

# Wheat Assessment Return Form #2

Company Name: \_\_\_\_\_

Wheat Grown in \_\_\_\_\_ County  
(Please provide a separate Form #2 for each county)

Reporting Period: \_\_\_\_\_, \_\_\_\_\_ to \_\_\_\_\_, \_\_\_\_\_  
(Month/Day) (Year) (Month/Day) (Year)

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Month/Year	*OWC	Name and Complete Address of Seller	Harvest	Net Bushels	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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