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<b>CCC-580M</b> (12-01-08)	<b>U.S. DEPARTMENT OF AGRICULTURE</b> Commodity Credit Corporation
<h3 style="margin: 0;">MILK INCOME LOSS CONTRACT (MILC) MODIFICATION</h3>	

**PART A - GENERAL INFORMATION** (If modifying more than one MILC, a separate CCC-580M must be completed for each MILC)

1. Name and Address of Dairy Operation	2. State Code	3. County Code	4. Contract Number (Assigned to CCC-580)
5A. Contact Producer's Name and Address (Including Zip Code) (if different than Item 1)	6A. Name and Address of County FSA Office (Including Zip Code)		
5B. Telephone Number (Including Area Code):	6B. Telephone Number (Including Area Code):		

**PART B - CHANGE OF MILC PRODUCTION START MONTH**

7. Fiscal Year (Check one) : <input type="checkbox"/> 2009 <input type="checkbox"/> 2010 <input type="checkbox"/> 2011 <input type="checkbox"/> 2012	8. Current Month Selected (CCC-580)	9. New Month Selected
10A. Authorized Signature for the Dairy Operation (By)	10B. Title/Relationship of the Individual Signing in Representative Capacity	11. Date Signed (MM-DD-YYYY)

**PART C - DAIRY OPERATION RELOCATION AND CONTRACT TRANSFER**

12. Relocation From:		13. Relocation To:		14. Effective Date (MM-DD-YYYY)
A. State	B. County	A. State	B. County	
15. New Address of Relocated Dairy	16A. Producers Signature (By)	16B. Title/Relationship of the Individual Signing in Representative Capacity	17. Date (MM-DD-YYYY)	

**NOTE:** The primary authority for requesting and safeguarding the information described on this form is the Food, Conservation, and Energy Act of 2008 (Pub. L. 110-246 and any amendments to such act as may follow). 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 benefits and other financial assistance administered by USDA. The information collected as a result of this form may be released to USDA employees, USDA contractors, or authorized USDA cooperators who are bound to safeguard the information under Section 1619 of the Food, Conservation and Energy Act, the Privacy Act of 1974, the E-Government Act of 2002, and related authorities. This information collection is exempted from the Paperwork Reduction Act, as it is required for administration of the Food, Conservation, and Energy Act of 2008 (see Pub. L. 110-246, Title I, Subtitle F - Administration). The provisions of criminal, civil, and privacy statutes may be applicable to the information provided. **RETURN THIS COMPLETED FORM TO YOUR COUNTY FSA OFFICE.**

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**PART D - MODIFIED PRODUCER/SHAREHOLDER INFORMATION** *(Producers in a dairy operation must complete this section if modifications need to be made on CCC-580)*

18. Remain on Contract		19. Producer Name	20. Producer ID No. <i>(Last 4 digits) (9 digits if new producer)</i>	21. Modification Request <i>(Check all that apply)</i>			22. Share %		23. Signature (By) and Title/Relationship of the Individual Signing in Representative Capacity	24. Date <i>(MM-DD-YYYY)</i>
YES	NO			A. Add Producer/Shareholder	B. Remove Producer/Shareholder	C. Change in Share %	A. From	B. To		

**PART E - ORGANIZATIONAL MODIFICATIONS**

25. Organizational Change From:		26. Organizational Change To:		27. Tax ID Change:		29. Dairy Operation Name Change:		
A. Individual		A. Individual		YES <i>(If you check this box enter the new 9 digit Tax ID No. in Item 28.)</i>		YES <i>(If you check this box enter new name of Dairy Operation in Item 30.)</i>		
B. Partnership		B. Partnership		NO		NO		
C. LLC		C. LLC		28. 9 digits of Tax ID Number		30. Name of Dairy Operation		
D. Corporation		D. Corporation						
E. Other:		E. Other:		31. Was this a reconstitution? <i>(If "YES", complete Part F)</i> <input type="checkbox"/> YES <input type="checkbox"/> NO				
32A. Authorized Signature for the Dairy Operation (By)				32B. Title/Relationship of the Individual Signing in a Representative Capacity				32C. Date <i>(MM-DD-YYYY)</i>

**PART F - RECONSTITUTIONS AND MERGERS**

33. Effective date of reconstitution, merger, or formation of new dairy operation				34. Date of County Office Notification			
35. Are you forming a new operation with a dairy operation that has an approved CCC-580 on file? <input type="checkbox"/> YES <input type="checkbox"/> NO							
36. If "YES" to Item 35, enter the requested information below, for each operation with an approved CCC-580 that is involved in the merger or reconstitution.							
A. STATE		B. COUNTY		C. NAME OF OPERATION		D. MILC CONTRACT NUMBER	E. NAME OF PRODUCER

