Business Entity ID Only For PSD Use On		nly			PSD Bar Code Only					
U.S. 1	Department of Agriculture									
	ultural Marketing Service		~~~~							
Fair T	Trade Practices Program	,	SPECIAL REP						· · · · · · · · · · · · · · · · · · ·	
Packe	ers and Stockyards Division		MARKET A	GEN	CY AND	PACE	KER I	BON	DS	
									n completion please ve	
									s separate instructions s to your type of opera	
		ioiiiiatioii abot	it tills report. Only co	Jiipieu	the section of	uns rep	ort mai	Telate	s to your type or opera	
			GENERAL	INFO	RMATION -	SECTI	ON 1			
	Reporting Period									
101	(mm/dd/yyyy)	a. FROM					b. TO			
102	Entity Name	u. i itom					0. 10			
103	Trade Name/d.b.a.									
104	Mailing Address									
105	City, State, Zip+4									
106	Operating Address									
107	City, State, Zip+4									
	Contact Name									
	Contact Telephone			111	E-Mail Addre	agg				
	Fax			111	Web Address					
110	rax			112	Web Address	'				
			BC)ND II	NFORMATI(N - SE	CTION	N 2		
		N	Note: Only complete	the se	ection that rela	ates to y	our ty	pe of o	peration	
	Livestock Sold by a Mark	et Agency:								
201	Number of Public Sale Day	s that were he	ld during this reportin	g perio	od:					
			G.#1-	ı	1	. (1)	0 (7	1 11 0 14-1	T.4.1 (1
	Gross Value of all Livestoc	k Sold on	a. Cattle		b. Hogs	c. sn	eep & (Joais	d. Horses & Mules	e. Total (a+b+c+d)
202	Commission:	k Sold on	\$	\$		\$			\$	\$
				,		,			1 *	•
	Livestock Purchased as a	Dealer for th								
			a. Cattle		b. Hogs	c. Sh	eep & (Goats	d. Horses & Mules	e. Total (a+b+c+d)
203	Cost of livestock purchased basis for registrant's account		\$	¢		¢.			¢	¢
	Cost of livestock bought on		\$	\$		\$			\$	\$
204	for the account of others reg									
	who paid for the livestock	2	\$	\$		\$			\$	\$
			a. First Quarte	r	b. Secon	d Quart	er	(c. Third Quarter	d. Fourth Quarter
205	Combined cost of livestock									
205	a dealer, and bought on con quarter	nmission, per	\$		\$			\$		\$
	quarter		3		3			Þ		\$
	Livestock Purchased as a Packer:									
206	Type of Livestock Purchase	Type of Livestock Purchased					/Goats			
	Total Cost of Livestock Purchased for Feeding: \$									
208										
					<u>*</u>					
209	Total Livestock Purchased:									

CERTIFICATION - SECTION 3				
Under the Packers and Stockyards Act any person who willfully makes, or causes any false entry or statement of fact in this report shall be deemed guilty of offense against the United States, and be subject to a fine of \$1,000 to \$5,000, or to imprisonment for a term of not more than 3 years, or to both fine and imprisonment.				
With my signature, I certify the information provided on this form is true and correct to the best of my knowledge and belief, I am an owner, officer, or have been authorized by responsible management to certify this report.				
301 Print Name		302 Signature		
303 Phone Number	304 Date	305 Title		

Submitted information is confidential (9 CFR 201.96). Failure to report will result in forfeiture to the United States \$110 per day until report receipt 7 (U.S.C. 222).

This is a special report to determine adequacy of bond requirements under the Packers and Stockyards Act.

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 is displays a valid OMB control number. The valid OMB control number for this information is 0581-0308. The time required to complete this information collection is estimated to average 1.5 hours 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.

In accordance with Federal law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, disability, and reprisal or retaliation for prior civil rights activity. (Not all prohibited bases apply to all programs.) Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language, etc.) should contact the responsible State or local Agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information is also available in languages other than Englis

To file a complaint alleging discrimination, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (a) mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; (b) fax: (202) 690-7442; or (c) email: program.intake@usda.gov.

Instructions to Complete Special Report for Review of Dealer, Market Agency and Packer Bonds Form PSD 7003

As an entity regulated by the Packers and Stockyards Act, you are required to file a special report with the U.S. Department of Agriculture's Packers and Stockyards Division (PSD) on Form PSD 7003 Special Report for Review of Dealer, Market Agency and Packer Bonds.

Provide information for each line on the form that that applies to the period specified in the request letter. If space provided for any item is not sufficient, attach additional pages containing the information and make reference to the line number on the form

Submit the completed form by the date showing in the letter notifying you to file the special report, to the regional office of the Packers and Stockyards Division as listed below. You may be fined \$110 for each day the report remains delinquent. All information must be completed on this form in its entirety. Failure to do so will result in the form being returned incomplete.

