CPR-2 Form Approved, OI/IB No. 0581-0032 This report is required by the Order in accordance with 7 U.S.C. 608c and d. Failure to report can result in the assessment of a civit penalty of up to \$1,000 per day (7 U.S.C. 608c (14)(03) or, upon conviction, than fine of up to \$5,000 per day (7 U.S.C. 608c (14)(A)).

REPORT OF PAYMENTS TO COOPERATIVE ASSOCIATIONS

Name of Cooperative Association:

Address:

	Pounds	Rate	Amount
Producer Milk		\$	\$
Butterfat			
Protein	· .		
Other Solids			

Value of Milk \$

Other Charges: (Identify)	Pounds	
		\$ \$

Adjustments: (Identify)		······

Total Amount Due \$

RECONCILIATION OF BILLING AND PAYMENTS

	Date	Check No.	Pounds	Rate	Amount
Partial Payment			***************	\$	\$
Other:					
Final Payment					

Total Amount Paid \$

I declare under the penalties provided by law, that this report (including schedules and statements), has been examined by me and to the best of my knowledge and belief is true, correct, and complete. I also certify that I am authorized to sign this report.

Handler:	Authorized Signature:	
Deliver	Title:	
Delivery Month:	Date:	
SUBMIT A SEPARATE REPORT FOR EACH COOPERATIVE TO	THE MARKET ADMINISTRATOR AT THE ABOVE ADDRESS ON OR BEFORE THE 215T OF THI	EMONTH

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