

**FIRST HANDLER'S REPORT FOR PROCESSED RASPBERRY  
PROMOTION, RESEARCH, AND INFORMATION ORDER**

The following statements are made in accordance with the Privacy Act of 1974 (U.S.C. 552a) and the Paperwork Reduction Act of 1995. The authority for requesting this information to be supplied on this form is the Commodity Promotion, Research, and Information Act of 1996, Pub. L. 104-127, 110 Stat. 1032 (7 U.S.C. 7411-7425). Furnishing the requested information is necessary for the administration of this program. Submission of Tax Identification Number or Business Identification Number is mandatory, and will be used to determine affiliation or entity identification.

**Name:** \_\_\_\_\_  
**Company Name:** \_\_\_\_\_ **Tax ID# or Business ID#:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_  
**E-Mail:** \_\_\_\_\_ **Web site:** \_\_\_\_\_  
**Phone No.:** \_\_\_\_\_ **Fax No.:** \_\_\_\_\_

PERIOD COVERED BY THIS REPORT:

**FOR ADDITIONAL SPACE, YOU MAY ATTACH YOUR OWN SEPARATE SHEETS.**  
**For questions about completing this report call (XXX) xxx-xxxx**

**This section represents all assessable processed raspberries.**

1.) LIST POUNDS OF PROCESSED RASPBERRIES OF YOUR OWN PRODUCTION: \_\_\_\_\_

2.) LIST POUNDS OF PROCESSED RASPBERRIES PURCHASED FROM PRODUCERS:  
 List the name and address and other pertinent information of each producer along with the corresponding pounds purchased from each producer.


**TOTAL ALL POUNDS FROM 1 AND 2 ABOVE.** \_\_\_\_\_

3.) DEDUCT THE NUMBER OF POUNDS OF CERTIFIED ORGANIC PROCESSED RASPBERRIES\*: \_\_\_\_\_

**TOTAL POUNDS ON WHICH ASSESSMENT IS DUE:** \_\_\_\_\_

Assessment rate \$0.xxx per pound. x 0.xxx

**ASSESSMENTS DUE:** \_\_\_\_\_

4.) DEDUCT ASSESSMENT CREDITS: \_\_\_\_\_

**TOTAL ASSESSMENTS DUE** \_\_\_\_\_

**CERTIFICATION AND SIGNATURE**

I certify that the information is true and correct to the best of my knowledge and the attached payment represents \$0.xxx per pound on all processed raspberries handled during this reporting period for which I am required to pay the assessments as the first handler. I also certify that I am authorized to sign this report.

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Print Name and Title of Person Completing this Report

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Signature

Date

**Please Mail To: NATIONAL RASPBERRY COUNCIL  
Street, City, State, Zip Code**

*This report is required by law [7 U.S.C. 7416, 7 CFR Part 1212.52 and 7 CFR Part 1212.70]. Failure to report can result in a fine of not less than \$1,000 or more than \$10,000 for each such violation. Each such violation shall be deemed a separate violation. The making of any false statement or representation on this form, knowing it to be false, is a violation of Title 18, Section 1001 United States Code, which provides for the penalty of a fine of \$10,000 or imprisonment of not more than five years, or both.*

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