

53 Pleasant Street

Concord, NH 03301 603-224-9639

Fax: 1-800-754-7607

E-mail: nass-nh@nass.usda.gov

Monthly Milk Price December 2012 Form Approved O.M.B Number 535-0003 Expires 12/31/2013 QID by SSO QID 050050

January 14, 2013

Dear Milk Handler,

To provide the dairy industry with accurate information on the average prices received by farmers for milk, we are asking milk handlers to furnish the following information on prices paid. Response to this survey is voluntary and not required by law; however, cooperation by each handler is essential for accurate estimates. Individual reports will be kept strictly confidential and used only to calculate official state estimates. Thank you for your cooperation.

Sincerely, Lary Seough

Gary Keough

Please make corrections in name, address and zip code, if necessary.

1. Please provide the average premium paid per cwt to producers for milk received for the following months. Premiums should include all payments made directly to producers for bulk tank, volume, quality and quantity. The average should represent all monies paid as premiums, divided by all milk received. **Do not include payments for butterfat, protein, and other solids.**

STATE	Average Premiums Paid to Producers for Milk				
	November 2012 Revised	December 2012	January 2013 Preliminary		
Connecticut	\$/cwt	\$/cwt	\$/cwt		
Maine	\$/cwt	\$/cwt	\$/cwt		
Massachusetts	\$/cwt	\$/cwt	\$/cwt		
New Hampshire	\$/cwt	\$/cwt	\$/cwt		
Rhode Island	\$/cwt	\$/cwt	\$/cwt		
Vermont	\$/cwt	\$/cwt	\$/cwt		

2. Please provide the average prices per cwt and corresponding milkfat tests for milk received from producers during the three months listed below. Include all premium payments made directly to producers for bulk tank, volume, quantity, quality, protein and other premiums. The prices you report should be before any deductions are made for hauling or government withholdings. **Include payments for butterfat, protein, and other solids.**

STATE Connecticut	Average Monthly Prices Paid to Producers and Fat Test Percent					
	November 2012 Revised		December 2012		January 2013 Preliminary	
	\$/cwt	% milkfat	\$/cwt	% milkfat	\$/cwt	% milkfat
Maine	\$/cwt	% milkfat	\$/cwt	% milkfat	\$/cwt	% milkfat
Massachusetts	\$/cwt	% milkfat	\$/cwt	% milkfat	\$/cwt	% milkfat
New Hampshire	\$/cwt	% milkfat	\$/cwt	% milkfat	\$/cwt	% milkfat
Rhode Island	\$/cwt	% milkfat	\$/cwt	% milkfat	\$/cwt	% milkfat
Vermont	\$/cwt	% milkfat	\$/cwt	% milkfat	\$/cwt	% milkfat

Please fax your response by January 18, 2013.

FACSIMILE NUMBER (800) 754-7607

Reported by:	Date:
Phone:	

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 number is 0535-0003. The time required to

complete this information col searching existing data source	llection is estimated to aves, gathering and maintain	verage 10 minutes per range fining the data needed, a	esponse, including the tine tine tine tine tine tine to the time.	me for reviewing instructions, wing the collection of informa	tion.