

Return to: **Federal Milk Order No. 1—Northeast Marketing Area**
 89 South Street
 Mailing Address: P.O. Box 51478
 Boston, MA 02205-1478
 Tel: (617) 737-7199 —Fax (617) 737-8002
 Email: MABoston@fedmilk1.com Website: www.frmone.com

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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