably have expected to attain during the specified periods. Assume normal operating conditions (i.e., using equipment and machinery in place and ready to operate; normal operating levels (hours per week/weeks per year) and time for downtime, maintenance, repair, and cleanup).

Note.--If your firm does not produce any out-of-scope merchandise on the same machinery and equipment as scope merchandise then the "overall production capacity" numbers reported in this question should be exactly equal to the "average production capacity" numbers reported in question II-7. If, however, your firm does produce out-of-scope merchandise using the same machinery and equipment as scope merchandise, then the "average production capacity" reported in question II-7 should exclude the portion of "overall production capacity" that was used to produce this out-of-scope merchandise.

"Production" – All production in your U.S. establishment(s), including production consumed internally within your firm and production for another firm under a toll agreement.

| Quantity (in short tons) | | | |
|--|---------------|------|------|
| Item | Calendar year | | |
| | 2018 | 2019 | 2020 |
| Overall production capacity¹ | | | |
| Production of: | | | |
| Methionine ² | 0 | 0 | 0 |
| Other products ³ | | | |
| Total production using same machinery or workers | 0 | 0 | 0 |

¹ Data reported for capacity (first line) should be greater than data reported for total production (last line).
² Data entered for production of methionine will populate here once reported in question II-7.
³ Please identify these products: _____.

II-3b. **Operating parameters.**--The production capacity reported in II-3a is based on the following operating parameters:

| Hours per week | Weeks per year |
|----------------|----------------|
| | |

II-3c. **Capacity calculation.**--Please describe the methodology used to calculate overall production capacity reported in II-3a, and explain any changes in reported capacity.

II-3d. **Production constraints.**--Please describe the constraint(s) that set the limit(s) on your firm's production capacity.

II-4. **Product shifting.**—

(a) Is your firm able to switch production (capacity) between methionine and other products using the same equipment and/or labor?

| No | Yes | If yes—(i.e., have produced other products or are able to produce other products) Please identify other actual or potential products. |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | |

(b) Please describe the factors that affect your firm's ability to shift production capacity between products (e.g., time, cost, relative price change, etc.), and the degree to which these factors enhance or constrain such shifts.

- II-5. **Tolling**--Since January 1, 2018, has your firm been involved in a toll agreement regarding the production of methionine?

“Toll agreement”--Agreement between two firms whereby the first firm furnishes the raw materials and the second firm uses the raw materials to produce a product that it then returns to the first firm with a charge for processing costs, overhead, etc.

| No | Yes | If yes--Please describe the toll arrangement(s) and name the firm(s) involved. |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | |

- II-6. **Foreign trade zones**--

- (a) **Firm's FTZ operations**--Does your firm produce methionine in and/or admit methionine into a foreign trade zone (FTZ)?

“Foreign trade zone” is a designated location in the United States where firms utilize special procedures that allow delayed or reduced customs duty payments on foreign merchandise. A foreign trade zone must be designated as such pursuant to the rules and procedures set forth in the Foreign-Trade Zones Act.

| No | Yes | If yes--Describe the nature of your firm's operations in FTZs and identify the specific FTZ site(s). |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | |

- (b) **Other firms' FTZ operations**--To your knowledge, do any firms in the United States import methionine into a foreign trade zone (FTZ) for use in distribution of methionine and/or the production of downstream articles?

| No | Yes | If yes--Identify the firms and the FTZs. |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | |

- II-7. **Production, shipment, and inventory data**--Report your firm's production capacity, production, shipments, and inventories related to the production of methionine in its U.S. establishment(s) during the specified periods.

"Average production capacity" or "capacity" – The level of production that your establishment(s) could reasonably have expected to attain during the specified periods. Assume normal operating conditions (i.e., using equipment and machinery in place and ready to operate; normal operating levels (hours per week/weeks per year) and time for downtime, maintenance, repair, and cleanup; and a typical or representative product mix).

"Production" – All production in your U.S. establishment(s), including production consumed internally within your firm and production for another firm under a toll agreement.

"Commercial U.S. shipments" –Shipments made within the United States as a result of an arm's length commercial transaction in the ordinary course of business. Report net values (i.e., gross sales values less all discounts, allowances, rebates, prepaid freight, and the value of returned goods) in U.S. dollars, f.o.b. your point of shipment.

"Internal consumption" – Product consumed internally by your firm. Such transactions are valued at fair market value.

"Transfers to related firms" –Shipments made to related firms. Such transactions are valued at fair market value.

"Related firm" –A firm that your firm solely or jointly owned, managed, or otherwise controlled; a firm that solely or jointly owned, managed, or otherwise controlled your firm; and/or a firm that was solely or jointly owned, managed, or otherwise controlled by a firm that also solely or jointly owned, managed, or otherwise controlled your firm.

"Export shipments" –Shipments to destinations outside the United States, including shipments to related firms.

"Inventories"— Finished goods inventory, not raw materials or work-in-progress.

Note: As requested in Part I of this questionnaire, please keep all supporting documents/records used in the preparation of the trade data, as Commission staff may contact your firm regarding questions on the trade data. The Commission may also request that your company submit copies of the supporting documents/records (such as production and sales schedules, inventory records, etc.) used to compile these data.

II-7. **Production, shipment, and inventory data.**--Continued

| Quantity (in short tons) and value (in \$1,000) | | | |
|--|---------------|------|------|
| Item | Calendar year | | |
| | 2018 | 2019 | 2020 |
| Average production capacity¹ (quantity) (A) | | | |
| Beginning-of-period inventories (quantity) (B) | | | |
| Production (quantity) (C) | | | |
| U.S. shipments: | | | |
| Commercial shipments: | | | |
| Quantity (D) | | | |
| Value (E) | | | |
| Internal consumption:² | | | |
| Quantity (F) | | | |
| Value ² (G) | | | |
| Transfers to related firms:² | | | |
| Quantity (H) | | | |
| Value ² (I) | | | |
| Export shipments:³ | | | |
| Quantity (J) | | | |
| Value (K) | | | |
| End-of-period inventories (quantity) (L) | | | |

¹ The production capacity reported is based on operating ____ hours per week, ____ weeks per year. Please describe the methodology used to calculate production capacity, and explain any changes in reported capacity ____.

² Internal consumption and transfers to related firms must be valued at fair market value. If your firm uses a different basis for valuing these transactions in your records, please specify that basis (e.g., cost, cost plus, etc.): _____. However, the data provided above in this table should be based on fair market value.

³ Identify your firm's principal export markets: _____.

