Return to: Federal Milk Order No. 1-Northeast Marketing Area

333 North Fairfax Street Mailing Address: P.O. Box 25828 Alexandria, VA 22313-5828

Tel: (703) 549-7000 —Fax (703) 549-7003

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CPR-2 OMB No. 0581-0032 This report is required by the Order in accordance with 7 U.S.C. 608c and d. Fallure 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)).

REPORT OF PAYMENTS TO COOPERATIVE ASSOCIATIONS

Name of Cooperation	ve Association:		· · · · · · · · · · · · · · · · · · ·		
Address:					
			Pounds	Rate	Amount
Producer Milk			, sands	\$	\$
Butterfat					
Protein					
Other Solids					
245 Ob (1)			 	Value of I	Milk \$
Other Charges: (Identify)			Pounds		
				\$	\$
			-		
djustments: (Ident	ify)				
			· .	-	
				-	
	.	CONOU LATION OF THE		Total Amount D	oue \$
		CONCILIATION OF BI	LLING AND PAYMI	ENTS 	
· · · · · · · · · · · · · · · · · · ·	Date	Check No.	Pounds	Rate	Amount
artial Payment				\$	\$
ther:					
nal Payment					
				Total Amount P	aid \$
declare under the ne	naltice provided by law th	at this remark (including a	abadil I ()		
y knowledge and be	nalties provided by law, th lief is true, correct, and co	mplete. I also certify that	chedules and statemel I am authorized to sig	nts), has been examine n this report.	d by me and to the best o
		-	Authorize	q.	
-landler:					·
elivery	•				· · · · · · · · · · · · · · · · · · ·
Month:					
	-	TO THE MARKET ADMINISTRAT			· · · · · · · · · · · · · · · · · · ·

control number for this information collection is 0581-0032. The time required to complete this information collection is estimated to average 1 hour 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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