

UNITED STATES DEPARTMENT OF AGRICULTURE
AGRICULTURAL MARKETING SERVICEREFERENDUM ON THE SOYBEAN PROMOTION
AND RESEARCH ORDER BALLOT**NOTE: INSTRUCTIONS TO VOTERS (Please read carefully)**

1. If voting as an individual, you must vote in the county Farm Service Agency (FSA) Office in the county in which you reside, or the county FSA Office serving the county in which you reside.
2. If voting on behalf of an entity (partnership, corporation, estate, etc.) you must vote in the county FSA office in which it is located, or the county FSA office serving the county in which it is located.
3. Complete all sections.

Section A

Do you support continuation of the Soybean Promotion and Research Order?

Yes ☐No ☐**Section B: Name and Address**

Name of person or Other Entity Represented: (Print)

Address: (Street, P.O. Box, or Route No.)

City:

State:

Zip Code:

Section C: Certification Statement and Signature

I HEREBY CERTIFY that I am a person (any individual, group of individuals, partnership, corporation, association, cooperative or any other legal entity) or authorized representative and have engaged in the production of soybeans from:

_____ to _____

I am voting only once in the same capacity registered.

I FURTHER CERTIFY that the supporting documentation that I am providing along with this form is true, complete, and correct.

FAILURE TO PROVIDE supporting documentation showing that the person voting was engaged in the production of soybeans as indicated above, complete the ballot in its entirety, or provide a signature will invalidate this ballot.

Signature

Title

Date

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