

PRODUCER'S REFERENDUM BALLOT

ON PROPOSED AMENDMENT/CONTINUATION OF MARKETING ORDER NO. 989, AS AMENDED,
REGULATING THE HANDLING OF RAISINS PRODUCED FROM GRAPES GROWN IN CALIFORNIA

THIS BALLOT WILL BE HELD CONFIDENTIAL. PLEASE READ THE ATTACHED VOTER ELIGIBILITY AND VOTING INSTRUCTIONS **BEFORE COMPLETING THIS BALLOT.** YOUR BALLOT ENVELOPE MUST BE POSTMARKED NOT LATER THAN _____, _____.

1. I hereby certify that I am an eligible producer of grapes for sun-drying or dehydration into raisins, and during the period of August 1, _____, through July 31, _____, 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:
a) _____ individual _____ trust _____ partnership _____ corporation
b) tax id# _____
c) If a partnership, insert name and mailing address of partner(s):

3. IS THE BUSINESS ENTITY FOR WHICH YOU ARE VOTING A MEMBER OF THE RAISIN BARGAINING ASSOCIATION? YES _____ NO _____

4. a) IS THE BUSINESS ENTITY FOR WHICH YOU ARE VOTING A MEMBER OF SUN-MAID GROWERS OF CALIFORNIA? YES _____ NO _____

b) DID THE ENTITY DELIVER RAISINS FOR CASH TO SUN-MAID DURING THE REPRESENTATIVE PERIOD? YES _____ NO _____

5. DO YOU FAVOR THE PROPOSED AMENDMENT/CONTINUATION? YES _____ NO _____

6. _____ (_____) _____
Please Print Name Telephone No. E-mail Address

Producer's Signature (or Name if Item 7 is applicable)

Street or Box No. City Zip Code

7. If this ballot is cast by an OFFICER or EMPLOYEE of a producer such as a corporation, association, institution, school, or similar business unit, or an ADMINISTRATOR, EXECUTOR, or TRUSTEE of a producing estate, the following must also be completed:

I certify to the Secretary of Agriculture that I have authority to cast this ballot for the producer named above in Item 6 and that I will submit evidence of such authority at the request of an Agent of the Secretary.

Signature _____ Title and Capacity _____

Mailing Address: _____
Street or Box No. City Zip Code

Note: The following statements are made in accordance with the Privacy Act of 1974 (5 U.S.C. 552a) and the Paperwork Reduction Act of 1995. The authority for requesting this 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.

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.

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