

**Supplement - Multiple Plants Reporting Screening Table**

Note: This supplement is required for all operations answering "YES" to Question 1 in Section 1 of the Annual Validation.

**1. Please list your company's headquarters location, all dairy plant locations, any plants/companies owned or partially owned producing or selling dairy products, plants/companies with whom you have tolling agreements, or plants/companies with whom you have exclusive marketing agreements.**

Interviewer Note: List Company Name, Plant Name, Physical Address, Mailing Address, Contact, Telephone, and Dairy Products Produced for each location.

| Office Use | Company Name | Physical Address | Contact Name     | List ALL Dairy Products Produced at Plant                                     | Question Answer Log<br>(For plants with reportable products, answer questions in the boxes below) |            |            |
|------------|--------------|------------------|------------------|---|---|------------|------------|
| Plant Id   | Plant Name   | Mailing Address  | Telephone Number | (Check the box <i>ONLY</i> if ALL PRODUCTS LISTED are <i>NOT REPORTABLE</i> ) | Question 2  | Question 3 | Question 4 |
| HQ         |              |                  |                  |   |   |            |            |
|            |              |                  |                  |   |   |            |            |
| P1         |              |                  |                  |   |   |            |            |
|            |              |                  |                  |   |   |            |            |
| P2         |              |                  |                  |   |   |            |            |
|            |              |                  |                  |   |   |            |            |
| P3         |              |                  |                  |   |   |            |            |
|            |              |                  |                  |   |   |            |            |

[Interviewer Note: In the Question Answer Log - For each plant listed in the supplement with reportable products, answer questions 2, 3 and 4 listed below.]

- Does your office have full access to (insert Plant Name of each entry) weekly sales data (i.e. all ledgers, contracts, invoices, and cash receipts)? If "No" or "Unknown", please explain in the comment box.
- Does (insert Plant Name of each entry) produce and/or market products outside of the information you can provide to AMS (i.e. cheese is reported through your office but the plant listed above sells dry whey using a different office)? If "Yes" or "Unknown", please explain in the comment box.
- Does (insert Plant Name of each entry) market products of the same type outside of information you can provide to AMS (i.e. the plant listed above may have cash sales you cannot access)? If "Yes" or "Unknown", please explain in the comment box.

**5. Comment Box:**

[After completion of the supplement return to the Annual Validation Worksheet in Section 1, Question 2.]

Interviewer Note: List Company Name, Plant Name, Physical Address, Mailing Address, Contact, Telephone, and Dairy Products Produced for each location.

| Office Use | Company Name | Physical Address | Contact Name     | List ALL Dairy Products Produced at Plant<br>(Check the box <u>ONLY</u> if ALL PRODUCTS LISTED are <i>NOT REPORTABLE</i> ) | Question Answer Log<br>(For plants with reportable products, answer questions in the boxes below) |            |            |
|------------|--------------|------------------|------------------|--|---|------------|------------|
| Plant Id   | Plant Name   | Mailing Address  | Telephone Number |  | Question 2  | Question 3 | Question 4 |
| P4         |              |                  |                  | <input type="checkbox"/>   |   |            |            |
| P5         |              |                  |                  | <input type="checkbox"/>   |   |            |            |
| P6         |              |                  |                  | <input type="checkbox"/>   |   |            |            |
| P7         |              |                  |                  | <input type="checkbox"/>   |   |            |            |
| P8         |              |                  |                  | <input type="checkbox"/>   |   |            |            |
| P9         |              |                  |                  | <input type="checkbox"/>   |   |            |            |
| P10        |              |                  |                  | <input type="checkbox"/>   |   |            |            |
| P11        |              |                  |                  | <input type="checkbox"/>   |   |            |            |
| P12        |              |                  |                  | <input type="checkbox"/>   |   |            |            |
| P13        |              |                  |                  | <input type="checkbox"/>   |   |            |            |

Interviewer Note: List Company Name, Plant Name, Physical Address, Mailing Address, Contact, Telephone, and Dairy Products Produced for each location.

| Office Use | Company Name | Physical Address | Contact Name    | List ALL Dairy Products Produced at Plant<br>(Check the box <i>ONLY</i> if ALL PRODUCTS LISTED are NOT REPORTABLE) | Question Answer Log<br>(For plants with reportable products, answer questions in the boxes below) |            |            |
|------------|--------------|------------------|-----------------|--|---|------------|------------|
|            | Plant Id     | Plant Name       | Mailing Address |  | Telephone Number  | Question 2 | Question 3 |
| P14        |              |                  |                 | <input type="checkbox"/>   |   |            |            |
| P15        |              |                  |                 | <input type="checkbox"/>   |   |            |            |
| P16        |              |                  |                 | <input type="checkbox"/>   |   |            |            |
| P17        |              |                  |                 | <input type="checkbox"/>   |   |            |            |
| P18        |              |                  |                 | <input type="checkbox"/>   |   |            |            |
| P19        |              |                  |                 | <input type="checkbox"/>   |   |            |            |
| P20        |              |                  |                 | <input type="checkbox"/>   |   |            |            |
| P21        |              |                  |                 | <input type="checkbox"/>   |   |            |            |
| P22        |              |                  |                 | <input type="checkbox"/>   |   |            |            |
| P23        |              |                  |                 | <input type="checkbox"/>   |   |            |            |