

HAZELNUT BALLOT
UNITED STATES DEPARTMENT OF AGRICULTURE
AGRICULTURAL MARKETING SERVICE
FRUIT AND VEGETABLE PROGRAM
NORTHWEST MARKETING FIELD OFFICE
1220 SW 3rd AVENUE, SUITE 305
PORTLAND, OR 97204

TO HAZELNUT PRODUCERS:

Marketing Order No. 982 (Order), regulating the handling of Hazelnuts grown in Oregon and Washington, requires the Secretary of Agriculture to conduct a referendum approximately once every 10 years to ascertain whether producers favor continuance of the Order. As a consequence, an order directing that a referendum be held was published in the Federal Register on _____, 20__.

A Producer Referendum Ballot is on the reverse side of this page. Also enclosed are:

- 1) Voting Instructions and Rules Governing Producer Eligibility to Vote;
- 2) News Release issued on the Referendum; and
- 3) Copy of the Referendum Order dated _____, 20__.

The voting period for the referendum is _____, 20__ through _____, 20__.
Please vote promptly because **Ballots postmarked later than _____, 20__, cannot be opened or counted.** Each Ballot will be held in strict confidence.

Referendum Agent
Phone: (503) 326-2724

PRODUCER REFERENDUM BALLOT

Marketing Order No. 982: Hazelnuts Grown in Oregon and Washington

Please read the enclosed VOTING INSTRUCTIONS AND RULES GOVERNING PRODUCER ELIGIBILITY TO VOTE before completing this Ballot.

This referendum is being held to determine producer support for the Marketing Order No. 982, regulating the handling of hazelnuts grown in Oregon and Washington. The Secretary of Agriculture (Secretary) will consider termination of this Order if less than two-thirds of those voting and less than two-thirds of the volume represented in the referendum favor continuance.

A. Do you favor continuance of Marketing Order No. 982, regulating the handling of hazelnuts grown in Oregon and Washington?

YES

NO

PRODUCER ELIGIBILITY STATEMENT

B. I hereby certify that I am currently a producer of hazelnuts within the production area and that during the representative period from _____, 20____, through _____, 20____, I produced for the fresh market _____ tons on _____ acres in _____ county(ies).

C.

Name of Packing House(s) that Handled your Hazelnuts	Tons	Affiliation (co-op or independent)

D. Producer's Name _____ Phone Number _____

Name of Business _____

Mailing Address _____

City _____ State _____ Zip _____

E. If this Ballot is cast by an officer or employee of a partnership, LLC, corporation, association or other business unit, my signature below further certifies that I am duly authorized to vote on behalf of the producing entity name on this Ballot and that I will submit evidence of such authority at the request of an Agent of the Secretary.

Partnership LLC Corporation Association Other _____

Signature*

Title

If Partnership or Joint Venture, list name(s).

F. **I hereby certify that the information I provided on this Ballot is accurate and correct to the best of my knowledge.**

Signature*

Title

*Your signature certifies that you have the authority to take such action and will submit supplementary evidence of such authority at the request of an agent of the Secretary. The information provided in this Ballot is required to determine the voter eligibility and vote of hazelnut producers. Falsification of information on this government document may result in a fine or imprisonment, or both. (18 U.S.C. 1001)

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 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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REPRODUCE LOCALLY. *Include form number and date on all reproductions.*

OMB No. 0581-0178

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.

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REFERENDUM AGENT
USDA-AMS-F&V-NWMFO
1220 SW 3rd AVENUE, SUITE 305
PORTLAND, OR 97204

◆ FOLD HERE, TAPE AT THE TOP, AND MAIL PROMPTLY ◆

**HAZELNUT
BALLOT**

VOTING INSTRUCTIONS AND RULES GOVERNING PRODUCER ELIGIBILITY TO VOTE

- I. VOTING PERIOD:** _____, 20__ through _____, 20__
- II. REPRESENTATIVE PERIOD:** _____, 20__ through _____, 20__
- III. PRODUCTION AREA:** States of Oregon and Washington.
- IV. PERSONS ELIGIBLE TO VOTE:** Any person who is currently a hazelnut producer in the production area and produced such hazelnuts during the representative period from _____, 20__ through _____, 20__, is entitled to cast one Ballot. **Each separate business unit, partnership, LLC, family enterprise, corporation, association, estate, or firm is entitled to one vote.**

“Producer” means any individual, partnership, LLC, corporation, association, institution, estate, or other business unit who:

- Owns and farms land resulting in ownership of the hazelnuts produced thereon;
- Rents and farms land resulting in ownership of all or a portion of the hazelnuts produced thereon; or
- Owns land from which, as rental for such land, ownership is obtained of a portion of the hazelnuts produced thereon. (A lien holder, cash landlord, or person having only a financial interest in the hazelnut crop is not eligible to vote.)

V. HOW TO VOTE:

- A. Indicate your vote by placing an “X” in the appropriate box.
- B. Certify your hazelnut production by listing the volume in tons that you produced, the number of acres in production, and the county or counties in which such hazelnuts were produced during the representative period from _____, 20__ through _____, 20__. If you are renting on a share-crop basis, you should show only that part of the crop represented by your share.
- C. List the names of packing houses that handled your hazelnuts, the tonnage, and affiliation (co-op or independent).
- D. Print or type your name, phone number, business name, and address.
- E. Proxy voting is not authorized. If the Ballot is cast by an officer or employee of a partnership, LLC, corporation, association or other business unit, check the box to indicate your business designation, and sign to indicate authority to vote. If a partnership or joint venture, list the names of the partners.
- F. Sign below the certification. Incomplete or unsigned Ballots cannot be counted. Fold your Ballot so the Referendum Agent’s address is displayed, seal with tape and mail to:

Referendum Agent
USDA-AMS-FV-NWMFO
1220 SW 3rd AVENUE, SUITE 305
PORTLAND, OR 97204

For further information, please call (503) 326-2724. **Ballots must be postmarked by _____, 20__.**