

FOR COTTON RESEARCH AND PROMOTION ASSESSMENTS COLLECTED

| RETURN TO<br><p style="text-align: center;"><b>COTTON BOARD</b><br/>                 P.O. Box 2121<br/>                 Memphis, Tenn. 38101-2121</p> INSTRUCTIONS: Mail Original and Duplicate Copy of Report to Cotton Board together with full remittance. Prepare Separate Report for each Gin and each Crop Year. To Be Mailed within 10 days after End of each Month During which Cotton was Handled.<br><p style="text-align: center;"><b>BALES LISTED WERE GINNED AT:</b></p> |                   | COLLECTING HANDLER NUMBER<br>(If not known - Cotton Board will furnish)           |                               |                                   |
|---|-------------------|---|-------------------------------|-----------------------------------|
| NAME AND ADDRESS OF GIN   |                   | FIRM NAME & MAILING ADDRESS Street & Number (or PO Box)<br>CITY, STATE & ZIP CODE |                               |                                   |
| GIN NUMBER      COUNTY      STATE   |                   | MONTH COVERED BY THIS REPORT  | CROP YEAR COTTON WAS PRODUCED |                                   |
| DATE OF LAST REPORT   |                   |   |                               |                                   |
| NAME OF PRODUCER<br>FROM WHOM ASSESSMENTS WERE COLLECTED  | DATE<br>COLLECTED | MAILING ADDRESS OF PRODUCER<br>FROM WHOM ASSESSMENTS WERE COLLECTED               | NUMBER<br>OF<br>BALES         | TOTAL<br>ASSESSMENTS<br>COLLECTED |
| 1.  |                   |   |                               |                                   |
| 2.  |                   |   |                               |                                   |
| 3.  |                   |   |                               |                                   |
| 4.  |                   |   |                               |                                   |
| 5.  |                   |   |                               |                                   |
| 6.  |                   |   |                               |                                   |
| 7.  |                   |   |                               |                                   |
| 8.  |                   |   |                               |                                   |
| 9.  |                   |   |                               |                                   |
| 10.   |                   |   |                               |                                   |
| 11.   |                   |   |                               |                                   |
| 12.   |                   |   |                               |                                   |
| 13.   |                   |   |                               |                                   |
| 14.   |                   |   |                               |                                   |
| 15.   |                   |   |                               |                                   |
| 16.   |                   |   |                               |                                   |
| 17.   |                   |   |                               |                                   |
| 18.   |                   |   |                               |                                   |
| FORM CB-1 7/85<br><p style="text-align: center;"><b>IMPORTANT</b></p> IF COLLECTING HANDLER REPORT COVERS<br>MORE THAN ONE GIN - ALSO USE RECAP REPORT  |                   | Total Bales This Gin  |                               | B/C                               |
|   |                   | Total Assessment This Gin   |                               | \$                                |

**CERTIFICATION:** I certify that the above information is true and correct to the best of my knowledge and the attached remittance represents the total required assessments per bale on all cotton handled during the reporting period on which I was required to collect the assessments.

(DATE)

This report is required by law (7 U.S.C. 2101)

(Sign Top Copy Only)

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