RECONCILIATION OF SHIPMENTS, PRODUCTION, AND INVENTORY.--Generally, the data reported for the end-of-period inventories (i.e., line L) should be equal to the beginning-of-period inventories (i.e., line B), plus production (i.e., line C), less total shipments (i.e., lines D, F, H, and J). Please ensure that any differences are not due to data entry errors in completing this form, but rather reflect your firm's actual records; and, also provide explanations for any differences (e.g., theft, loss, damage, record systems issues, etc.) if they exist.

| Reconciliation | Calendar year | | |
|---|---------------|------|------|
| | 2018 | 2019 | 2020 |
| B + C – D – F – H – J – L = should equal zero ("0") or provide an explanation. ¹ | 0 | 0 | 0 |

¹ Explanation if the calculated fields above are returning values other than zero (i.e., "0") but are nonetheless accurate: _____.

- II-8. **Channels of distribution.**--Report your firm's U.S. shipments (i.e. inclusive of commercial U.S. shipments, internal consumption, and transfers to related firms) by channel of distribution.

| Quantity (<i>in short tons</i>) | | | |
|-----------------------------------|---------------|------|------|
| Item | Calendar year | | |
| | 2018 | 2019 | 2020 |
| Channels of distribution: | | | |
| U.S. shipments: | | | |
| To distributors (M) | | | |
| To end users (N) | | | |

RECONCILIATION OF CHANNELS.--Please ensure that the quantities reported for channels of distribution (i.e., lines M and N) in each time period equal the quantity reported for U.S. shipments (i.e., line D, F, H) in each time period. If the calculated fields below return values other than zero (i.e., "0"), the data reported must be revised prior to submission to the Commission.

| Reconciliation | Calendar year | | |
|--|---------------|------|------|
| | 2018 | 2019 | 2020 |
| M + N – D – F – H = zero ("0"), if not revise. | 0 | 0 | 0 |

- II-9. **U.S. shipments by type.**--Report your firm's U.S. shipments (i.e. inclusive of commercial U.S. shipments, internal consumption, and transfers to related firms) by type during the specified period.

| Quantity (<i>in short tons</i>) and value (<i>in \$1,000</i>) | | | |
|---|---------------|------|------|
| Item | Calendar year | | |
| | 2018 | 2019 | 2020 |
| U.S. shipments: | | | |
| DL-methionine, solid-form 99 activity level: | | | |
| Quantity (O) | | | |
| Value (P) | | | |
| DL-hydroxy analogues, solid-form 84 activity level: | | | |
| Quantity (Q) | | | |
| Value (R) | | | |
| DL-hydroxy analogues, liquid-form 88 activity level: | | | |
| Quantity (S) | | | |
| Value (T) | | | |
| All other products ¹ : | | | |
| Quantity (U) | | | |
| Value (V) | | | |
| ¹ Please specify these products: _____. | | | |

RECONCILIATION OF U.S. SHIPMENTS BY TYPE.--Please ensure that the quantities and value reported for US shipments by type (i.e., lines O through V) summed across both columns equal the quantities and values reported for U.S. shipments (i.e., lines D through I) in Question II-7 for each calendar year. If the calculated fields below return values other than zero (i.e., "0"), the data reported must be revised prior to submission to the Commission.

| Reconciliation item | Calendar year | | |
|---|---------------|------|------|
| | 2018 | 2019 | 2020 |
| Quantity: $O + Q + S + U - D - F - H =$ zero ("0"), if not revise. | 0 | 0 | 0 |
| Value: $P + R + T + V - E - G - I =$ zero ("0"), if not revise. | 0 | 0 | 0 |

- II-10. **Related firms.**--If your firm reported transfers to related firms in question II-7, please identify the firm(s) and indicate the nature of the relationship between your firm and the related firms (e.g., joint venture, wholly owned subsidiary), whether the transfers were priced at market value or by a non-market formula, whether your firm retained marketing rights to all transfers, and whether the related firms also processed inputs from sources other than your firm.

| |
|--|
| |
|--|

- II-11. **Employment data.**--Report your firm's employment-related data related to the production of methionine and provide an explanation for any trends in these data.

"Production and Related Workers" (PRWs) includes working supervisors and all nonsupervisory workers (including group leaders and trainees) engaged in fabricating, processing, assembling, inspecting, receiving, storage, handling, packing, warehousing, shipping, trucking, hauling, maintenance, repair, janitorial and guard services, product development, auxiliary production for plant's own use (e.g., power plant), recordkeeping, and other services closely associated with the above production operations.

Average number employed may be computed by adding the number of employees, both full time and part time, for the 12 pay periods ending closest to the 15th of the month and divide that total by 12.

"Hours worked" includes time paid for sick leave, holidays, and vacation time. Include overtime hours actually worked; do not convert overtime pay to its equivalent in straight time hours.

"Wages paid" --Total wages paid before deductions of any kind (e.g., withholding taxes, old-age and unemployment insurance, group insurance, union dues, bonds, etc.). Include wages paid directly by your firm for overtime, holidays, vacations, and sick leave.

| Item | Calendar year | | |
|---|---------------|------|------|
| | 2018 | 2019 | 2020 |
| Average number of PRWs (<i>number</i>) | | | |
| Hours worked by PRWs (<i>1,000 hours</i>) | | | |
| Wages paid to PRWs (<i>\$1,000</i>) | | | |

Explanation of trends:

| |
|--|
| |
|--|

- II-12. **Purchases.**--Has your firm purchased methionine produced in the United States or in other countries since January 1, 2018? (Do not include imports for which your firm was the importer of record. These should be reported in an importer questionnaire.)

"Purchase" – A transaction to buy product from a U.S. corporate entity such as another U.S. producer, a U.S. distributor, or a U.S. firm that has directly imported the product.

