

**UNITED STATES DEPARTMENT of AGRICULTURE  
 AGRICULTURAL MARKETING SERVICE - DAIRY PROGRAMS  
 MARKET ADMINISTRATOR  
 Federal Order 1**

Phone: 617-737-7199  
 Fax: 617-737-8002  
 E-Mail: NortheastOrder@fedmilk1.com  
 Home Page: www.fmmone.com

Mailing Address  
 89 South Street, Boston, MA 02111-2671  
 PO Box 51478  
 Boston, MA 02205-1478

**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  
89 South Street, Boston, MA 02111-2671  
(617) 737-7199**

**Payments Made to a Cooperative Association**

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 30 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.

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, gender identity (including gender expression), sexual orientation, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident. Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotope, American Sign Language, etc.) should contact the responsible Agency or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English. To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html) and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: [program.intake@usda.gov](mailto:program.intake@usda.gov). USDA is an equal opportunity provider, employer, and lender.