Page 1 of 8

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| Identification of | Reporting of Recordkeeping Requirement | Annual Burden | | | | | | | | |
|---------------------------|--|-------------------------------------|----------------------------|--|------------------------------|-----------------------|--------------|-----------------------------|---|--------------------------------------|
| | | | | | Reports | | | | Records | |
| Section of Regulations | Description | Form No(s). (If "none" so state) | No. of Respon- dents | No. of Response per Respon- dent | Total Annual Responses | Hours per Response | Total Hours | No. of Record Keepers | Annual Hours per Record Keeper | Total Record- keeping Hours |
| | | | | | (Col. D x E) | | (Col. F x G) | | | (Col. I x J) |
| (A) | (B) | (C) | (D) | (E) | (F) | (G) | (H) | (I) | (J) | (K) |
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| [NOTE: Use File I | age Setup Custom Header menu options to add title, OMB | #, and date. Delete bold | notes] | | 0 | | 0 | | | |
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| Date Prepared | 1 1 | |

| Identification of | Reporting of Recordkeeping Requirement | Requirement Annual Burden | | | | | | | | |
|---------------------------|--|-------------------------------------|----------------------------|--|------------------------------|-----------------------|--------------|-----------------------------|---|--------------------------------------|
| | | | Reports | | | | Records | | | |
| Section of Regulations | Description | Form No(s). (If "none" so state) | No. of Respon- dents | No. of Response per Respon- dent | Total Annual Responses | Hours per Response | | No. of Record Keepers | Annual Hours per Record Keeper | Total Record- keeping Hours |
| | | | | | (Col. D x E) | | (Col. F x G) | | | (Col. I x J) |
| (A) | (B) | (C) | (D) | (E) | (F) | (G) | (H) | (I) | (J) | (K) |
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| Section of Regulations Description Description Description Form No(s). (If "none" so state) Respon- Respon- Respon- Respon- Respon- Response R | Annual Durs per Record Record Reeper Hours (Col. I x J) (J) (K) 0 |
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| Section of Regulations Description Description Description Description Form No(s). (If "none" so state) Respondents No. of Respondents Respondent Respondent Col. D x E) Col. F x G) No. of Response Response Response Response Response Res | ours per Record-keeping Hours (Col. I x J) (J) (K) 0 |
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OMB Control No.

Reguations and Related Reporting and Recordkeeping Requirements Packers and Stockyards Programs, GIPSA

0580-0016

| rackers and Stockya | lius Programs, Gipsa | | | | | | | 0300-0010 | |
|---------------------|---|---------------------------|------------------------------|----------------------------|---------------------|---------------------------------|------------------|-------------|-------------|
| | Form No. or Other Identification | Total Annual Responses | Avg. Time Per Response | Total Hours Per Year | Persons Informat | Involved in the ion Collection* | Program Costs | | Total Costs |
| | | | | (B x C) | | Avg. Hourly Rate | (D x (E.2)) | (F x 0.139) | (F + G) |
| | (A) | (B) | (C) | (D) | (E.1) | (E.2) | (F) | (G) | (H) |
| | Estimated Annual Cost to the Federal Government | 80 | 1.0 | 80 | 13/05 | \$48.35 | \$3,868 | \$538 | \$4,406 |
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| | | | | | | | | | |
| Totals | | | | | | | | | \$4,406 |

^{*}Include field and headquarters personnel. Use step 4 for average hourly rate.

| Remarks | |
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Instructions for APHIS Form 71

Use this form when a single information collection document involves multiple reporting and recordkeeping requirements.

The totals of the figures in columns (D), (F), (H), (I), and (K) should be entered as items 17 and 18 of form OMB 83-I.

For columns (E), (G), and (J), compute the averages of the totals as follows and then enter on the form OMB 83-I.

$$\underline{\text{Total}}$$
 = (E) Average $\underline{\text{(M) Total}}$ = (G) Average $\underline{\text{(K) Total}}$ = (J) Average Total $\underline{\text{(F) Total}}$ (I) Total