"Import" –A transaction to buy from a foreign supplier where your firm is the importer of record.

| No | Yes | If yes--Report such purchases in the table below and explain the reasons for your firms' purchases. |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | |

Note: If your firm served as the importer of record for any purchases from foreign suppliers, either for your own account or as a service for another entity, those purchases are to be considered "imports" not "purchases" and **should not** be included in the table below

| (Quantity in short tons) | | | |
|--|---------------|------|------|
| Item | Calendar year | | |
| | 2018 | 2019 | 2020 |
| Purchases from U.S. importers¹ of methionine from— | | | |
| France | | | |
| Japan | | | |
| Spain | | | |
| All other sources | | | |
| Purchases from domestic producers² | | | |
| Purchases from other sources³ | | | |
| ¹ Please list the name of the importer(s) from which your firm purchased this product. If your firm's import suppliers differ by source, please identify the source for each listed supplier: _____. ² Please list the name of the U.S. producer(s) from which your firm purchased this product: _____. ³ Please list the name of the firm(s) from which your firm purchased this product: _____. | | | |

- II-13. **Imports.**--Since January 1, 2018, has your firm imported methionine?

| No | Yes | If yes-- COMPLETE AND RETURN A U.S. IMPORTERS' QUESTIONNAIRE |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | |

- II-14. **Other explanations.**--If your firm would like to further explain a response to a question in Part II for which a narrative box was not provided, please note the question number and the explanation in the space provided below. Please also use this space to highlight any issues your firm had in providing the data in this section, including but not limited to technical issues with the MS Word questionnaire.

| |
|--|
| |
|--|

PART III.--FINANCIAL INFORMATION

Address questions on this part of the questionnaire to **Zahra Bekkal** (202-205-2684, Zahra.bekkal@usitc.gov) and **Charles Yost** (202-708-1445, Charles.Yost1@usitc.gov).

- III-1. **Contact information.**--Please identify the responsible individual and the manner by which Commission staff may contact that individual regarding the confidential information submitted in Part III.

| | |
|-----------|--|
| Name | |
| Title | |
| Email | |
| Telephone | |

- III-2. **Accounting system.**—Please provide the following information on your firm's financial accounting system.

- A. When does your firm's fiscal year end (month and day)? _____
If your firm's fiscal year changed during the data-collection period, explain below:

Note.--Please report all financial data in part III on a calendar year basis.

- B.1. Describe the lowest level of operations (e.g., plant, division, company-wide) for which financial statements are prepared that include methionine:
- _____
2. Does your firm prepare profit/loss statements for methionine:
☐ Yes ☐ No
3. How often did your firm (or parent company) prepare financial statements (including annual reports, 10Ks)? Please check relevant items below.
☐ audited, ☐ unaudited, ☐ annual reports, ☐ 10Ks, ☐ 10Qs,
☐ monthly, ☐ quarterly, ☐ semi-annually, ☐ annually
4. Accounting basis: ☐ U.S. GAAP, ☐ IFRS, ☐ cash, ☐ tax, or ☐ other comprehensive basis of accounting (specify) _____

Note: As requested in Part I of this questionnaire, please keep all supporting documents/records used in the preparation of the financial data, as Commission staff may contact your firm regarding questions on the financial data. The Commission may also request that your company submit copies of the supporting documents/records (financial statements, including internal profit-and-loss statements for the division or product group that includes methionine, as well as specific statements and worksheets) used to compile these data.

- III-3. **Cost accounting system.**--Briefly describe your firm's cost accounting system (e.g., standard cost, job order cost, etc.). If your firm uses standard cost, how often does your firm review variances from standard cost (e.g. monthly, yearly)?

| |
|--|
| |
|--|

- III-4. **Allocation basis.**--Briefly describe your firm's allocation basis, if any, for COGS, SG&A, and interest expense and other income and expenses. Please also describe the method and types of documents/records used to compile your financial data.

| |
|--|
| |
|--|

- III-5. **Product listing.**--Please list the products your firm produced in the facilities in which your firm produced methionine and provide the share of net sales accounted for by these products in 2020.

| Products | Share of sales in 2020 |
|------------|------------------------|
| Methionine | % |
| | % |
| | % |
| | % |
| | % |

- III-6. **Inputs from related suppliers.**--Does your firm purchase **inputs** (raw materials, labor, energy, or any services) used in the production of methionine from any related suppliers (e.g., inclusive of transactions between related firms, divisions and/or other components within the same company)?

| | |
|--|------------------------------------|
| Yes--Continue to question III-7 | No—Skip to question III-9a. |
| <input type="checkbox"/> | <input type="checkbox"/> |

- III-7. **Inputs from related suppliers detailed.**--Please identify the inputs used in the production of methionine that your firm purchases from related suppliers and that are reflected in question III-9a. For "Share of total COGS" please report this information by relevant input on the basis of calendar year 2020. For "Input valuation" please describe the basis, as recorded in your company's own accounting system, of the purchase cost from the related supplier; e.g., the related supplier's actual cost, cost plus, negotiated transfer price to approximate fair market value.

| Input | Related supplier | Share of total COGS in 2020 |
|--|------------------|-----------------------------|
| | | % |
| | | % |
| | | % |
| | | % |
| Input valuation as recorded in the firm's accounting books and records: | | |

- III-8. **Inputs purchased from related suppliers.**--Please confirm that the inputs purchased from related suppliers, as identified in III-7, are reported in III-9a (financial results on methionine) in a manner consistent with your firm's accounting books and records.

| | | |
|--------------------------|--------------------------|--|
| Yes | No | If no--In the space below, please report the valuation basis of inputs purchased from related suppliers as reported in question III-9a. |
| <input type="checkbox"/> | <input type="checkbox"/> | |

- III-9a. **Operations on methionine.**--Report the revenue and related cost information requested below on the methionine operations of your firm's U.S. establishment(s).¹ **Do not report resales of methionine.** Note that internal consumption and transfers to related firms must be valued at fair market value. Input purchases from related suppliers should be consistent with and based on information in the firm's accounting books and records. Provide data for the three requested calendar years.

| Quantity (in short tons) and value (in \$1,000) | | | |
|---|---------------|------|------|
| Item | Calendar year | | |
| | 2018 | 2019 | 2020 |
| Net sales quantities: ² | | | |
| Commercial sales ("CS") | | | |
| Internal consumption ("IC") | | | |
| Transfers to related firms ("Transfers") | | | |
| Total net sales quantities | 0 | 0 | 0 |
| Net sales values: ² | | | |
| Commercial sales | | | |
| Internal consumption | | | |
| Transfers to related firms | | | |
| Total net sales values | 0 | 0 | 0 |
| Cost of goods sold (COGS): ³ | | | |
| Raw materials | | | |
| Direct labor | | | |
| Other factory costs | | | |
| Total COGS | 0 | 0 | 0 |
| Gross profit or (loss) | 0 | 0 | 0 |
| Selling, general, and administrative ("SG&A") expenses | | | |
| Operating income (loss) | 0 | 0 | 0 |
| Other expenses and income: | | | |
| Interest expense | | | |
| All other expense items | | | |
| All other income items | | | |
| Net income or (loss) before income taxes | 0 | 0 | 0 |
| Depreciation/amortization included above | | | |
| ¹ Include only sales (whether <u>domestic or export</u>) and costs related to your <u>U.S. manufacturing operations</u> . ² Less discounts, returns, allowances, and prepaid freight, f.o.b. your point of shipment. The quantities and values should approximate the corresponding shipment quantities and values reported in Part II of this questionnaire. ³ COGS (whether for domestic or export sales) should include <u>costs associated with CS, IC, and Transfers</u> . | | | |

Note --The table above contains calculations that will appear when you have entered data in the MS Word form fields.

