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<b>CCC-580X</b> (03-15-06)		<b>U.S. DEPARTMENT OF AGRICULTURE</b> Commodity Credit Corporation <b>MILK INCOME LOSS CONTRACT EXTENSION (MILCX)</b>				1. State Code	2. County Code
<i>(See Privacy Act and Public Burden Statements on Page 2.)</i>							
3A. Name and Address of Dairy Operation (Including Zip Code)			3B. Farm Number		4. Contract Number		5. Date Contract Submitted (MM-DD-YYYY)
6A. Contact Producer's Name and Address (Including Zip Code)					6B. Telephone Number (Including Area Code)		6C. Cell Telephone Number (Including Area Code)

**PART A - FY 2006 MILC PRODUCTION START MONTH**

If this contract is submitted **ON OR BEFORE May 17, 2006**, the dairy operation may select as the milk production start month, any month in fiscal year 2006, that the dairy operation would like to begin receiving payments from CCC based on the selected start months' production. Dairy operations that submit contracts after May 17, 2006, may select as their milk production start month, either (1) the month the contract is submitted OR (2) any month after the contract is submitted in the fiscal year that has not begun or has not passed, and that selection must be made on or before the 14th of the month before the month the dairy operation wants to select as their production start month.

7. Check Start Month	Oct 05	Nov 05	Dec 05	Jan 06	Feb 06	Mar 06	Apr 06	May 06	Jun 06	Jul 06	Aug 06	Sep 06
8. Production												
9. Payment Rate/cwt	\$ 0.00	\$ 0.00	\$ 0.04	\$ 0.10	\$ 0.10	\$ 0.40						
10. Payment Amount												

**PART B - FY 2007 MILC PRODUCTION START MONTH**

Dairy operations may select either (1) the month the contract is submitted, OR (2) any month remaining in the fiscal year that has not begun or has not passed, as their FY 2007 milk production start month that they would like to begin receiving payments from CCC based on the selected start months production. In addition, except as provided by option 1, the starting production month must be selected on or before the 14th of the month before the month the dairy operation wants to select.

11. Check Start Month	Oct 06	Nov 06	Dec 06	Jan 07	Feb 07	Mar 07	Apr 07	May 07	Jun 07	Jul 07	Aug 07
12. Production											
13. Payment Rate/cwt	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$	\$
14. Payment Amount											

**PART C - PARTICIPANTS SIGNATURE(S)**

This Contract to Participate in the extension of the Milk Income Loss Contract Program is entered into between the Commodity Credit Corporation (referred to as "CCC") and the undersigned producers in the dairy operation identified above. The undersigned producer or producers may hereafter collectively be referred to as "the Participant." The Participant agrees to comply with the terms and conditions contained in this Contract including the Appendix to this Contract, CCC-580X Appendix, entitled "Appendix to Form CCC-580X Milk Income Loss Contract Extension" (referred to as "Appendix"). By signing this contract the Participant agrees to participate in the extension of the Milk Income Loss Contract program for the stipulated contract period from the date the Contract is executed by the CCC. By signing below, the Participant (1) acknowledges receipt of the CCC-580 Appendix, and agrees to abide by the terms and conditions contained therein; and (2) agrees to comply with the regulations governing the applicable program eligibility and maximum eligible production provisions per dairy operation. This program or activity will be conducted on a nondiscriminatory basis without regard to race, color, religion, national origin, age, sex, marital status, or disability. The terms and conditions of this contract are contained in this form CCC-580X and in the CCC-580X Appendix and any addendum thereto. **BY SIGNING THIS CONTRACT, PRODUCERS ACKNOWLEDGE RECEIPT OF THE FOLLOWING FORM: CCC-580X Appendix.**

15. Producer's Signature	16. Producer's Identification Number	17. Date (MM-DD-YYYY)	18. Share %

<b>PART D - CCC ACCEPTANCE AND APPROVAL</b>		
19A. Signature of COC Designee	19B. Title	19C. Date (MM-DD-YYYY)
20. Contract Status: <div style="display: flex; justify-content: space-around; align-items: center;"> <span><input type="checkbox"/> Approved</span> <span><input type="checkbox"/> Disapproved</span> </div>		
21A. Name and Address of County FSA Office (Including Zip Code)	21B. Telephone Number (Including Area Code)	
22. Remarks:		
<p><b>NOTE:</b> <i>The authority for collecting the following information is Pub. L. 107-171. This authority allows for the collection of information without prior OMB approval mandated by the Paperwork Reduction Act of 1995. The time required to complete this information collection is estimated to average 20 minutes 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.</i></p> <p><i>The following statement is made in accordance with the Privacy Act of 1974 (5 USC 552a). The authority for requesting the following information is the Farm Security and Rural Investment Act of 2002 (Pub. L. 107-171 and the Agriculture Reconciliation Act of 2005 (Pub. L. 109-171). The information requested is necessary for CCC to consider and process the offer to enter into a Milk Income Loss Contract, to assist in determining eligibility, and to determine the correct parties to the contract. Furnishing the requested information is voluntary. Failure to furnish the requested information will result in a determination of ineligibility for certain program benefit and other financial assistance administered by USDA. This information may be provided to other agencies, IRS, Department of Justice, or other State and Federal Law enforcement agencies, and in response to a court magistrate or administrative tribunal. The provisions of criminal and civil fraud statutes, including 18 USC 286, 287, 371, 641, 651, 1001; 15 USC 714; and 31 USC 3729, may be applicable to the information provided.</i></p>		

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