CERTIFICATE OF INSURANCE COVERAGE

TO:	Prune Marketing Committee	Date:
	3840 Rosin Court, Suite 170	
	Sacramento, CA 95834	
	rtify to you and to the U.S. Department of A and extended coverage during the 20 cro	Agriculture that we are insuring all reserve pool prunes op year as follows:
	Handler:	
	Location¹:	
<u>Insura</u>	ble Values on Reserve Prunes:	
	ss than the insurance values placed on salab dersigned from date of receipt through July 3	ole prunes of like variety, grade and size held by 31, 20
Premiu	ım rate per \$100 value per annum¹:	
Insure	r's Name and Address:	
Descri	ption of coverage:	
contin	ž –	ne Prune Marketing Committee (Committee) will nue in storage as reserve pool prunes subject to
Handle	er:	Signature:
Title: _		

¹ Show the address of each location to which the premium rate shown applies. A separate certificate should be prepared for each applicable premium rate. Please attach a list if more space is needed.

The issuance of a false certificate knowing it to be false is a violation of title 18, section 1001 of the United States Code, which provides a penalty of a fine or imprisonment, or both.

AUTHORITY: § 993.73 of Marketing Order No. 993, as amended, and § 993.159(b) of the Administrative Rules and Regulations established pursuant thereto.

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 5 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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