- III-9b. **Financial data reconciliation.**--The calculable line items from question III-9a (i.e., total net sales quantities and values, total COGS, gross profit (or loss), operating income (or loss), and net income (or loss)) have been calculated from the data submitted in the other line items. Do the calculated fields return the correct data according to your firm's financial records ignoring non-material differences that may arise due to rounding?

| | | |
|--------------------------|--------------------------|--|
| | | If no --If the calculated fields do not show the correct data, please double check the feeder data for data entry errors and revise. Also, check signs accorded to the post operating income line items; the two expense line items should report positive numbers (i.e., expenses are positive and incomes or reversals are negative--instances of the latter should be rare in those lines) while the income line item also in most instances should have its value be a positive number (i.e., income is positive, expenses or reversals are negative). If after reviewing and potentially revising the feeder data your firm has provided, the differences between your records and the calculated fields persist please identify and discuss the differences in the space below. |
| Yes | No | |
| <input type="checkbox"/> | <input type="checkbox"/> | |

- III-9c. **Raw materials.**--Please report the share of total raw material ("RM") costs in 2020 (reported in III-9a) for the following raw material inputs:

Note.--The term "your firm" should include only the facilities listed in question I-2 and reflect the raw materials reported in question III-9a. If you procured raw materials from related firms, check "primarily purchased by your firm" below and ensure that you included the raw material input from related firms are reported earlier in question III-7.

| Input | Share of total raw material costs (percent) | Procurement method | |
|---|---|--|---|
| | | Primarily produced by your firm ¹ | Primarily purchased by your firm ² |
| Acrolein | | <input type="checkbox"/> | <input type="checkbox"/> |
| Methyl mercaptan | | <input type="checkbox"/> | <input type="checkbox"/> |
| Reaction chemicals (e.g., hydrogen cyanide, ammonia, carbon dioxide, etc.) ³ | | <input type="checkbox"/> | <input type="checkbox"/> |
| Other material inputs (e.g., acid, solvents, sodium hydroxide, calcium hydroxide, etc.) ⁴ | | <input type="checkbox"/> | <input type="checkbox"/> |
| Total (should sum to 100 percent) | 0.0 | | |
| ¹ The facilities that produced the raw material as part of "your firm" should be listed in question I-2. If not, please explain: _____. ² Purchases include those from related (reported in question III-7) and unrelated companies. ³ Please list notable reaction chemical inputs above and provide the share of the total material costs account for by each notable reaction chemical in 2020 (e.g., "hydrogen cyanide, 5% of total RM"): _____. ⁴ Please list notable "other" material inputs above and provide the share of the total material costs account for by each notable "other" materials in 2020 (e.g., "calcium hydroxide, 5% of total RM"): _____. | | | |

- III-9d. **Effects on financial performance of COVID-19.**--Since January 1, 2020, has the COVID-19 pandemic or have any government actions taken to contain the spread of the COVID-19 virus affected the financial performance of your firm's operations on methionine as reported in III-9a?

| | | |
|--------------------------|--------------------------|---|
| No | Yes | If yes, please describe these effects. |
| <input type="checkbox"/> | <input type="checkbox"/> | |

- III-10. **Nonrecurring items (charges and gains) included in the subject product financial results.**--For each annual and interim period for which financial results are reported in question III-9a, please specify all material (significant) nonrecurring items (charges and gains) in the schedule below, the specific question III-9a line item where the nonrecurring items are included, a brief description of the relevant nonrecurring items, and the associated values (*in \$1,000*), as reflected in question III-9a; i.e., if an aggregate nonrecurring item has been allocated to question III-9a, only the allocated value amount included in question III-9a should be reported in the schedule below. Note: The Commission's objective here is to gather information only on material (significant) nonrecurring items which impacted the reported financial results of the subject product in question III-9a.

| Item | Calendar year | | |
|---------------------|-----------------|------|------|
| | 2018 | 2019 | 2020 |
| | Value (\$1,000) | | |
| Nonrecurring item 1 | | | |
| Nonrecurring item 2 | | | |
| Nonrecurring item 3 | | | |
| Nonrecurring item 4 | | | |
| Nonrecurring item 5 | | | |
| Nonrecurring item 6 | | | |
| Nonrecurring item 7 | | | |

Nonrecurring item: In this table please provide a brief description of each nonrecurring item reported above and indicate the specific line item in table III-9a where the nonrecurring item is classified.

| | Description of the nonrecurring item | Income statement classification of the nonrecurring item in III-9a |
|---------------------|--------------------------------------|--|
| Nonrecurring item 1 | | |
| Nonrecurring item 2 | | |
| Nonrecurring item 3 | | |
| Nonrecurring item 4 | | |
| Nonrecurring item 5 | | |
| Nonrecurring item 6 | | |
| Nonrecurring item 7 | | |

- III-11. **Classification of identified nonrecurring items (charges and gains) in the accounting books and records of the company.**--If non-recurring items were reported in question III-10 above, please identify where your company recorded these items in your accounting books and records in the normal course of business; i.e., just as responses to question III-10 identify where these items are reported in question III-9a.

| |
|--|
| |
|--|

- III-12a. **Asset values.**--Report the total assets (i.e., **both current and long-term assets**) associated with the production, warehousing, and sale of methionine. If your firm does not maintain some or all of the specific asset information necessary to calculate total assets for methionine in the normal course of business, please estimate this information based upon a method (such as production, sales, or costs) that is consistent with relevant cost allocations in question III-9a. Provide data for Calendar year 2018, 2019, and 2020.

