## FEDERAL MILK ORDER No. 1

## Handler Name

## Northeast Marketing Area

Albany: One Columbia Circle Albany, NY 12203-6379 Tel: (518) 452-4410

For Month of

89 South Street Boston, MA 02111-2671 Tel: (617) 737-7199 Alexardria: P.O. Box 25828 Alexardria, VA 22313-5828 Tel: (703) 549-7000 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)[8]) or, upon conviction, in a fine of up to \$5,000 per day (7 U.S.C. 608c (14)[8])."

Report on this form all movements of bulk fluid milk products and fluid cream products made at your direction, for which you are not required to solve a plant report or a bulk tank unit report to the Market Administrator.

This report properly prepared and signed must be submitted to the above address on or before the 10th of the month following the month for which the report is prepared.

|                                   |  | _        | DO NOT WRITE IN SHADED AREAS   |  |       |         | following the month for which the report is prepared. |           |                        |              |  |
|-----------------------------------|--|----------|--|--|-------|---------|---|-----------|------------------------|--------------|--|
| SHIPPER                           |  | RECEIVER |  |  |       | PRODUCT |   |           |                        |              |  |
| Handler Name                      | Plant Location or Bulk<br>Tank Unit Name | Code     |  | Plant Location   | Code  | Name    | Code  | Pounds of | Pounds of<br>Butterfat | Class        |  |
|                                   |  |          |  |  | 11.00 |         |   |           |                        |              |  |
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| SHIPPER                           |  | RECEIVER |                      |                      |             | PRO                                   | PRODUCT     |  |                        |  |
| Handler Name                      | Plant Location or Bulk<br>Tank Unit Name   | Code     | Handler Name         | Plant Location       | Code        | Name                                  | Code        | Pounds of<br>Product                     | Pounds of<br>Butterfat |  |
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| For Market Administrator Use      | Only Operator 1  |          | The information prov | ided is complete and | accurate    | to the best of                        | my knowled  | ige and belief.                          |                        |  |
|                                   |  |          | Handler's Name:      |                      | <del></del> | ,                                     |             |  |                        |  |
|                                   | Operator 2   |          | Signed by:           |                      |             |                                       |             |  |                        |  |
|                                   |  |          |                      |                      | (Per        | son authorized to sign                | on behalf o | of handler)                              |                        |  |
|                                   |  |          | Title:               |                      | ·           |                                       |             | Date:                                    |                        |  |

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