

**UNITED STATES DEPARTMENT of AGRICULTURE  
 AGRICULTURAL MARKETING SERVICE - DAIRY PROGRAMS  
 MARKET ADMINISTRATOR  
 Federal Orders 6 and 7**

Phone: 770-682-2501  
 Fax: 770-822-1038  
 E-Mail: [Pool@fmmatlanta.com](mailto:Pool@fmmatlanta.com)  
 Home Page: [fmmatlanta.com](http://fmmatlanta.com)

Mailing Address  
 1550 North Brown Rd., Ste. 120  
 Lawrenceville, Georgia 30043

**PAYMENTS MADE TO A COOPERATIVE ASSOCIATION**  
 Please submit a separate form for payment to each cooperative association.

COOPERATIVE ASSOCIATION: \_\_\_\_\_ MONTH: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_ ORDER: \_\_\_\_\_

This report is required by the order in accordance with 7 U.S.C. 608 c 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. W& (14) (B)) or, upon conviction, in a fine of up to \$5,000 per day (7 U.S.C. 608c (14) (A)).

Market Administrator Use Only

	Product Pounds	Butterfat Pounds
PRODUCER MILK - UNIFORM	_____	_____
	_____	_____
TOTAL PRODUCER MILK	_____	_____
OTHER SOURCE RECEIPTS	_____	_____
GRAND TOTAL	_____	_____

Cwt. Rate	Value
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

	Product Pounds	Cwt. Rate	Check Number	Date Mailed	Amount
PAYMENTS	_____	_____	_____	_____	_____
First Advance	_____	_____	_____	_____	_____
Second Advance**	_____	_____	_____	_____	_____
Final	_____	_____	_____	_____	_____

\*\* If Applicable TOTAL PAYMENTS \_\_\_\_\_

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.

HANDLER \_\_\_\_\_

SIGNED \_\_\_\_\_  
*(Person Authorized to Sign for Handler)*

DATE \_\_\_\_\_

TITLE \_\_\_\_\_

USDA, AMS, Dairy Programs  
Market Administrator  
1550 North Brown Rd., Ste. 120, Lawrenceville, GA 30043  
(770) 682-2501

Payments Made to a Cooperative Association

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