

**U.S. DEPARTMENT OF AGRICULTURE
AGRICULTURAL MARKETING SERVICE**

PORK PROMOTION INVESTMENT REPORT

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(USE LABEL PROVIDED)

ACCT.# _____		CHECK IF ADDRESS CHANGED _____
NAME _____		CHECK TO ORDER FORMS _____
ADDRESS _____		
CITY _____		
STATE _____	ZIP _____	
PHONE _____		

Pork Producer Checkoff Investments are shared by national and state organization to conduct pork industry promotion, research and consumer information programs.

MARKET HOG/CULL SOWS/BOARS INVESTMENT

State of Origin	Number of Hogs	Gross Market Value	Promotion Assessment
_____	HD	\$ _____	x .0040 of Gross \$ _____
_____	HD	\$ _____	x .0040 of Gross \$ _____
_____	HD	\$ _____	x .0040 of Gross \$ _____
_____	HD	\$ _____	x .0040 of Gross \$ _____
_____	HD	\$ _____	x .0040 of Gross \$ _____
_____	HD	\$ _____	x .0040 of Gross \$ _____
Total:	HD	\$ _____	Total: \$ _____

FEEDER/SOWEAN/PIG INVESTMENT

State of Origin	Number of Hogs	Gross Market Value	Promotion Assessment
_____	HD	\$ _____	x .0040 of Gross \$ _____
_____	HD	\$ _____	x .0040 of Gross \$ _____
_____	HD	\$ _____	x .0040 of Gross \$ _____
_____	HD	\$ _____	x .0040 of Gross \$ _____
Total:	HD	\$ _____	Total: \$ _____

SEEDSTOCK INVESTMENT

State of Origin	Number of Hogs	Gross Market Value	Promotion Assessment
_____	HD	\$ _____	x .0040 of Gross \$ _____
_____	HD	\$ _____	x .0040 of Gross \$ _____
Total:	HD	\$ _____	Total: \$ _____

DUE: 15 DAYS AFTER PERIOD ENDING DATE*	TOTAL AMOUNT OF CHECK \$ _____
1.5% LATE CHARGE PER MONTH WILL BE BILLED	
	PERIOD COVERED _____ THRU _____ 20____
	<small>(month/day) (month/day)</small>

Monthly reporting required on assessments of \$25 per month. Assessments less than \$25 during each month of a quarter may be reported quarterly.

I hereby certify under penalty by law that the information contained in this Investment Report is true and accurate.

Signature _____	Date _____
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Mail this form with the required information to: National Pork Board, P.O. Box 9114, Des Moines, IA 50306
LS-101 (09-09)