

**United States Department of Agriculture  
Agricultural Marketing Service**

**OFFICIAL REFERENDUM BALLOT**

**MUSHROOM PROMOTION, RESEARCH, AND  
CONSUMER INFORMATION ORDER**

Please read the Voting Instructions (see separate sheet) carefully to determine your voting eligibility. Then complete Sections I, II, and III of this ballot. Mail your completed ballot. To be counted, completed ballots must be received by the U.S. Department of Agriculture on Month XX, 20XX and before 4:30 p.m. Eastern Time.

Note: Only one vote will be counted for each entity. Incomplete ballots may be INVALID and may not be counted in the referendum.

PLACE LABEL HERE

**I. ELIGIBILITY**

Mark an "X" in the box that applies to you. In the space provided, write the total number of pounds of mushrooms you produced or imported during the specific period.

During the period Month xx, 20XX through Month xx, 20XX, I **produced** \_\_\_\_\_ pounds of mushrooms.

During the period Month xx, 20XX through Month xx, 20XX, I **imported** \_\_\_\_\_ pounds of mushrooms.

**II. VOTE**

(Mark one box only.)

**Do you favor the amendments to [continuance of] the Mushroom Promotion, Research, and Consumer Information Order?**

**YES**  **NO**

**III. CERTIFICATION AND SIGNATURE**

ALL BALLOTS MUST BE SIGNED BELOW IN ORDER TO BE COUNTED.

I **CERTIFY** that I am an eligible producer or importer as defined in the Voting Instructions, and that the information contained on this ballot is true, complete, and correct to the best of my knowledge and belief, and is made in good faith. If this ballot is being cast on behalf of any group of individuals, partnership, corporation, or other business entity engaged in the production or importation of mushrooms, I also **CERTIFY** that I have the authority to cast this ballot and will submit evidence thereof if requested by the Referendum Agent.

X \_\_\_\_\_  
SIGNATURE DATE

\_\_\_\_\_  
NAME/COMPANY NAME (Print legibly) ( ) -  
BUSINESS TELEPHONE NUMBER

**IV. MAILING**

**Return ballot in the enclosed, postage-paid envelope.**

FV-229 (rev. 12/13)

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