

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

89 South Street, Boston, MA 02111-2671

Mailing Address: P.O. Box 51478

Boston, MA 02205-1478

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MA-8
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)).

PRODUCER—HANDLER OR EXEMPT HANDLER REPORT

For month of _____

This report must be submitted to the above address on or before the 9th of the month following the month for which the report is prepared.

Line No.	SCHEDULE A Receipts of Fluid Milk Products	Product Pounds	Butterfat Pounds
01	Opening Inventory		
02	Milk from Own Production Facilities		
03	Fluid Milk Products from Others (give name and address):		
04			
05			
06			
07	Total Available for Use		

	SCHEDULE B Disposition of Fluid Milk Products	Product Pounds	Butterfat Pounds
08	Route Sales - Within the Marketing Area		
09	Class I		
10	Whole Milk		
11	Reduced Fat Milk (2%)		
12	Lowfat Milk (1%)		
13	Fat Free Milk (Skim)		
14	Flavored Milk (3.0% or higher)		
15	Flavored Drinks (less than 3.0%)		
16	Buttermilk		
17	Other: (Identify)		
18	Total Route Sales - In the Marketing Area		
19	Total Route Sales - Outside the Marketing Area		
20	Total Class I		
21	Class II Usage: (Identify - ie. cream, cottage cheese, ice cream)		
22			
23			
24	Class III Usage: (Identify - ie. hard cheese)		
25			
26			
27	Class IV Usage: (Identify - ie. butter)		
28			
29	Shipments to Others (give name and address):		
30			
31			
32	Other Uses (explain - ie. animal feed, dumped)		
33			
34	Closing Inventory		
35	Total Disposition		
36	Unaccounted for		

SCHEDULE C

<u>Pounds of Milk from Each Barn</u>	<u>Barn Name or Number</u>	<u>Total Number of Cows Currently Housed Therein</u>		
		<u>Milking</u>	<u>Dry</u>	<u>Heifers</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Was any of your milk production delivered to another handler under a name other than your own?
 Yes _____ No _____ If "yes", provide information as to the other name used, the quantity delivered, and the name and address of the receiver.

Has there been any change in the ownership of control of your production, processing, or distribution facilities? Yes _____ No _____ If "yes", submit complete information.

I, the undersigned, hereby certify that the information given in this report is true and complete to the best of my knowledge, information, and belief.

Handler's name _____ Signed by _____
 (person authorized to sign on behalf of handler)

Title _____ 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 0.5 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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