

United States Department of Agriculture

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AGRICULTURAL MARKETING SERVICE
 DAIRY PROGRAMS
Mideast Marketing Area
 Federal Order No. 33

Form Approved,
 OMB No. 0581-0032
 Exp. XX/XXXX

REPORT FOR PARTIALLY REGULATED DISTRIBUTING PLANTS

HANDLER _____

MONTH _____

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)).

CLASS I ROUTE DISPOSITION WITHIN THE MARKETING AREA

Sec.	Item	Product	5 Gallons	Gallons	Half-Gal.	Quarts	Pints	10 Ounces	1/2 Pints	4 Ounces	BF Test	POUNDS	
												Product	Butterfat
041	110	Whole Milk											
041	140	Flavored Whole Milk Products											
041	170	Organic Whole Milk Products											
041	211	2% Reduced Fat Milk - No Solids Added											
041	212	2% Reduced Fat Milk - Added Solids											
041	221	1% Lowfat Milk - No Solids Added											
041	222	1% Lowfat Milk - Added Solids											
041	225	1/2% Lowfat Milk - No Solids Added											
041	226	1/2% Lowfat Milk - Added Solids											
041	231	Fat Free Milk - No Solids Added											
041	232	Fat Free Milk - Added Solids											
041	240	Flavored Lowfat & Skim Milk											
041	250	Buttermilk											
041	255	Drinkable Yogurt											
041	270	Organic Fat-Reduced Milk Products											
041	296	Lactose Reduced											
041	149	Eggnog											
041													
		TOTAL											

This is to certify that the Class I route disposition within the marketing area reported above is less than 25% of the total Class I route disposition for the month. I declare under the penalties provided by law that this report 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.

Name and Handler _____

(PERSON AUTHORIZED TO SIGN FOR HANDLER)

Date _____

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.

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