Return to: Federal Milk Order No. 1—Northeast Marketing Area

333 North Fairfax Street
Mailing Address: P.O. Box 25828
Alexandria, VA 22313-5828
Tel: (703) 549-7000 —Fax (703) 549-7003

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CPR-2

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)).

REPORT OF PAYMENTS TO COOPERATIVE ASSOCIATIONS

Name of Cooperative A	Association:				
Address:					
			Pounds	Rate	Amount
Producer Milk				\$	\$
Butterfat					
Protein					
Other Solids					
				Value of	Milk \$
Other Charges: (Identify)			Pounds		
				\$	\$
Adjustments: (Identify)					
		-		Total Amount	Due \$
	RI	ECONCILIATION OF BI	LLING AND PAYN		
	Date	Check No.	Pounds	Rate	Amount
Partial Payment				\$	\$
Other:					
Final Payment					
				Total Amount	Paid \$
I declare under the penalti	ies provided by law, th	nat this report (including so	chedules and stateme		ed by me and to the best of
		omplete. I also certify that			•
Handler:			Authorizo Signatui		
Delivery			Tit	le:	
Delivery Month:			Dat	te:	

SUBMIT A SEPARATE REPORT FOR EACH COOPERATIVE TO THE MARKET ADMINISTRATOR AT THE ABOVE ADDRESS ON OR BEFORE THE 21ST OF THE MONTH

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 0581-0032. The time required to complete this information collection is estimated to average 1.0 hour 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.

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