**Crop Year:** 

| Please read instructions thoroughly before completing this report. |                                 |  |  | Page | of |  |
|--|---------------------------------|--|--|------|----|--|
| PROCESSOR NAME:  | PRODUCER DELIVERIES (IN POUNDS) |  |  |      |    |  |
|  |                                 |  |  |      |    |  |

| PROCESSOR NAME:            |  |   | PRODUCER DELIVERIES (IN POUNDS) |                         |              |              |                |                           |  |  |  |
|----------------------------|--|---|---------------------------------|-------------------------|--------------|--------------|----------------|---------------------------|--|--|--|
| ENTITY NAME                |  | *AUTHORIZED VOTER (Individual, General Partner, Corporate Officer or Trustee) |                                 | County of<br>Production | Open Inshell | Closed Shell | Shelling Stock | TOTAL POUNDS<br>PROCESSED |  |  |  |
| Name: Name:                |  |   |                                 |                         |              |              |                |                           |  |  |  |
| Tax Identification Number: |  | Mailing Address:  |                                 |                         |              |              |                |                           |  |  |  |
| ENTITY TYPE:               | Sole Proprietorship  |   |                                 |                         |              |              |                |                           |  |  |  |
|                            | Corporation  |   |                                 |                         |              |              |                |                           |  |  |  |
|                            | Partnership  | Telephone:  |                                 |                         |              |              |                |                           |  |  |  |
|                            | LLC  | Email:  | Fax:                            |                         |              |              |                |                           |  |  |  |
| <u> </u>                   | Trust  | TOTAL BEARING ACRES:  |                                 |                         |              |              |                |                           |  |  |  |
| Name:                      |  | Name:   |                                 |                         |              |              |                |                           |  |  |  |
| Tax Identification Number: |  | Mailing Address:  |                                 |                         |              |              |                |                           |  |  |  |
| ENTITY TYPE:               | Sole Proprietorship  |   |                                 |                         |              |              |                |                           |  |  |  |
|                            | Corporation  |   |                                 |                         |              |              |                |                           |  |  |  |
|                            | Partnership  | Telephone:  |                                 |                         |              |              |                |                           |  |  |  |
|                            | LLC  | Email:  | Fax:                            |                         |              |              |                |                           |  |  |  |
|                            | Trust  | TOTAL BEARING ACRES:  |                                 |                         |              |              |                |                           |  |  |  |
| Name:                      |  | Name:   |                                 |                         |              |              |                |                           |  |  |  |
| Tax Identification Number: |  | Mailing Address:  |                                 |                         |              |              |                |                           |  |  |  |
| ENTITY TYPE:               | Sole Proprietorship  |   |                                 |                         |              |              |                |                           |  |  |  |
|                            | Corporation  |   |                                 |                         |              |              |                |                           |  |  |  |
|                            | Partnership  | Telephone:  |                                 |                         |              |              |                |                           |  |  |  |
| _                          | LLC  | Email:  | Fax:                            |                         |              |              |                |                           |  |  |  |
|                            | Trust  | TOTAL BEARING ACRES:  |                                 |                         |              |              |                |                           |  |  |  |
| Name:                      |  | Name:   |                                 |                         |              |              |                |                           |  |  |  |
| Tax Identification Number: |  | Mailing Address:  |                                 |                         |              |              |                |                           |  |  |  |
| ENTITY TYPE:               | Sole Proprietorship  | Ī   |                                 |                         |              |              |                |                           |  |  |  |
|                            | Corporation  |   |                                 |                         |              |              |                |                           |  |  |  |
|                            | Partnership  | Telephone:  |                                 |                         |              |              |                |                           |  |  |  |
|                            | LLC  | Email:  | Fax:                            |                         |              |              |                |                           |  |  |  |
|                            | Trust  | TOTAL BEARING ACRES:  |                                 |                         |              |              |                |                           |  |  |  |
| TOTALS - THIS PAGE ONLY    |  |   |                                 |                         |              |              |                |                           |  |  |  |
| * The individual listed    | The individual listed in this column will act as authorized voter on behalf of the Droducer in all Administrative Committee for Distachies elections and referenda |   |                                 |                         |              |              |                |                           |  |  |  |

The undersigned, on behalf of the reporting processor, certifies to the Administrative Committee for Pistachios and the Secretary of the United States Department of Agriculture that this report represents a complete and accurate record of producer deliveries.

DATE AUTHORIZED REPRESENTATIVE

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 0581-0215. The time required to complete this information collection is estimated to average 12 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.

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The individual listed in this column will act as **authorized voter** on behalf of the Producer in all Administrative Committee for Pistachios elections and referenda.