

United States Department of Agriculture

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AGRICULTURAL MARKETING SERVICE
 DAIRY PROGRAMS
Mideast Marketing Area
 Federal Order No. 33

OMB No. 0581-0032

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REPORT FOR PARTIALLY REGULATED DISTRIBUTING PLANTS

HANDLER _____

MONTH _____

This report is required by the order in accordance with 7 U.S.C. 608c and d. Failure to report can result in the assessment of a civil penalty of up to \$1,000 per day (7 U.S.C. 608c (14)(B)) or, upon conviction, in a fine of up to \$5,000 per day (7 U.S.C. 608c (14)(A)).

CLASS I ROUTE DISPOSITION WITHIN THE MARKETING AREA

| Sec. | Item | Product | 5 Gallons | Gallons | Half-Gal. | Quarts | Pints | 10 Ounces | 1/2 Pints | 4 Ounces | BF Test | POUNDS | |
|--------------|------|---------------------------------------|-----------|---------|-----------|--------|-------|-----------|-----------|----------|---------|---------|-----------|
| | | | | | | | | | | | | Product | Butterfat |
| 041 | 110 | Whole Milk | | | | | | | | | | | |
| 041 | 140 | Flavored Whole Milk Products | | | | | | | | | | | |
| 041 | 170 | Organic Whole Milk Products | | | | | | | | | | | |
| 041 | 211 | 2% Reduced Fat Milk - No Solids Added | | | | | | | | | | | |
| 041 | 212 | 2% Reduced Fat Milk - Added Solids | | | | | | | | | | | |
| 041 | 221 | 1% Lowfat Milk - No Solids Added | | | | | | | | | | | |
| 041 | 222 | 1% Lowfat Milk - Added Solids | | | | | | | | | | | |
| 041 | 225 | 1/2% Lowfat Milk - No Solids Added | | | | | | | | | | | |
| 041 | 226 | 1/2% Lowfat Milk - Added Solids | | | | | | | | | | | |
| 041 | 231 | Fat Free Milk - No Solids Added | | | | | | | | | | | |
| 041 | 232 | Fat Free Milk - Added Solids | | | | | | | | | | | |
| 041 | 240 | Flavored Lowfat & Skim Milk | | | | | | | | | | | |
| 041 | 250 | Buttermilk | | | | | | | | | | | |
| 041 | 255 | Drinkable Yogurt | | | | | | | | | | | |
| 041 | 270 | Organic Fat-Reduced Milk Products | | | | | | | | | | | |
| 041 | 296 | Lactose Reduced | | | | | | | | | | | |
| 041 | 149 | Eggnog | | | | | | | | | | | |
| 041 | | | | | | | | | | | | | |
| TOTAL | | | | | | | | | | | | | |

This is to certify that the Class I route disposition within the marketing area reported above is less than 25% of the total Class I route disposition for the month.

I declare under the penalties provided by law that this report has been examined by me and to the best of my knowledge and belief is a true, correct, and complete report. I also certify that I am authorized to sign this report.

Name and Handler _____

 (PERSON AUTHORIZED TO SIGN FOR HANDLER)

Date _____

 (TITLE)

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0581-0032. The time required to complete this information collection is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

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