

Return to: **Federal Milk Order No. 1—Northeast Marketing Area**  
89 South Street  
Mailing Address: P.O. Box 51478  
Boston, MA 02205-1478  
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MA 300  
Form Approved, OMB 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 civil penalty of up to \$1,000 per day (7 U.S.C. 608c (14)(B)) or, upon conviction, in a fine of up to \$5,000 per day (7 U.S.C. 608c (14)(A)).

## Handler Report of Expected Receipts and Expected Class I Needs

Handler's Name \_\_\_\_\_ Period \_\_\_\_\_

Address \_\_\_\_\_

**FULL SUPPLY CONTRACT:**      YES      NO

**A. Expected Receipts of Bulk Fluid Milk** (Total for all plants if more than one)

**Pounds**

1. From own producers \_\_\_\_\_
2. Bulk milk from other sources (list by handler)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
3. Total expected receipts \_\_\_\_\_

**B. Expected Class I Fluid Milk Needs**

1. Use for Class I in **your own Section 7(a)** distributing plant(s) (If multiple locations list each separately)

\_\_\_\_\_  
\_\_\_\_\_

Total expected Class I bottling needs \_\_\_\_\_

2. If **bulk** milk will be transferred from your bottling plant(s) to other Northeast Order Section 7(a) distributing plants, report estimated volume to be transferred.

\_\_\_\_\_

3. Total expected Class I needs (Summary of B1 and B2)

\_\_\_\_\_

**C. Difference between Expected Receipts and Expected Class I Needs**

Subtract B3 from A3 (Expected surplus/shortage)

\_\_\_\_\_

SIGNED BY: \_\_\_\_\_  
(Person authorized to sign on behalf of handler.)

DATE: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

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