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UNITED STATES DEPARTMENT OF AGRICULTURE AGRICULTURAL MARKETING SERVICE

LAMB PROMOTION, RESEARCH AND INFORMATION BOARD REMITTANCE REPORT

Information is required by 7CFR § 1280.223. Failure to report can result in a fine. Information provided in this report is held confidential under 7CFR § 1280.227.

Note: 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 0581-0198. 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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REPORT AND REMITTANCE OF AMOUNT COLLECTED AND DUE ON SHEEP AND LAMBS

FOR THE PURPOSE OF THIS PROGRAM: A Lamb is defined as an ovine animal of any age, including ewes and rams.

CHECK THE APPROPRIATE TRANSACTION(S): NAME AND ADDRESS (Include street address or P.O. Box No., City, State, Zip Code)

| Live sheep or lambs purchased for slaughter | |
|---|--|
| Exported sheep or lambs | |

Custom slaughter or direct marketing of sheep or lambs

Business Telephone Number (include area code): (

200

ASSESSMENTS ON LIVE SHEEP OR LAMBS REMITTED DURING THE MONTH OF

The report and assessments must be remitted (postmarked) by the 15th day of the month following the end of the collection period. Late Payments are subject to a 2% per month late payment charge.

| NUMBER OF SHEEP OR LAMBS ASSESSED | TOTAL POUNDS OF LIVE SHEEP OR LAMBS | ASSESSMENT RATE PER POUND | TOTAL | | | | |
|---|--|---------------------------|-------|--|--|--|--|
| | | | | | | | |
| | | x \$.005 | | | | | |
| | | | | | | | |
| | | x \$.005 | | | | | |
| | | | | | | | |
| | | x \$.005 | | | | | |
| | | | | | | | |
| | | x \$.005 | | | | | |
| | | | | | | | |
| | | x \$.005 | | | | | |
| TOTAL SHEEP OR LAMBS SLAUGHTERED | | | | | | | |
| (first handler fee, rate of \$0.30 per head): | | x \$.30 | | | | | |
| *NOTE: If remitting assessment | nts past due date, calculate the 2% mandatory late | | | | | | |
| NOTE. In remitting assessmen | payment (compounded monthly). | TOTAL ASSESSMENTS= | | | | | |
| | Total Assessments x .02 = Late Payment | | | | | | |
| | | *LATE PAYMENT= | | | | | |
| | | | | | | | |
| | | TOTAL REMITTANCE= | | | | | |
| If the assessment is less than the total pounds of live weight sold, explain: | | | | | | | |
| | | | | | | | |

| | PENALTIES: You may, by law be fined up to \$10,000, | | | | |
|-------------------------|--|--|--|--|--|
| | imprisoned up to five years or both for knowingly or willfully making false statements within this document. (18 U.S.C. § 1001). | | | | |
| Z3UZ9 NETWORK PLACE | | | | | |
| Chicago, IL 60673-1230 | | | | | |
| CERTIFICATION STATEMENT | | | | | |

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.

| RESPONDING OFFICIAL'S NAME AND TITLE (Print) | SIGNATURE | DATE |
|--|-----------|------|
| | | |
| | | |
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