Mail to: National Mango Board

Street

City, State, Zip OMB No. 0581-0093

MANGO PROMOTION, RESEARCH, AND INFORMATION ORDER (7 CFR 1206) FIRST HANDLER'S REPORT

| (Name) | | (Telephone Noinclude area code, FAX No., Email address) (Tax ID # or Employer ID#) | | | |
|-------------------------------|-----------------------------------|---|-----------------|---------------------|-------------------------------|
| (Name of Business/Company) | | | | | |
| Address) | | | | | |
| | | | | | (City |
| | | | | | (County) (State) (Zip) |
| REPORT OF MANGOS HANDLED DURI | | | S. | | |
| NAME AND ADDRESS | PRODUCER FARM ID OR TAX ID NO. | DATE OF TRANSACTION | TOTAL POUNDS | ASSESSMEN T PAID | DATE OF ASSESSMENT PAID |
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| | | | | | 1112 |
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| TITLEDATE | | | | |
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| The making of any false statement or representation on this form, knowing it to be false, is a violation of Title 18, §1001 United States Code, which provides for the penalty of a fine of \$10,000, imprisonment of not more than 5 years, or both. | | | | |
| READ INSTRUCTIONS ON OTHER SIDE | | | | |

INSTRUCTIONS

First handlers are required to file this report monthly. The original of the report must be mailed to the National Mango Board, with full remittance, within 30 days after the end of the month in which the sale or non-sale transfer subject to assessments under part 1206. All reports are held in strict confidence by the National Mango Board.

NOTE: The following statements are made in accordance with the Privacy Act of 1974 (5 U.S.C. §522a) and the Paperwork Reduction Act of 1995, as amended. The authority for requesting this information to be supplied on this form is the Commodity Promotion, Research, and Information Act of 1996, Pub. L. 104-127, 110 Stat. 1032 (7 U.S.C. §§7411-7425). Furnishing the requested information is necessary for the administration of this program. Submission of Tax Identification Number (TIN) or importer identification number is mandatory, and will be used to determine affiliation or entity identification.

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 0581-0093. 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.

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Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, 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 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.

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