

Return to: **Federal Milk Order No. 1—Northeast Marketing Area**
89 South Street
Mailing Address: P.O. Box 51478
Boston, MA 02205-1478
Tel: (617) 737-7199 —Fax (617) 737-8002
Email: MABoston@fedmilk1.com Website: www.fmmone.com

MA 300
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)).

Handler Report of Expected Receipts and Expected Class I Needs

Handler's Name _____ Period _____

Address _____

FULL SUPPLY CONTRACT: YES NO

A. Expected Receipts of Bulk Fluid Milk (Total for all plants if more than one)

Pounds

- | | |
|---|-------|
| 1. From own producers | _____ |
| 2. Bulk milk from other sources (list by handler) | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| 3. Total expected receipts | ===== |

B. Expected Class I Fluid Milk Needs

1. Use for Class I in **your own Section 7(a)** distributing plant(s) (If multiple locations list each separately)
- _____
- _____
- _____
- Total expected Class I bottling needs =====

2. If **bulk** milk will be transferred from your bottling plant(s) to other Northeast Order Section 7(a) distributing plants, report estimated volume to be transferred.
- _____
3. Total expected Class I needs (Summary of B1 and B2) =====

C. Difference between Expected Receipts and Expected Class I Needs

Subtract B3 from A3 (Expected surplus/shortage) _____

SIGNED BY: _____
(Person authorized to sign on behalf of handler.)

DATE: _____

PRINT NAME: _____

PHONE NUMBER: _____

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