

**UNITED STATES DEPARTMENT of AGRICULTURE
 AGRICULTURAL MARKETING SERVICE - DAIRY PROGRAM
 MARKET ADMINISTRATOR
 Federal Orders 6 and 7**

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 2763 Meadow Church Road, Suite 100
 Duluth, GA 30097

PAYMENTS MADE TO A COOPERATIVE ASSOCIATION
 Please submit a separate form for payment to each cooperative association.

COOPERATIVE ASSOCIATION: _____ MONTH: _____
 ADDRESS: _____ ORDER: _____

This report is required by the order in accordance with 7 U.S.C. 608 c 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. W& (14) (B)) or, upon conviction, in a fine of up to \$5,000 per day (7 U.S.C. 608c (14) (A)).

Market Administrator Use Only

| | Product Pounds | Butterfat Pounds | Cwt. Rate | Value |
|-------------------------|-------------------|---------------------|--------------|-------|
| PRODUCER MILK - UNIFORM | _____ | _____ | _____ | _____ |
| | _____ | _____ | _____ | _____ |
| TOTAL PRODUCER MILK | _____ | _____ | _____ | _____ |
| OTHER SOURCE RECEIPTS | _____ | _____ | _____ | _____ |
| GRAND TOTAL | _____ | _____ | _____ | _____ |

| | Product Pounds | Cwt. Rate | Check Number | Date Mailed | Amount |
|------------------|-------------------|--------------|-----------------|----------------|--------|
| PAYMENTS | _____ | _____ | _____ | _____ | _____ |
| First Advance | _____ | _____ | _____ | _____ | _____ |
| Second Advance** | _____ | _____ | _____ | _____ | _____ |
| Final | _____ | _____ | _____ | _____ | _____ |
| ** If Applicable | | | TOTAL PAYMENTS | | _____ |

I declare under the penalties provided by law, that this report (including any accompanying schedules and statements) 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.

HANDLER _____
 DATE _____

SIGNED _____
(Person Authorized to Sign for Handler)
 TITLE _____

**USDA, AMS, Dairy Program
Market Administrator
2763 Meadow Church Road, Suite 100, Duluth, GA 30097
(770) 682-2501**

Payments Made to a Cooperative Association

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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