

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 Washington, Idaho, Oregon, and that portion of Nevada north of the 37th parallel and that portion of Utah west of the 111th meridian.
- IV. **PERSONS ELIGIBLE TO VOTE:** Any person, who is currently a spearmint oil producer in the production area and produced such spearmint oil during the representative period _____, 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 spearmint oil produced thereon;
- Rents and farms land resulting in ownership of all or a portion of the spearmint oil produced thereon; or
- Owns land from which, as rental for such land, ownership is obtained of a portion of the spearmint oil produced thereon. (A lien holder, cash landlord, or person having only a financial interest in the spearmint oil 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 spearmint oil production by listing the volume in pounds that you produced, the number of acres in production, and the county or counties in which such spearmint oil was produced during the representative period _____, 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 handlers who handled your spearmint oil, the pounds, 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 Ballot is cast by an officer or employee of a partnership, LLC, corporation, association or other business unit, check box to indicate your business designation, and sign to indicate authority to vote. If partnership or joint venture, list names of 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-SCP-NWMFO
 1220 SW 3rd Avenue, Room 308
 Portland, OR 97204

For further information, please call (503) 326-2724.

Ballots must be postmarked by _____, 20___ to be valid.

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.

FAR WEST SPEARMINT OIL BALLOT

UNITED STATES DEPARTMENT OF AGRICULTURE

Agricultural Marketing Service

Specialty Crops Program

Northwest Marketing Field Office

1220 SW 3rd Avenue, Room 308

Portland, OR 97204

TO FAR WEST SPEARMINT OIL PRODUCERS:

The U.S. Department of Agriculture is conducting a referendum to determine whether spearmint oil producers in Washington, Idaho, Oregon, and that portion of Nevada north of the 37th parallel, and that portion of Utah west of the 111th meridian favor continuance of Federal Marketing Order No. 985. 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. 985: Spearmint Oil Produced in the Far West

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 Federal Marketing Order regulating the handling of spearmint oil grown in Washington, Idaho, Oregon, and that portion of Nevada north of the 37th parallel, and that portion of Utah west of the 111th meridian. 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. 985, regulating the handling of spearmint oil grown in Washington, Idaho, Oregon, and that portion of Nevada north of the 37th parallel, and that portion of Utah west of the 111th meridian?

YES

NO

PRODUCER ELIGIBILITY STATEMENT

B. I hereby certify that I am currently a producer of spearmint oil within the production area and that during the representative period _____, 20____, through _____, 20____, I produced for market _____ pounds on _____ acres in _____ County(ies).

C.

Table with 3 columns: Name of Handler(s) who Handled your Spearmint Oil, Pounds, Affiliation (co-op or independent)

D. Producer's Name _____ Telephone Number _____
Name of Business _____
Mailing Address _____
City _____ State _____ Zip Code _____

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 spearmint oil producers. Falsification of information on this government document may result in a fine or imprisonment, or both (18 U.S.C. 1001).

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, gender identity (including gender expression), sexual orientation, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident.

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language, etc.) should contact the responsible Agency or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English. To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at http://www.ascr.usda.gov/complaint_filing_cust.html and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: program.intake@usda.gov. USDA is an equal opportunity provider, employer, and lender.

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