

U.S. DEPARTMENT OF AGRICULTURE
AGRICULTURAL MARKETING SERVICE
SPECIALTY CROPS PROGRAM

PRODUCER REFERENDUM BALLOT ON PROPOSED AMENDMENTS
OF MARKETING ORDER NO. 989, AS AMENDED, REGULATING THE HANDLING OF
RAISINS PRODUCED FROM GRAPES GROWN IN CALIFORNIA

THIS BALLOT WILL BE KEPT CONFIDENTIAL. PLEASE READ THE FOLLOWING VOTER ELIGIBILITY AND VOTING INSTRUCTIONS BEFORE COMPLETING THIS BALLOT. YOUR BALLOT ENVELOPE MUST BE POSTMARKED BY _____, 20__ TO BE VALID.

1. I hereby certify that I am an eligible producer of grapes for sun-drying or dehydration into raisins, and during the period from _____, 20__ through _____, 20__, I produced: _____ tons (dried weight) of raisins for market. This tonnage was produced from _____ acres. (NOTE: If you are farming on a share-crop basis, report only that part of the tonnage representing your share.)

2. Please indicate the following about the business entity for which you are voting:
[] Individual [] Trust [] Partnership [] Corporation
Tax Identification Number (TIN) _____
If a partnership, insert name and mailing address of partner(s): _____

- Is your business entity a voting a member of Fresno Cooperative (Co-op) Raisin Growers? [] Yes [] No
• Is your business entity a voting a member of the Raisin Bargaining Association? [] Yes [] No
• Is your business entity a voting a member of Sun-Maid Growers of California? [] Yes [] No
• Did the entity deliver raisins for cash to Sun-Maid during the representative period? [] Yes [] No
What was the tonnage delivered to Sun-Maid as a cash grower during that period? _____ tons
• Did the entity deliver raisins for cash to Fresno Co-op during the representative period? [] Yes [] No
What was the tonnage delivered to Fresno Co-op as a cash grower during that period? _____ tons

Cast your vote for each of the following eight questions.
(Indicate your vote by placing an "X" in one of the boxes below for each of the proposed amendments).

- 1. DO YOU FAVOR WHETHER TO AMEND § 989.53 TO AUTHORIZE PRODUCTION RESEARCH? [] Yes [] No
2. DO YOU FAVOR WHETHER TO AMEND §§ 989.29 AND 989.129 TO AUTHORIZE SEPARATE NOMINATIONS FOR INDEPENDENT PRODUCER MEMBER AND INDEPENDENT PRODUCER ALTERNATE MEMBER SEATS? [] Yes [] No
3. DO YOU FAVOR WHETHER TO AMEND §§ 989.58, 989.59, AND 989.61 TO ADD AUTHORITY TO REGULATE QUALITY, AND WHETHER TO REVISE THE HEADING PRIOR TO § 989.58 TO INCLUDE QUALITY? [] Yes [] No
4. DO YOU FAVOR WHETHER TO AMEND § 989.59 TO ADD AUTHORITY TO ESTABLISH DIFFERENT REGULATIONS FOR DIFFERENT MARKETS? [] Yes [] No
5. DO YOU FAVOR WHETHER TO AMEND § 989.91 TO REQUIRE CONTINUANCE REFERENDA? [] Yes [] No

Voting continued on the back of this page.
Please remember to sign this ballot to make your vote count!

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0581-0178. 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.

- 6. DO YOU FAVOR WHETHER TO AMEND THE ORDER TO REMOVE VOLUME REGULATION AND RESERVE POOL AUTHORITY? THIS WOULD INCLUDE: REMOVING §§ 989.91 989.55 AND 989.56, §§ 989.65 THROUGH 989.67, §§ 989.71, 989.72, 989.82, 989.154, 989.156, 989.166, 989.167, 989.221, 989.257 AND 989.401; REVISING §§ 989.11, 989.53, 989.54, 989.58, 989.59, 989.60, 989.73, 989.79, 989.80, 989.84, 989.158, 989.173 AND 989.210; AND REDESIGNATING § 989.70 AS § 989.96. IN ADDITION, WHETHER CORRESPONDING CHANGES SHOULD BE MADE TO THE FOLLOWING HEADINGS: “VOLUME REGULATION” PRIOR TO §§ 989.65; “VOLUME REGULATION” PRIOR TO § 989.166; AND “SUBPART—SCHEDULE OF PAYMENTS” PRIOR TO § 989.401. Yes No
- 7. DO YOU FAVOR WHETHER TO AMEND § 989.28 TO ESTABLISH TERM LIMITS? Yes No
- 8. DO YOU FAVOR ANY CONFORMING CHANGES NEEDED TO BE MADE AS A RESULT OF THE ABOVE PROPOSED AMENDMENTS? CONFORMING CHANGES MAY ALSO INCLUDE NONSUBSTANTIVE, TYPORGRAPHICAL ERRORS. Yes No

 () _____
 Producer/Grower Name Telephone Number Email Address

 *Authorized Signature (Producer/Grower or Authorized Officer) Title (Producer/Grower or Authorized Officer)
 Your Signature Validates Your Vote – please sign.

 Mailing Address of Authorized Signatory (incl. Street , City, State, and Zip Code)

*A producer/grower may sign this ballot on behalf of himself. If this ballot is cast by an *authorized officer or employee* of a producer, such as a corporation, association, institution, school, or similar business unit, or as an *administrator, executor, or trustee* of a producing estate, the authorized signature is certifying to the Secretary of Agriculture that they have authority to cast this Ballot for the producer named above and will submit evidence of such authority at the request of an Agent of the Secretary of Agriculture.

**This ballot must be completed fully and postmarked
 by _____, 20__ to be valid.**

The following statements are made in accordance with the Privacy Act of 1974 (U.S.C. 552a) and the Paperwork Reduction Act of 1995, as amended. The authority for requesting the information to be supplied on this form is the Agricultural Marketing Agreement Act of 1937, Secs. 1-19, 48 Stat. 31, as amended, (7 U.S.C. 601-674). Furnishing the requested information is necessary for the administration of the marketing order program. Submission of the Tax Identification Number (TIN) is mandatory, and will be used to validate ballots and determine affiliation or entity identity. Please note that ballots will not become invalid if a TIN is not disclosed.

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, gender identity (including gender expression), sexual orientation, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident.

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language, etc.) should contact the responsible Agency or USDA’s TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English. To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at http://www.ascr.usda.gov/complaint_filing_cust.html and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: program.intake@usda.gov. USDA is an equal opportunity provider, employer, and lender.