Note: Total assets should reflect net assets after any accumulated depreciation and allowances deducted. Total assets should be allocated to methionine if these assets are also related to other products.

| Value (in \$1,000) | | | |
|--------------------|---------------|------|------|
| Item | Calendar year | | |
| | 2018 | 2019 | 2020 |
| Total assets (net) | | | |

- III-12b. **Description of reported assets.**--Please describe the main asset categories (both current and long-term assets) in the above response. Provide a brief explanation if there are any substantial changes in total asset value during the period; e.g., due to asset write-offs, revaluation, and major purchases.

| |
|--|
| |
|--|

- III-13a. **Capital expenditures and research and development expenses.**--Report your firm's capital expenditures and research and development ("R&D") expenses for methionine. Provide data for 2018, 2019, and 2020.

| Value (in \$1,000) | | | |
|----------------------|---------------|------|------|
| Item | Calendar year | | |
| | 2018 | 2019 | 2020 |
| Capital expenditures | | | |
| R&D expenses | | | |

III-13b. **Description of reported capital expenditures.**--Please describe the nature, focus, and significance of your firm's reported capital expenditures. If no capital expenditure data are reported, please explain the reason.

| |
|--|
| |
|--|

III-13c. **Description of reported R&D expenses.**--Please describe the nature, focus, and significance of your firm's reported R&D expenses. If no R&D expenses are reported, please explain the reason.

| |
|--|
| |
|--|

III-14. **Data completeness, consistency, and reconciliation.**--

(a) Please note that we are requesting your firm's financial data for questions III-9a, III-12a, and III-13a on a calendar year basis. Confirm that your firm reported these data on a calendar-year basis.

| Yes | No | If no, please explain. |
|--------------------------|--------------------------|------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | |

(b) **Reconciliation of trade (PART II) and financial data (PART III).**--Please ensure that the quantities and values reported for total shipments in Part II equal the quantities and values reported for total net sales in Part III in all time periods. If the calculated fields below return values other than zero (i.e., "0") and both are being reported on a calendar basis, please explain the discrepancy below.

| Reconciliation | Calendar year | | |
|---|---------------|------|------|
| | 2018 | 2019 | 2020 |
| Quantity: Trade data from question II-7 (lines D, F, H, and J) less financial total net sales quantity data from question III-9a, = zero ("0"). | 0 | 0 | 0 |
| Value: Trade data from question II-7 (lines E, G, I, and K) less financial total net sales value data from question III-9a, = zero ("0"). | 0 | 0 | 0 |

Do these data in question III-9a reconcile with data in question II-7?

| Yes | No | If no, please explain. |
|--------------------------|--------------------------|------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | |

If your responses to any of the items in questions III-15, III-16, and III-17 differ by country, please describe these differences and, as applicable, indicate which country or countries your response refers to in the relevant form fields.

- III-15. **Effects of imports on investment.**--Since January 1, 2018, has your firm experienced any actual negative effects on its return on investment or the scale of capital investments as a result of imports of methionine from France, Japan, and Spain?

| | | |
|--------------------------|--------------------------|--|
| No | Yes | If yes, my firm has experienced actual negative effects as follows. |
| <input type="checkbox"/> | <input type="checkbox"/> | |

| | <i>(check as many as appropriate)</i> | <i>(please describe)</i> |
|--------------------------|--|--------------------------|
| <input type="checkbox"/> | Cancellation, postponement, or rejection of expansion projects | |
| <input type="checkbox"/> | Denial or rejection of investment proposal | |
| <input type="checkbox"/> | Reduction in the size of capital investments | |
| <input type="checkbox"/> | Return on specific investments negatively impacted | |
| <input type="checkbox"/> | Other | |

- III-16. **Effects of imports on growth and development.**--Since January 1, 2018, has your firm experienced any actual negative effects on its growth, ability to raise capital, or existing development and production efforts (including efforts to develop a derivative or more advanced version of the product) as a result of imports of methionine from France, Japan, and Spain?

| | | |
|--------------------------|--------------------------|--|
| No | Yes | If yes, my firm has experienced actual negative effects as follows. |
| <input type="checkbox"/> | <input type="checkbox"/> | |

| <i>(check as many as appropriate)</i> | | <i>(please describe)</i> |
|---------------------------------------|---|--------------------------|
| <input type="checkbox"/> | Rejection of bank loans | |
| <input type="checkbox"/> | Lowering of credit rating | |
| <input type="checkbox"/> | Problem related to the issue of stocks or bonds | |
| <input type="checkbox"/> | Ability to service debt | |
| <input type="checkbox"/> | Other | |

- III-17. **Anticipated effects of imports.**--Does your firm anticipate any negative effects due to imports of methionine from France, Japan, and Spain?

| | | |
|--------------------------|--------------------------|---|
| No | Yes | If yes, my firm anticipates negative effects as follows. |
| <input type="checkbox"/> | <input type="checkbox"/> | |

- III-18. **Other explanations.**--If your firm would like to further explain a response to a question in Part III for which a narrative box was not provided, please note the question number and the explanation in the space provided below. Please also use this space to highlight any issues your firm had in providing the data in this section, including but not limited to technical issues with the MS Word questionnaire.

| |
|--|
| |
|--|

PART IV.--PRICING AND MARKET FACTORS

Further information on this part of the questionnaire can be obtained from Pamela Davis (202-205-2218, Pamela.Davis@usitc.gov).

- IV-1. **Contact information.**--Please identify the individual that Commission staff may contact regarding the confidential information submitted in Part IV.

| | |
|-----------|--|
| Name | |
| Title | |
| Email | |
| Telephone | |

PRICE DATA

- IV-2. This question requests quarterly quantity and value data for your firm's commercial shipments to unrelated U.S. customers since January 1, 2018 of the following products produced by your firm.

Product 1.--Methionine, whether DL-methionine or its hydroxy analog, 84% activity level, in dry form.

Product 2.-- Methionine, whether DL-methionine or its hydroxy analog, 88% activity level, in liquid form.

Product 3.-- Methionine, whether DL-methionine or its hydroxy analog, 99% activity level, in dry form.

Please note that values should be **f.o.b., U.S. point of shipment** and should not include U.S.-inland transportation costs. Values should reflect the *final net* amount paid to your firm (i.e., should be net of all deductions for discounts or rebates). Quantities should be in short tons, 100% equivalent activity level.

- IV-2a. During January 2018-December 2020, did your firm produce and sell to unrelated U.S. customers any of the above listed products (or any products that were competitive with these products)?

| | |
|--------------------------|---|
| <input type="checkbox"/> | Yes. --Please complete the following pricing data table(s) as appropriate. |
| <input type="checkbox"/> | No. --Skip to question IV-3. |

REPORT QUANTITIES ON A 100% EQUIVALENT ACTIVITY LEVEL BASIS. TO DO THIS, CONVERT YOUR ACTUAL SHORT TONS BY MULTIPLYING BY THE FOLLOWING CONVERSION FACTORS:

| | |
|-------------------|--------------------------|
| PRODUCT 1: | SHORT TONS x 0.84 |
| PRODUCT 2: | SHORT TONS x 0.88 |
| PRODUCT 3: | SHORT TONS x 0.99 |

IV-2b. **Price data.**--Report below the quarterly price data¹ for pricing products² produced and sold by your firm.

