FEDERAL MILK ORDER No. 1

Northeast Marketing Area

Alexandria: P.O. Box 25828 Alexandria, VA 22313-5828 Tel: (703) 549-7000

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

Handler Name

Albany:
302A Washington Avenue Ext.
Albany, NY 12203-7303
Tel: (518) 452-4410

Albany:
89 South Street
Boston, MA 02111-2671
Tel: (617) 737-7199

Report on this form all movements of bulk fluid milk products and fluid cream products made at your direction, for which you are not required to submit a plant report or a bulk tank unit report to the Market Administrator.

This report properly prepared and signed must be submitted to the above address on or before the 10th of the month following the month for which the report is prepared.

BROKERAGE REPORT

REPORT OF PRODUCT MOVEMENTS NOT OTHERWISE REPORTED

For Month of ______20 ____

| SHIPPER | | | RECEIVER | | | PRODUCT | | | | | |
|-----------------------------------|------------------------|------|----------|--|------|---------|------|----------------------|------------------------|-------|--|
| Handler Name | Plant Location or Bulk | Code | | | Code | Name | Code | Pounds of Product | Pounds of Butterfat | Class | |
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| For Market Administrator Use Only | | | | | | | | | | | |

| SHIPPER | | | RECEIVER | | | PRODUCT | | | | |
|-----------------------------------|--|------|--------------|---|------|---------|------|----------------------|------------------------|-------|
| Handler Name | Plant Location or Bulk Tank Unit Name | Code | Handler Name | Plant Location | Code | Name | Code | Pounds of Product | Pounds of Butterfat | Class |
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| For Market Administrator Use Only | | | | | | | | | | |
| For Market Administrator Use (| Only Operator | 1 | | n provided is complete and accurate to tne: | | | | | | |
| | Operator | 2 | Signed by: | | | | ` | | | |
| | | | Title: | (Person authorized to sign on behalf of 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 0.25 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and reviewing the collection of information.

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Persons with disabilities who require alternative means for communication of 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. USDA is an equal opportunity provider, employer, and lender.