

Return to: **Federal Milk Order No. 1—Northeast Marketing Area**
 333 North Fairfax Street
 Mailing Address: P.O. Box 25828
 Alexandria, VA 22313-5828
 Tel: (703) 549-7000 —Fax (703) 549-7003
 Email: MABoston@fedmilk1.com Website: www.fmmone.com

CPR-2
 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)).

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	Rate	Amount
		\$	\$
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: _____

Delivery Month: _____

Title: _____

Date: _____

SUBMIT A SEPARATE REPORT FOR EACH COOPERATIVE TO THE MARKET ADMINISTRATOR AT THE ABOVE ADDRESS ON OR BEFORE THE 21ST OF THE MONTH

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