Report data in **short tons, 100% equivalent activity level** basis and **actual dollars** (not 1,000s).

| (Quantity in short tons, 100% equivalent activity level; value in dollars) | | | | | | |
|---|------------------|--------------|------------------|--------------|------------------|--------------|
| Period of shipment | Product 1 | | Product 2 | | Product 3 | |
| | Quantity | Value | Quantity | Value | Quantity | Value |
| 2018: | | | | | | |
| January-March | | | | | | |
| April-June | | | | | | |
| July-September | | | | | | |
| October-December | | | | | | |
| 2019: | | | | | | |
| January-March | | | | | | |
| April-June | | | | | | |
| July-September | | | | | | |
| October-December | | | | | | |
| 2020: | | | | | | |
| January-March | | | | | | |
| April-June | | | | | | |
| July-September | | | | | | |
| October-December | | | | | | |

¹ Net values (i.e., gross sales values less all discounts, allowances, rebates, prepaid freight, and the value of returned goods), f.o.b. your firm's U.S. point of shipment. Please subtract any discounts, rebates, and returns from the quarter in which the sale occurred.

² Pricing product definitions are provided on the first page of Part IV.

Note.--If your firm's product does not exactly meet the product specifications but is competitive with the specified product, provide a description of your firm's product. Also, please explain any anomalies in your firm's reported pricing data.

Product 1:

Product 2:

Product 3:

IV-2c. **Price data checklist.**--Please check that the pricing data in question IV-2(b) has been correctly reported.

| | |
|---|--------------------------|
| Are the price data reported above: | √ if Yes |
| In actual dollars (not \$1,000)? | <input type="checkbox"/> |
| In short tons, 100% equivalent activity level? | <input type="checkbox"/> |
| F.o.b. U.S. point of shipment (i.e., does not include U.S. transport costs)? | <input type="checkbox"/> |
| Net of all discounts and rebates? | <input type="checkbox"/> |
| Have discounts, rebates, and returns been credited to the quarter in which the sale occurred? | <input type="checkbox"/> |
| Quantities do not exceed commercial shipments in question II-7 in each year? | <input type="checkbox"/> |
| Explanation(s) for any boxes not checked: | |

IV-2d. **Pricing data methodology.**--Please describe the method and the kinds of documents/records that were used to compile your price data.

Note: As requested in Part I of this questionnaire, please keep all supporting documents/records used in the preparation of the price data, as Commission staff may contact your firm regarding questions on the price data. The Commission may also request that your company submit copies of the supporting documents/records (such as sales journal, invoices, etc.) used to compile these data.

- IV-3. **Price setting.**--How does your firm determine the prices that it charges for sales of methionine (check all that apply)? If your firm issues price lists, please submit sample pages of a recent list.

| Transaction by transaction | Contracts | Set price lists | Other | If other, describe |
|----------------------------|--------------------------|--------------------------|--------------------------|--------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |

- IV-4. **Bundling.**-- Do you sell methionine as a part of multiple products related to agricultural feed?

| No | Yes | If yes, are they sold on the same invoice? Please explain what other products or prices your firm sells in the same order, if it affects the prices of methionine, and if this forms part of a global, multiproduct strategy. | | |
|--------------------------|--------------------------|---|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | No | Yes | |
| | | <input type="checkbox"/> | <input type="checkbox"/> | |

- IV-5. **Discount policy.**--Please indicate and describe your firm's discount policies (check all that apply).

| Quantity discounts | Annual total volume discounts | No discount policy | Other | Describe |
|--------------------------|-------------------------------|--------------------------|--------------------------|----------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |

- IV-6. **Pricing terms.**--On what basis are your firm's prices of domestic methionine usually quoted (check one)?

| Delivered | F.o.b. | If f.o.b., specify point |
|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | |

- IV-7. **Contract versus spot.**--Approximately what share of your firm's sales of its U.S.-produced methionine in 2020 was on a (1) short-term contract basis, (2) annual contract basis, (3) long-term contract basis, and (4) spot sales basis?

| Item | Type of sale | | | | Total (should sum to 100.0%) |
|---------------------|--|--|---|------------------------------------|------------------------------|
| | Short-term contracts (multiple deliveries for less than 12 months) | Annual contracts (multiple deliveries for 12 months) | Long-term contracts (multiple deliveries for more than 12 months) | Spot sales (for a single delivery) | |
| Share of 2020 sales | % | % | % | % | 0.0 % |

IV-8. **Contract provisions.**--Please fill out the table regarding your firm's typical sales contracts for U.S.-produced methionine (or check "not applicable" if your firm does not sell on a short-term, annual and/or long-term contract basis).

| Typical sales contract provisions | Item | Short-term contracts (multiple deliveries for less than 12 months) | Annual contracts (multiple deliveries for 12 months) | Long-term contracts (multiple deliveries for more than 12 months) |
|---|-------------|---|---|--|
| Average contract duration | No. of days | | 365 | |
| Price renegotiation (during contract period) | Yes | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | No | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Fixed quantity and/or price | Quantity | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Price | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Both | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Indexed to raw material costs ¹ | Yes | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | No | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Not applicable | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ¹ Please identify the indexes used: _____. | | | | |

IV-9. **Lead times.**--What share of your firm's sales is from inventory and produced to order and what is the typical lead time between a customer's order and the date of delivery for your firm's sales of its U.S.-produced methionine?

| Source | Share of 2020 sales | Lead time (Average number of days) |
|-------------------------------------|---------------------|---------------------------------------|
| From inventory | % | |
| Produced to order | % | |
| Total (should sum to 100.0%) | 0.0 % | |

IV-10. Shipping information.--

- (a) Who generally arranges the transportation to your firm's customers' locations?
☐ Your firm ☐ Purchaser (*check one*)
- (b) Indicate the approximate percentage of your firm's sales of methionine that are delivered the following distances from its production facility.

| Distance from production facility | Share |
|-------------------------------------|-------|
| Within 100 miles | % |
| 101 to 1,000 miles | % |
| Over 1,000 miles | % |
| Total (should sum to 100.0%) | 0.0 % |

- IV-11. **Geographical shipments.**--In which U.S. geographic market area(s) has your firm sold its U.S.-produced methionine since January 1, 2018 (check all that apply)?

