

Barley Assessment Return Form #2

Company Name: _____

Barley Grown in _____ County
(Please provide a separate Form #2 for each county)

Reporting Period: _____, _____ to _____, _____
(Month/Day) (Year) (Month/Day) (Year)

Page ____ of ____

Month/Year	*OWC	Name and Complete Address of Seller	Harvest	Net Tons	Assessment	Loan

Oregon Wheat Commission
 1200 NW Naito Parkway, Suite 370
 Portland, OR 97209
 Tel: 503-467-2161; Fax: 503-467-2165

*Assigned by OWC. Leave blank if not available

TOTALS

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