STATE OF CALIFORNIA
DEPARTMENT OF FOOD AND AGRICULTURE
MILK POOLING BRANCH

MPB FORM 3B

HANDLER'S MONTHLY REPORT

210-121 (EST. 9-99)

Report to be mailed by the 8th of the month.
Report to be received in Sacramento
by the 10th of the month.

Pool Month of

PRODUCER SHIPMENTS OF
MANUFACTURING MILK
DIVERSIONS ONLY

POOLING CERT. NUMBER	PRODUCER NAME *nclude your own production, if any*	NAME OF HANDLER DIVERTED TO	PRODUCT POUNDS	FAT POUNDS	SNF POUNDS	DOLLARS PAID PRODUCER *

* Do not carry forward to the 800 Report. For producers included on both MPB 800 3A & 3B report, prorate dollars based on p

I declare, under penalties provided by law, that this report (including accompanying schedules and statements) has been exar by me and to the best of my knowledge and belief is an accurate and complete report.

NAME OF HANDLER _____ PHONE NO. (_____) _____

PREPARED BY _____ DATE_____

_____ _____

(PERSON AUTHORIZED TO SIGN FOR HANDLER) (TITLE)