U S. DEPARTMENT OF AGRICULTURE AGRICULTURAL MARKETING SERVICE			PLEASE RETURN ORIGINAL TO:			
DAIRY PROGRAMS				OGRAMS	5	
A	NNUAL REPORT OF COOPERATIVE MILK MARKETING A (Including actions taken at the annual meeting following close of		CHIEF, ORDER ROOM 2753-SC	DUTH, S	TOP 022	6
	FOR FISCAL YEAR ENDED		1400 INDEPEN WASHINGTON,			v
	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 or information unless it dis 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 estimat 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. This report is required by 7 CFR 900.355 from cooperatives desiring to maintain their qualification as a cooperative association under the Federal Milk Order Program. Failure to report can result in termination of your qualification as a cooperative.					s estimated t g and
NOTE:	The U.S. Department of Agriculture (USDA) prohibits discrimination in its programs on the basis of race, color, national origin, gender, religion, age, disability, political beliefs, and marital or family status. (Not all prohibited bases apply to all programs.) Persons with disabilities who require alternative means for communication of program information (Braille, large print, audiotape, etc.) should contact USDA's TARGET Center at 202-720-2600 (voice and TDD).					
	To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, Room 326-W, 1400 Independence Avenue, SW, Washington, DC 20250-9410, or call 202-720-5964 (voice and TDD). USDA is an equal opportunity provider and employer.					
CURRENT	NAME AND ADDRESS OF ORGANIZATION (Complete Mailing Address)	TELEPHONE NO .:				
Name:	FAX NUMBER:					
Add1:		E-MAIL ADDRESS:				
Add2:						
City:	State: Zip:					
Complete	e each item. Submit all requested information to Dairy Program	ns at the above address.	Send a copy of th	his		
	d form and all requested information to the market administrat				YES	NO
	e any amendments made to the Articles of Incorporation? (If "Yes ", les now in force as amended.)	submit a copy of the ame	ndments or a copy o	of the		
	e any amendments made to the Bylaws? (<i>if "Yes", submit a copy of</i> rce as amended.)	the amendments made or	r a copy of the Bylaw	vs now		
	the form of membership certificate, membership contract or produc by of the new form.	er marketing agreement o	changed? (if "Yes", s	submit		
4. Were	e the stock certificates changed during the year? (if "Yes", submit co	opies of the new certificate	es.)			
5. Submit a copy of your Balance Sheet at the close of the year and a copy of all auditor's notes and reports.						
6. Submit a copy of the Operating Statement for the year, with supporting schedules and notes showing sources of income.				me.		
	7. Submit a list of officers and members of the Board of Directors and give the length of service for each individual as an officer and director, and the date the present term expires. Also, submit a list of principal employees and position titles.					
0 004						
8. GRA	DE A PRODUCERS, BY INDIVIDUAL FEDERAL ORDER MARKE	ET, AS OF END OF FISC				
	NAME OF FEDERAL ORDER MARK	ET		NO. OF F	PRODUCE	RS
9. Numb	per of Grade A producers delivering to plants operated by the assoc	ciation.				
10. Number of Grade B producers.						
11. Numb	1. Number of inactive and retired members with voting rights.					
12 \/alue	2. Value of nonmember business during year.		\$			
12. Value of nonmember business during year.			_ <u>Ψ</u>			

13. If stock dividends were paid, list the class stock and dividend rate on each class.

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14. Describe in detail any changes during the year in your marketing services program for Grade A producers. Distinguish by markets, plants, or other operating units. Cover methods and frequency of sampling, butterfat testing and your weight verification program for farm bulk tanks.

15. Submit a recent copy of your market information publication sent to Grade A producers, stating how frequently such publication is sent. (If a publication is not used to provide Grade A producers with market information, explain how this information is provided).

CERTIFICATION

I certify that no officer, director, manager, or principal employee or any of their close relations has a financial interest in any competitor of the Association or in any business organization selling to or purchasing from the Association, other than the person's own farm. I also certify that the information herein and in the accompanying documents and schedules is true, correct, and complete to the best of my knowledge.

NAME OF ASSOCIATION

DATE (Mo., Day, Yr.)	SIGNATURE AND TITLE OF REPORTING OFFICIAL		