Return to: Federal Milk Order No. 1-Northeast Marketing Area

333 North Fairfax Street
Mailing Address: P.O. Box 25828
Alexandria, VA 22313-5828
Tel: (703) 549-7000 —Fax (703) 549-7003

Email: MABoston@fedmilk1.com Website: www.fmmone.com

CPR-2
Form Approved, OMB No. 0581-0032
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)).

REPORT OF PAYMENTS TO COOPERATIVE ASSOCIATIONS

Name of Cooperative A	ssociation:				
Address:					
			Pounds	Rate	Amount
Producer Milk				\$	\$
Butterfat					
Protein					
Other Solids					
			+	Value of	Milk \$
Other Charges: (Identify)			Pounds		
				\$	\$
Adjustments: (Identify)					
,					
				Tatal Amazont	
	R	ECONCILIATION OF B	ILLING AND PAYME	Total Amount	Due \$
Γ	Date	Check No.	Pounds	Rate	Amount
Partial Payment				\$	\$
Other:					
Final Payment					
, ,				Total Amount F	 Paid \$
doctare under the penalti	as provided by law th	at this report (including so	shodulos and statomonts		
		emplete. I also certify that			by the and to the best of
			Authorized		
Handler:					
Delivery			Title	:	
Month:			Date		
SUBMIT A SEPARATE REPORT F	FOR EACH COOPERATIVE	TO THE MARKET ADMINISTRATO	OR AT THE ABOVE ADDRESS	ON OR BEFORE THE 21 ST (OF THE MONTH

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 ostimated to average 0.5 hour 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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