

16"

Web Width

6.25" Front Face Area

11.625"

Cut Off

**Nutrition Facts**

about 4 servings per container

**Serving size**

**2oz (57g/about 2 inch slice)**

Amount per serving

**Calories 160**

% Daily Value\*

**Total Fat** 3.5g **4%**

Saturated Fat 0g **0%**

Trans Fat 0g

**Cholesterol** 0mg **0%**

**Sodium** 280mg **12%**

**Total Carbohydrate** 28g **10%**

Dietary Fiber 1g **4%**

Total Sugars 1g

Includes 1g Added Sugars **2%**

**Protein** 4g

Vitamin D 0mcg 0% • Calcium 10mg 0%

Iron 2mg 10% • Potassium 43mg 0%

\*The % Daily Value (DV) tells you how much a nutrient in a serving of food contributes to a daily diet. 2,000 calories a day is used for general nutrition advice.

**INGREDIENTS:** ENRICHED FLOUR (WHEAT FLOUR, MALTED BARLEY FLOUR, NIACIN, REDUCED IRON, THIAMINE MONONITRATE, RIBOFLAVIN, FOLIC ACID), WATER, EXTRA VIRGIN OLIVE OIL, CONTAINS LESS THAN 2% OF DOUGH CONDITIONERS (ENRICHED WHEAT FLOUR, ASCORBIC ACID, ENZYMES), MALT (MALTED BARLEY, WHEAT FLOUR, DEXTROSE), PRESERVATIVES (CULTURED WHEAT STARCH, WHEAT FLOUR, CITRIC ACID), ROSEMARY, SALT, SUGAR, VINEGAR, WHITE RYE FLOUR, YEAST.  
**CONTAINS WHEAT.**

**NEWFRENCHBAKERY.COM**  
828 KASOTA AVE SE | MPLS, MN 55414



**BAKE FRESH AT HOME**

Take & Bake fresh artisan bread from oven to table in 15 minutes or less. At New French Bakery™ we use only natural starters and superior ingredients. No artificial colors or additives, just goodness in every bite.

**BAKE PREP**

PREHEAT OVEN TO 375 DEGREES.

REMOVE BREAD FROM PACKAGE AND PLACE DIRECTLY ONTO OVEN RACK OR PAN.

**BAKE TIME**

FOCACCIA 8-10 MINUTES

OVEN TEMPERATURES MAY VARY DEPENDING ON OVEN TYPES. INCREASE BAKING TIME UNTIL DESIRED CRUST COLOR IS ACHIEVED. IF NOT ENJOYED THE SAME DAY AS PURCHASED, BREAD SHOULD BE FROZEN.



ARTISAN TAKE & BAKE BREAD  
**FOCACCIA**  
WITH ROSEMARY & OLIVE OIL  
BAKE FRESH AT HOME  
NET WT 7.5oz (213g)

.75"

1.75"

.75"

1.75"

 40 Ranick Road Hauppauge NY 11788 Tel: 631.234.5300 Fax: 631.630.6731 info@polycraftind.com	Job Name: <b>NEW FRENCH BAKERY</b>	Surface <input checked="" type="checkbox"/> Reverse <input type="checkbox"/>	Rewind:
	Date: <b>01.03.2017</b> Note: Deline does not print		
	PLEASE MARK OFF ONE OF THE FOLLOWING BOXES: <input type="checkbox"/> Approved <input type="checkbox"/> Approved with revisions <input type="checkbox"/> Not approved		
Signature: _____		Date: ____/____/____	
Ink Colors:			
Substrate:			