

1/ Add or deduct **quality factors** including-- test weight, protein content, foreign matter, damage, moisture content, and farmer delivery. **DO NOT** deduct check-off fees, drying, cleaning, handling, storage, grading or other marketing or service fees. For more information go to instructions.

2. **MID-October PRICES: Report a mid-month price for commodities which were purchased October 14, 15, & 16, 2009.**

If no purchase of any commodity listed, check box .

COMMODITY <i>(Report all varieties, grades, and qualities.)</i>		AVERAGE PRICE <i>(Dollars and Cents)</i>	UNIT REPORTED Circle one			
Winter Wheat		094 \$. ____	095 Bu. ¹ Lbs. ² Tons ³ Cwt. ⁴			
Durum Wheat	114 \$. ____	115 Bu. ¹	Lbs. ²	Tons ³	Cwt. ⁴	
Other Spring Wheat	134 \$. ____	135 Bu. ¹	Lbs. ²	Tons ³	Cwt. ⁴	
Feed Barley	054 \$. ____	055 Bu. ¹	Lbs. ²	Tons ³	Cwt. ⁴	
Malting Barley	074 \$. ____	075 Bu. ¹	Lbs. ²	Tons ³	Cwt. ⁴	
Oats	234 \$. ____	235 Bu. ¹	Lbs. ²	Tons ³	Cwt. ⁴	
Corn <i>(Yellow and White)</i>	014 \$. ____	015 Bu. ¹	Lbs. ²	Tons ³	Cwt. ⁴	
Soybeans	214 \$. ____	215 Bu. ¹	Lbs. ²	Tons ³	Cwt. ⁴	
Sunflower , Oil Type	294 \$. ____	295 Bu. ¹	Lbs. ²	Tons ³	Cwt. ⁴	
Sunflower , Non-Oil Type	314 \$. ____	315 Bu. ¹	Lbs. ²	Tons ³	Cwt. ⁴	
Flaxseed	274 \$. ____	275 Bu. ¹	Lbs. ²	Tons ³	Cwt. ⁴	

Comments:

Reported by: _____ Date _____ Telephone () - _____

Title _____ Fax Number () - _____

OFFICE USE		ENTER ALL CODES THAT APPLY			
1 Re-contact/verified	5 Changed Units	801	802	803	804
2 Re-contact/ changed	6 Office Error	805	806	807	
3 Rounded	7 Other- comment				
4 Circled Units					

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 number. The valid OMB number is 0535-0003. The time required to complete this information collection is estimated to average 10 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.

9910 MM DD YY
DATE: _____

Response		Respondent		Mode		Enum	Eval.	Office Use for POID		
1-Comp	7-Off Hold – Est	9901	1-Op/Mgr	9902	1-Mail	6-e-mail	9903	098	100	789
2-R	8-Known Zero		2-Sp		2-Tel	7-Fax				
3-Inac			3-Acct/Bkpr		3-Face-to-Face	8-CAPI				
4-Office Hold			4-Partner		4-CATI	19-Other				
5-R – Est			9-Oth		5-Web					
6-Inac – Est										
Optional Use										
								407		408

S/E Name _____