

2025 Crop Year **Blueberry Grower Assessment Report**

CONFIDENTIAL REPORT

P.O. Box 3488, Salem, OR 97302

| 503-364-2944 • FAX: 503-581-6819 • www.oregonblueberry.com | | ADDRESS CORRECTIONS (please print) | |
|--|---|------------------------------------|--------------------|
| | i | Owner's Name | |
| | Ī | Farm Name | |
| | Ī | Phone | |
| | 7 | Address | |
| 1.5% inte total annu | r 30, 2025, as required by law (0AR 670-010-0015). Assessments received postmarker rest per month. The assessment rate is \$.004 per lb. (\$8.00 per ton). The maximum as lad gross sales of the raw product of the berries sold during the reporting year. Part I | | one percent of the |
| Line 1) | Total pounds of blueberries sold during 2025: (Include all sales to processors, fresh market stands, u-pick, shippers, etc. |) (Item A) | _ lbs. |
| Line 2) | Total pounds of berries delivered to first handlers for which assessments have been paid: (complete part II below) | | _ lbs. |
| Line 3) | Total pounds of berries sold to non-handlers for which assessments (Item A) minus (Item B) = Item ${\bf C}$ | (Item B) are due: | _ lbs. |
| | | (Item C) | |
| If Item (Go to Pa | Calculate Assessment Due C is 500 lbs. or more, continue to Line #4. If Item C is less than 500 lb art II. | s., no additional assessments | are due. |

(Item A) minus (Item B) = Item C **Calculate Assessment D** If Item C is 500 lbs. or more, continue to Line #4. If Item C is less than 500 Go to Part II. Line 4) Assessment rate \$.004 x _ lbs. = \$ _ **Total Amount Due** Line 5) LATE FEE: If later than November 30, a 10% late fee will be charged plus 1.5% interest per month. **Total Amount Due** (Item D above) (Late Fee + Interest) (Item E) Part II If Item B from above is greater than zero, please indicate handlers to whom you sold blueberries and for which assessments have been paid. If Item B is zero, go to part III. Line 6) **Handler Name** Line 7) Handler Name Line 8) _____ lbs. **Handler Name** Handler Name Line 10) Total pounds of blueberries delivered to handlers for which Assessments have been paid: (Add Lines 6 through 9) (Item F must equal Item B from above.) (Item F)

| Part III – Signature Required | | | | |
|-------------------------------|--|-------|--|--|
| | | | | |
| Signature | Date | Email | | |
| | If assessments are due (Item D or Item E are greater than zero), please remit amount due to: | | | |

Oregon Blueberry Commission • P.O. Box 3366 • Salem, OR 97302