CONFIDENTIAL REPORT

OREGON TALL FESCUE COMMISSION

P.O. Box 3488 • Salem, Oregon 97302 • (503) 364-2944 • Fax (503) 581-6819

HANDLER'S REPORT OF ASSESSMENT DUE ON TALL FESCUE & ORCHARDGRASS SEED HANDLED

Enclosed is a check payable to your order, in the amount of \$	in payment of assessment on	lbs. Tall Fesue and	d/or			
lbs. Orchardgrass seed handled by the undersigned as the fir	st purchased thereof, during the quarter	to		Year	Da	te:

	Fa	ıwn	K	-31		II Fescue orage-Type	Other Ta Variety	III Fescue Turf-Type			Orchardgrass	00011000000	T0741
Grower Name/Address	POUNDS	TOTAL Purchase Price	POUNDS	TOTAL PURCHASE PRICE	POUNDS	TOTAL PURCHASE PRICE	POUNDS	TOTAL Purchase Price	TALL FESCUE ASSESSMENT DUE PURCHASE PRICE X .0035	POUNDS Clean Seed	VARIETY NAME	ORCHARDGRASS ASSESSMENT PAID PAID AT \$.50 PER CWT.	TOTAL
Name		\$		\$		\$		\$	\$			\$	\$
Address													
City Zip													
Name		\$		\$		\$		\$	\$			\$	\$
Address													
City Zip													
Name		\$		\$		\$		\$	\$			\$	\$
Address													
City Zip													
Name		\$		\$		\$		\$	\$			\$	\$
Address													
City Zip													
Name		\$		\$		\$		\$	\$			\$	\$
Address													
City Zip													
TOTAL EACH COLUMN - THIS PAGE		\$		\$		\$		\$	\$			\$	\$
GRAND TOTAL (All Pages)		\$		\$		\$		\$	\$			\$	\$
TOTAL ASSESSMENT DUE		<u> </u>	\$	1	\$	I	\$	1	\$			\$	\$
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Any first purchaser who fails to deduct an assessment at the time of sale shall report and pay to the commission the assessment which was due thereon. The provisions of ORS 576.335 also apply to a producer required to report and pay assessments.

ORS 576.355(1)"...any person who delays transmittal of funds beyond the time set by a commission shall pay a penalty of 10 percent of the amount due and shall also pay one and one-half percent interest per month on the unpaid balance of the assessment."

Make checks payable to Oregon Tall Fescue Commission.

IMPORTANT: Report and remittance of assessments must be postmarked no later than 30 days after close of quarter.

I hereby certify that the foregoing is true and correct to the best of my knowledge and belief.

Signed: _____

Address:

Phone: _____ Email: _____

IF NONE HANDLED, SHOW ZERO BALANCE, SIGN FORM AND RETURN