**PENNSYLVANIA MILK MARKETING BOARD**

**COOPERATIVE BOND WAIVER**

***A cooperative buying milk from another cooperative must include those purchases in the amount of its bond unless the buying cooperative submits a Cooperative Bond Waiver signed by the selling cooperative.***

Name of Buying Cooperative \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

License No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The Selling Cooperative named below hereby waives the requirement that the Buying Cooperative obtain a bond to secure payment for the milk the Buying Cooperative purchases, and waives any claim under the Milk Producers’ Security Act against the Pennsylvania Milk Board (“PMB”) and the Buying Cooperative for the milk it provides to the Buying Cooperative during the current PMB license year and subsequent license years.

This waiver shall remain in effect until revoked in writing by the undersigned. The revocation is not effective unless written notice of the revocation is given to both the Pennsylvania Milk Board and the Buying Cooperative at least ninety days prior to the effective date of the revocation.

The Selling Cooperative hereby confirms that it complies with the Milk Producers’ Security Act by giving all its members written notice of this waiver, that all new members will be notified in writing of this waiver when they join, and that all members will be notified annually.

Intending to be legally bound, the Selling Cooperative has signed below.

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Selling Cooperative \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

License No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of authorized person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name and title (please print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_