

STATE OF CALIFORNIA
 DEPARTMENT OF FOOD AND AGRICULTURE
 MILK POOLING BRANCH
 1220 N STREET, ROOM A230
 SACRAMENTO, CA 95814

*Report to be mailed by the 12th of the month
 Report to be received to Sacramento
 by the 14th of the month*

NONPOOL PLANT RECEIPTS AND USAGE

LATE FILING OF THIS REPORT IS SUBJECT TO \$100 PENALTY

210-062 (REV 6/06)

Month of: _____

| RECEIPTS: | | POUNDS | | |
|---|-----------|----------------|------------|------------|
| RECEIPT OF BULK MARKET GRADE MILK FROM: | | PRODUCT | FAT | SNF |
| PRODUCERS (SHOW DETAIL ON MPB 1X) | DA | | | |
| BULK RECEIPTS FROM COOPERATIVES & OTHER SOURCE | DB | | | |
| BULK RECEIPTS FROM CA. HANDLERS, NOT COOPERATIVES | DH | | | |
| RECEIPT OF BULK MANUFACTURING GRADE MILK FROM: | | | | |
| PRODUCERS (SHOW DETAIL ON MPB 2X) | DG | | | |
| BULK RECEIPTS FROM COOPERATIVES & OTHER SOURCE | DI | | | |
| BULK RECEIPTS FROM CA. HANDLERS, NOT COOPERATIVES | DJ | | | |
| TOTAL RECEIPTS (MARKET AND MANUFACTURING) | DP | | | |

| LESS THAT ACCOUNTED FOR AS: | | | | |
|---|-----------|--|--|--|
| CLASS 2 PROCESSED, OWN OPERATION | DN | | | |
| CLASS 3 PROCESSED, OWN OPERATION | DO | | | |
| CLASS 4A PROCESSED, OWN OPERATION | DD | | | |
| CLASS 4B PROCESSED, OWN OPERATION | DR | | | |
| MILK, CREAM AND SKIM DISPOSED OF IN BULK FORM | DM | | | |
| BALANCE (PLANT LOSS OR [GAIN] AND INV. VAR.) | DT | | | |

Codes to be used:

- B9 for product reported on line DB
- H9 for product reported on line DH
- I9 for product reported on line DI
- J9 for product reported on line DJ
- M9 for product reported on line DM

| Detail of source/outlet for lines DB, DH, DI, DJ & DM: | | | POUNDS | | |
|---|---------------|-------------|----------------|------------|------------|
| Handler Name | Number | Type | PRODUCT | FAT | SNF |
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I declare, under penalties provided by law, that this report (including accompanying schedules and statements) has been examined by me and to the best of my knowledge is an accurate and complete report.

SIGNATURE OF PREPARER: _____ PHONE NO. (_____) _____

Revised October 2007

TITLE: _____ DATE _____