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UNITED STATES DEPARTMENT OF AGRICULTURE AGRICULTURAL MARKETING SERVICE FRUIT AND VEGETABLE PROGRAM MARKETING ORDER AND AGREEMENT DIVISION 1400 INDEPENDENCE AVE., S.W. ROOM 1406 - SOUTH BUILDING WASHINGTON, DC 20250-0237

Official Business Penalty for Private Use \$300

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Referendum Agent Southeast Marketing Field Office 799 Overlook Drive, Suite A Winter Haven, FL 33884

BALLOT

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U.S. DEPARTMENT OF AGRICULTURE	INSTRUCTIONS: Complete the Ballot and Certification. Fold on the
AGRICULTURAL MARKETING SERVICE	dotted line with the address displayed, and return. Information you enter
	on this Ballot will be kept strictly confidential. In order to be counted,
OFFICIAL PRODUCER BALLOT	your Ballot must be signed and postmarked by,
CRANBERRY MARKETING ORDER NO. 929	20

Please read all questions and answer those that apply to you. This Referendum is for the purpose of determining whether growers favor continuance of Marketing Order No. 929.

Do you favor continuance of Marketing Order No. 929 regulating the handling of cranberries grown in the States of Massachusetts, Rhode Island, Connecticut, New Jersey, Wisconsin, Michigan, Minnesota, Oregon, Washington, and Long Island in the State of New York?

YES, I favor continuance of Marketing Order No. 929. NO, I do not favor continuance of Marketing Order No. 929.

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CERTIFICATION STATEMENT

I hereby certify that I am a producer and produced cranberries within the defined production area during the 20_____ crop year (September 1, 20_____ through August 31, 20____). (If you did not harvest cranberries from your acreage during 20_____ because of crop failure or non-bearing acreage, write "NONE" in the space provided for number of barrels below).

	from	in
(barrels)	(approx. acreage)	(State)
Jame		Address
ignature		
		Date

NOTE: If you are renting on a share crop basis, you should report only that part of the crop represented by your share.

If you marketed any of the above cranberries through a cooperative marketing association, please list the cooperative's name.

NOTE: If the vote is cast on behalf of a corporate, estate, or producer, my signature certifies that I have the authority to take such action. (IN SUCH CASE, SHOW NAME OF SUCH CORPORATION, ESTATE, OR PRODUCER AND YOUR TITLE BELOW).

Name of corporation, estate, or producer

Title

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 0581-0189. 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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OMB No. 0581-0189

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