Regional Offices of the Packers and Stockyards Division						
Agricultural Marketing Service, Fair Trade Practices Program						
Atlanta Regional Office	Denver Regional Office	Des Moines Regional Office				
75 Ted Turner Drive SW, Suite 230	3950 Lewiston St., Suite 200	210 Walnut Street, Room 317				
Atlanta, GA 30303-3308	Aurora, CO 80011-1556	Des Moines, IA 50309-2110				
Telephone: (404) 562-5840	Telephone: (303) 375-4240	Telephone: (515) 323-2579				
FAX: (404) 562-5848	FAX: (303) 371-4609	FAX: (515) 323-2590				
E-mail:	E-mail:	E-mail:				
PSDAtlantaGA@ams.usda.gov	PSDDenverCO@ams.usda.gov	PSDDesMoinesIA@ams.usda.gov				
States Covered	States Covered	States Covered				
AL, AR, CT, DC, DE, FL, GA,	AB, AK, AZ, BC, CA, CO, HI,	IA, IL, IN, KY, MB, MI, MN, MO,				
LA, MA, MD, ME, MS, NC, NJ,	ID, KS, MT, NM, NV, OK, OR,	ND, NE, OH, ON, SD, WI				
NL, NH, NY, PA, PR, QC, RI,	SK, TX, UT, WA, WY					
SC, TN, VA, VT, WV						

If you have any questions about the form or completing the form, please contact the appropriate regional office of the Packers and Stockyards Division as listed above.

SECTION-BY-SECTION INSTRUCTIONS

FORM HEADER - BUSINESS ENTITY ID

Business Entity ID should be completed using information on request letter. You may also contact the appropriate regional office as listed above to obtain this information

Line No.	Subject	Instruction
		L INFORMATION - SECTION
101 a and b	Reporting Period	The reporting period covers the period of time specified in the request letter (FROM) [date], (TO) [date]. Please use the date format MM/DD/YYYY
102	Entity Name	Enter the name under which you are registered with PSD.
103	Trade Name/d.b.a.	Enter the trade name under which you operate. This is the name the business uses, if applicable. If you do not operate with a "Trade Name/d.b.a,", enter N/A.
104 and 105	Mailing Address	Enter your mailing address (street, city, state, and zip+4). This is the address where all correspondence from PSD should be sent.
106 and 107	Operating Address	Enter the physical location of your operating address (street, city, state, and zip+4). This is the address where you conduct your business services.
108	Contact Name	Enter the name of the person to be contacted regarding questions on the annual report.
109	Contact Telephone	Enter the telephone where the contact person may be reached.
110	Fax	Enter the Fax used by the entity.
111	E-Mail Address	Enter the entity's e-mail address.
112	Web Site Address (if applicable)	Enter the complete Web site address the business operates. For example: www.WebSiteName@domain.com
	BOND I	NFORMATION – SECTION 2
201	Number of Public Sale Days	Enter the number of day's livestock sales were conducted by the market.
202	Gross Value of Livestock	Enter the gross value of livestock sold on commission, for each category of livestock, during the reporting period.
203 a through e	Cost of livestock purchased as a dealer	Enter the cost for each category of livestock, and the total cost of livestock purchased on a dealer basis during the reporting period.
204 a through e	Cost of livestock bought on commission	Enter the cost for each category of livestock and the total cost of livestock purchased as an order buyer during the reporting period. You must include all livestock that you bought on commission regardless whether you or another entity paid for it.
205	Combined cost of livestock, per quarter	Enter the combined cost of livestock purchased as a dealer, and bought on commission, per quarter, during the reporting period.
206	Type of Livestock Purchased	Check the appropriate box to indicate the type of livestock the entity purchased for slaughter and/or feeding, during the reporting period.
207	Livestock Purchased for Feeding	Enter the gross dollar amount of all livestock purchased for feeding, during the reporting period.

Line No.	Subject	Instruction		
208	Livestock Purchased for	Enter the gross dollar amount of all livestock purchased for		
	Slaughter	slaughter, during the reporting period.		
209 Total Livestock Purchased Enter the sur		Enter the sum total of lines 208 and 209.		
CERTIFICATION – SECTION 3				
301	Print Name	Print the name of the owner, officer, partner, or member		
		responsible for this report.		
302	Signature	The report must be signed by a responsible person.		
303	Phone Number	Enter the phone number of the person signing the report.		
304	Date	Enter the date the report is signed.		
305	Title	Enter the title of the person signing the report.		