

**REQUEST FOR REPLACEMENT OF DRAFT**

TO: The Prune Marketing Committee  
3841 No. Freeway Blvd., Suite 120  
Sacramento, Ca. 95834

Date: \_\_\_\_\_, 20\_\_\_\_

The undersigned represents and states to the Prune Marketing Committee that draft No. \_\_\_\_\_,  
payment No. \_\_\_\_\_, dated \_\_\_\_\_ for the sum of \$ \_\_\_\_\_ (based upon reserve pool  
prunes delivered to \_\_\_\_\_ handler) issued by the Prune Marketing  
Committee and payable to the order of the undersigned, has:

- Not been received;
- Been lost since its delivery to the undersigned and can not be found;
- That no person other than the undersigned payee (or payees) has any interest in or right to said draft and that the undersigned payee (or payee) is (are) entitled to receive for his (their) own account payable according to the terms of said draft.

The undersigned hereby requests the Prune Marketing Committee to issue or cause to be issued to the undersigned payee (or payees) another draft in place and stead of the draft so lost, and hereby agrees that if such other draft be so issued the undersigned payee (or payees) will hold and keep the Prune Marketing Committee harmless from and indemnified against any claim, demand, liability or loss arising out of or based upon said lost or missing draft, or the presentment thereof hereafter for payment by any person claiming to be entitled to receive payment thereon:

Authorized Payees

Signatures

Addresses

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**INSTRUCTIONS:** This form must be executed by any or all payees claiming loss or non-receipt of a surplus pool distribution draft, precedent to the issuance of a replacement draft. A waiting period of 30 days is required before a replacement draft will be issued. In the preparation of the form, the phrase at either (a), (b), or (c), whichever is applicable, must be checked

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 3 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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