REQUEST FOR REPLACEMENT OF DRAFT

TO:	Prune Marketing Committe				
	3840 Rosin Court, Suite 17	0	Date:		, 20
	Sacramento, CA 95834				
	The undersigned represents and states to the Prune Marketing Committee that draft No,				
payme	nt No	_, dated	, 20	for the sum of \$)
	upon reserve pool prunes d				
	ıne Marketing Committee (C				
	Not been received;				
	Been lost since its delivery to the undersigned and cannot 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.				
(or pay be so indem draft,	ndersigned hereby requests the sees) another draft in place a issued the undersigned payenified against any claim, denot the presentment thereof here thereon:	nd stead of the draft ee (or payees) will he nand, liability or loss	so lost, and hereby a cold and keep the Co s arising out of or ba	agrees that if such ommittee harmles sed upon said lost	other draft s from and or missing
		Authorized F	Payees		
	Signatures		Ad	dresses	

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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To file a complaint of discrimination, write to USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, or call (800) 795-3272 (voice) or (202) 720-6382 (TDD). USDA is an equal opportunity provider and employer.