| Geographic area | ✓ if applicable |
|---|--------------------------|
| Northeast. --CT, ME, MA, NH, NJ, NY, PA, RI, and VT. | <input type="checkbox"/> |
| Midwest. --IL, IN, IA, KS, MI, MN, MO, NE, ND, OH, SD, and WI. | <input type="checkbox"/> |
| Southeast. --AL, DE, DC, FL, GA, KY, MD, MS, NC, SC, TN, VA, and WV. | <input type="checkbox"/> |
| Central Southwest. --AR, LA, OK, and TX. | <input type="checkbox"/> |
| Mountains. --AZ, CO, ID, MT, NV, NM, UT, and WY. | <input type="checkbox"/> |
| Pacific Coast. --CA, OR, and WA. | <input type="checkbox"/> |
| Other. --All other markets in the United States not previously listed, including AK, HI, PR, and VI. | <input type="checkbox"/> |

- IV-12. **Inland transportation costs.**—What is the approximate percentage of the cost of U.S.-produced methionine that is accounted for by U.S. inland transportation costs? _____ percent

IV-13. **End uses.**--List the end uses of the methionine that your firm manufactures. For each end-use product, what percentage of the total cost is accounted for by methionine and other inputs?

| End-use product | Share of total cost of end use product accounted for by | | Total (should sum to 100.0% across) |
|-----------------|---|--------------|--|
| | Methionine | Other inputs | |
| | % | % | 0.0 % |
| | % | % | 0.0 % |
| | % | % | 0.0 % |

IV-14. **Substitutes.**--Can other products be substituted for methionine?

☐ No

☐ Yes--Please fill out the table.

| Substitute | End use in which this substitute is used | Have changes in the price of this substitute affected the price for methionine? | | |
|------------|--|---|--------------------------|-------------|
| | | No | Yes | Explanation |
| 1. | | <input type="checkbox"/> | <input type="checkbox"/> | |
| 2. | | <input type="checkbox"/> | <input type="checkbox"/> | |
| 3. | | <input type="checkbox"/> | <input type="checkbox"/> | |

IV-15. **Demand trends.**--Indicate how demand within the United States and outside of the United States (if known) for methionine has changed since January 1, 2018. Explain any trends and describe the principal factors that have affected these changes in demand.

| Market | Overall increase | No change | Overall decrease | Fluctuate with no clear trend | Explanation and factors |
|---------------------------|--------------------------|--------------------------|--------------------------|-------------------------------|-------------------------|
| Within the United States | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Outside the United States | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |

IV-16. **Product changes.**--Have there been any significant changes in the product range, product mix, or marketing of methionine since January 1, 2018?

| No | Yes | If yes, please describe and quantify if possible. |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | |

IV-17. Conditions of competition.--

- (a) Is the methionine market subject to business cycles (other than general economy-wide conditions) and/or other conditions of competition distinctive to methionine? If yes, describe.

| Check all that apply. | Please describe. |
|---|-------------------------|
| <input type="checkbox"/> No | Skip to question IV-18. |
| <input type="checkbox"/> Yes-Business cycles (e.g. seasonal business) | |
| <input type="checkbox"/> Yes-Other distinctive conditions of competition | |

- (b) If yes, have there been any changes in the business cycles or conditions of competition for methionine since January 1, 2018?

| No | Yes | If yes, describe. |
|--------------------------|--------------------------|-------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | |

- IV-18. Supply constraints.--**Has your firm refused, declined, or been unable to supply methionine since January 1, 2018 (examples include placing customers on allocation or "controlled order entry," declining to accept new customers or renew existing customers, delivering less than the quantity promised, being unable to meet timely shipment commitments, etc.)?

| No | Yes | If yes, please describe. |
|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | |

IV-19. **Impact of section 301 tariffs.**-- Did the imposition of tariffs on Chinese-origin products under Section 301 have an impact on the methionine market in the United States?

| | | |
|---|--------------------------|--------------------------|
| Yes — Please indicate the impact in the table below. | No | Don't know |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| Factor | Overall increase | No change | Overall decrease | Fluctuate with no clear trend | Explain, noting how the imposition of tariffs under section 301 affected each factor of the methionine market in the United States. |
|---|--------------------------|--------------------------|--------------------------|-------------------------------|---|
| Supply of U.S.-produced methionine | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Supply of methionine imported from China | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Supply of methionine imported from France | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Supply of methionine imported from Japan | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Supply of methionine imported from Spain | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Prices for methionine | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Overall U.S. demand for methionine | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| Raw material costs for methionine | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |

IV-20. **Raw materials.**--How have methionine raw material prices changed since January 1, 2018?

| Overall increase | No change | Overall decrease | Fluctuate with no clear trend | Explain, noting how raw material price changes have affected your firm's selling prices for methionine. |
|--------------------------|--------------------------|--------------------------|-------------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |

IV-21. **Price indices.**—Does your firm refer to or otherwise rely on any published price information, e.g., pricing indicators (e.g. Feedinfo) or any other global or domestic sources, when negotiating spot or contract prices with your methionine suppliers? (Respond yes to all types of purchases in which you use published pricing information).

| No | Yes for spot prices | Yes for contract prices | If “Yes,” identify the source(s) on which you rely for this methionine pricing, the specific pricing data set(s) you use from these sources, and how that information is used in your firm’s pricing decisions. |
|--------------------------|------------------------------|-------------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |

IV-22. **Non-U.S. prices.**—

(a) Is your firm familiar with non-U.S. prices of methionine?

| | |
|--------------------------|--------------------------------|
| No | Yes – please answer (b) |
| <input type="checkbox"/> | <input type="checkbox"/> |

(b) Are non-U.S. prices referenced in negotiations with your methionine purchasers?

| | | |
|--------------------------|--------------------------|---|
| No | Yes | Explain, noting what price(s) are referenced |
| <input type="checkbox"/> | <input type="checkbox"/> | |

(c) Are U.S. prices generally higher than, about the same as, or lower than non-U.S. methionine prices?

| | | |
|--------------------------|--------------------------|--------------------------|
| Higher | About the same | Lower |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

(d) Do U.S. price changes lead, trail, or move simultaneously with non-U.S. prices?

| | | | |
|--------------------------|--------------------------------|--------------------------|--|
| Lead | Move simultaneously | Follow | If your answer would differ among countries of comparison, please list those countries and the difference(s). |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |

(a) Since January 1, 2018 what are the major factors that have influenced non-U.S. prices?

| | | |
|--------------------------|--------------------------|---|
| No | Yes | Explain, noting what price(s) your firm referenced |
| <input type="checkbox"/> | <input type="checkbox"/> | |

IV-23. **Activity level.**

(a) Is activity level considered in price determinations for methionine?

| No | Yes | If yes, please explain. |
|--------------------------|--------------------------|-------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | |

(b) When controlling for activity levels, are methionine products of different activity levels comparable?

| Fully | Most | Somewhat | Not at all |
|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

(c) If your answer differs than “fully” or “mostly”, please explain.

| |
|--|
| |
|--|

IV-24. **Interchangeability.**--Is methionine produced in the United States and in other countries interchangeable (i.e., can they physically be used in the same applications)?

