

QUARTERLY TARO MILLING INQUIRY

OMB No. 0535-0039
 Approval Expires: 6/30/2013
 Project Code: xxx QID: xxxxxx
 SMetaKey: xxxx



**NATIONAL
 AGRICULTURAL
 STATISTICS
 SERVICE**

U.S. Department of Agriculture
 NOC Division
 9700 Page Avenue, Suite 400
 St. Louis, MO 63132-1547
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Please make corrections to name, address and ZIP Code, if necessary.

Information requested in this survey is used to prepare estimates of selected agricultural commodities. Under Title 7 of the U.S. Code and CIPSEA (Public Law 107-347), facts about your operation are kept **confidential** and used only for statistical purposes in combination with similar reports from other producers. Response is **voluntary**.

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0535-0039. The time required to complete this information collection is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

Please provide your best estimate of your 2013 Taro crop in the table below.

| Month | Taro Purchased | | | | | | | | | | |
|--|--------------------------------|-------|------|-----------------|------------|----------|----------|---------|------------|----------|----------|
| | WETLAND | | | | | | | DRYLAND | | | |
| | Island of purchase for milling | | | | Sold fresh | | | Milled | Sold fresh | | |
| | Hawaii | Kauai | Maui | Other (Specify) | Own Island | Honolulu | Mainland | | Own Island | Honolulu | Mainland |
| Pounds or bags (weight of bags: _____) | | | | | | | | | | | |
| July | | | | | | | | | | | |
| August | | | | | | | | | | | |
| September | | | | | | | | | | | |

COMMENTS:

Survey Results: To receive the complete results of this survey on the release date, go to <http://www.nass.usda.gov/results>

Would you rather have a brief summary mailed to you at a later date? Yes = 1 No = 3 099

| | | |
|------------------|----------------|------------------------|
| Respondent Name: | 9911 Phone: | 9910 MM DD YY Date: |
|------------------|----------------|------------------------|

OFFICE USE ONLY

| Response | 9901 | Respondent | 9902 | Mode | 9903 | Enum. | 098 | Eval. | 100 | Change | 785 | Office Use for POID | | | |
|------------------|------|-------------|------|----------------|------|-------|-----|---------|-----|--------|-----|---------------------|--|--|--|
| 1-Comp | | 1-Op/Mgr | | 1-Mail | | | | | | | | 789 | | | |
| 2-R | | 2-Sp | | 2-Tel | | | | | | | | | | | |
| 3-Inac | | 3-Acct/Bkpr | | 3-Face-to-Face | | | | | | | | Optional Use | | | |
| 4-Office Hold | | 4-Partner | | 4-CATI | | | | | | | | | | | |
| 5-R – Est | | 9-Oth | | 5-Web | | | | R. Unit | | | | | | | |
| 6-Inac – Est | | | | 6-E-mail | | | | | | | | | | | |
| 7-Off Hold – Est | | | | 7-Fax | | | | | | | | | | | |
| 8-Known Zero | | | | 8-CAPI | | | | | | | | | | | |
| | | | | 19-Other | | | | | | | | | | | |
| 921 | | | | | | | | | | | | | | | |

S/E Name