# UNITED STATES DEPARTMENT OF AGRICULTURE

### AGRICULTURAL MARKETING SERVICE DAIRY PROGRAMS

Bothell, WA 98021 Phone: (425) 487-6009 Fax: (425) 487-2775

1930-220th St. SE. Ste. 102

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FEDERAL MILK ORDERS 124 & 131

4835 E Cactus Rd., Ste. 365 Scottsdale, AZ 85254 Phone: (602) 547-2909 Fax: (602) 547-2906 E-mail: ma@fmma.net

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Expected Bulk Milk Receipts and Usage

Note: This cover page is for information purposes only and does not need to be submitted to the market administrator's office.

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Form H-13

AGRICULTURAL MARKETING SERVICE **DAIRY PROGRAMS** 

Form Approved, OMB No. 0581-0032 4835 E Cactus Rd., Ste. 365 Scottsdale, AZ 85254

Phone: (602) 547-2909 Fax: (602) 547-2906 E-mail: ma@fmma.net

FEDERAL MILK ORDERS 124 & 131

## **DISTRIBUTING PLANT**

## EXPECTED BULK MILK RECEIPTS AND USAGE

Month:			
Handler: Plant Location:			
A) Expected Grade A Receipts			Product Pounds
1. 2. a. b.	Producers § .9(c) coops. (specify)		
c. 3. a. b.	Other Bulk Grade A (specify)		
c. 4.	Total		
B) Expected Class I Needs			
1. 2. 3.	Fluid Milk Products packaged in the plant Other Class I Needs (specify) Total		
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)).			
I declare under the penalties provided by law, that this report (including any accompanying schedules and statements) has been examined by me and to the best of my knowledge and belief is a true, correct, and complete report. I also certify that I am authorized to sign this report.			
	Name of Handler		Date
	Authorized Signature		Title