Please indicate A, F, S, N, or O in the table below:

A = the products from a specified country-pair are *always* interchangeable

F = the products are *frequently* interchangeable

S = the products are *sometimes* interchangeable

N = the products are *never* interchangeable

O = *no familiarity* with products from a specified country-pair

| Country-pair | France | Japan | Spain | Other countries |
|--|--------|-------|-------|-----------------|
| United States | | | | |
| France | | | | |
| Japan | | | | |
| Spain | | | | |
| <p>For any country-pair producing methionine that is <i>sometimes</i> or <i>never</i> interchangeable, identify the country-pair and explain the factors that limit or preclude interchangeable use:</p> | | | | |

- IV-25. **Factors other than price.**--Are differences other than price (e.g., product form, activity level, quality, availability, transportation network, product range, technical support, *etc.*) between methionine produced in the United States and in other countries a significant factor in your firm's sales of the products?

Please indicate A, F, S, N, or O in the table below:

A = such differences are *always* significant

F = such differences are *frequently* significant

S = such differences are *sometimes* significant

N = such differences are *never* significant

O = *no familiarity* with products from a specified country-pair

| Country-pair | France | Japan | Spain | Other countries |
|--|--------|-------|-------|-----------------|
| United States | | | | |
| France | | | | |
| Japan | | | | |
| Spain | | | | |
| For any country-pair for which factors other than price <i>always</i> or <i>frequently</i> are a significant factor in your firm's sales of methionine, identify the country-pair and report the advantages or disadvantages imparted by such factors: | | | | |

IV-26. **Customer identification.**--List the names and contact information for your firm's 10 largest U.S. customers for methionine since January 1, 2018. Indicate the share of the quantity of your firm's total shipments of methionine that each of these customers accounted for in 2019.

| Customer's name | | Contact person | Email | Telephone | City | State | Share of 2020 sales (%) |
|-----------------|--|----------------|-------|-----------|------|-------|-------------------------|
| 1 | | | | | | | |
| 2 | | | | | | | |
| 3 | | | | | | | |
| 4 | | | | | | | |
| 5 | | | | | | | |
| 6 | | | | | | | |
| 7 | | | | | | | |
| 8 | | | | | | | |
| 9 | | | | | | | |
| 10 | | | | | | | |

IV-27. Competition from imports.--

- (a) **Lost revenue.**--Since January 1, 2018: To avoid losing sales to competitors selling methionine from France, Japan, and/or Spain did your firm:

| Item | No | Yes |
|-------------------------------------|--------------------------|--------------------------|
| Reduce prices | <input type="checkbox"/> | <input type="checkbox"/> |
| Roll back announced price increases | <input type="checkbox"/> | <input type="checkbox"/> |

- (b) **Lost sales.**--Since January 1, 2018: Did your firm lose sales of methionine to imports of this product from France, Japan, and/or Spain?

| No | Yes |
|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> |

- (c) **The submission of lost sales/lost revenue allegations is to be completed only by NON-PETITIONERS.**

If your firm indicated "yes" to any of the above, your firm can provide the Commission with additional information by downloading and completing the lost sales/lost revenues worksheet at http://usitc.gov/trade_remedy/question.htm. Note that the Commission may contact the firms named to verify the allegations reported.

Is your firm submitting the lost sales/lost revenues worksheet?

| | |
|--------------------------|---|
| <input type="checkbox"/> | No—Please explain. |
| <input type="checkbox"/> | Yes—Please complete the worksheet and submit via the Commission dropbox. https://dropbox.usitc.gov/oinv/ . (PIN: MET) |

- IV-28. Other explanations.**--If your firm would like to further explain a response to a question in Part IV for which a narrative response box was not provided, please note the question number and the explanation in the space provided below. Please also use this space to highlight any issues your firm had in providing the data in this section, including but not limited to technical issues with the MS Word questionnaire.

HOW TO FILE YOUR QUESTIONNAIRE RESPONSE

This questionnaire is available as a “fillable” form in MS Word format on the Commission’s website at:

https://www.usitc.gov/investigations/701731/2020/methionine_france_japan_and_spa_in/final.htm

Please do not attempt to modify the format or permissions of the questionnaire document. Please submit the completed questionnaire using one of the methods noted below. If your firm is unable to complete the MS Word questionnaire or cannot use one of the electronic methods of submission, please contact the Commission for further instructions.

- **Upload via Secure Drop Box.**—Upload the MS Word questionnaire along with a scanned copy of the signed certification page (page 1) through the Commission’s secure upload facility:

Web address: <https://dropbox.usitc.gov/oinv/> **PIN: MET**

- **E-mail.**—E-mail the MS Word questionnaire to calvin.chang@usitc.gov; include a scanned copy of the signed certification page (page 1). *Submitters are strongly encouraged to encrypt nonpublic documents that are electronically transmitted to the Commission to protect your sensitive information from unauthorized disclosure. The USITC secure drop-box system and the Electronic Document Information System (EDIS) use Federal Information Processing Standards (FIPS) 140-2 cryptographic algorithms to encrypt data in transit. Submitting your nonpublic documents by a means that does not use these encryption algorithms (such as by email) may subject your firm’s nonpublic information to unauthorized disclosure during transmission. If you choose a non-encrypted method of electronic transmission, the Commission warns you that the risk of such possible unauthorized disclosure is assumed by you and not by the Commission.*

If your firm does not produce this product, please fill out page 1, print, sign, and submit a scanned copy to the Commission.

Parties to this proceeding.—If your firm is a party to this proceeding, it is required to serve a copy of the completed questionnaire on parties to the proceeding that are subject to administrative protective order (see 19 CFR § 207.7). A list of such parties may be obtained from the Commission’s Secretary (202-205-1803). A certificate of service must accompany the completed questionnaire you submit (see 19 CFR § 207.7). Service of the questionnaire must be made in paper form.