

U.S. DEPARTMENT OF AGRICULTURE
 AGRICULTURAL MARKETING SERVICE
 SPECIALTY CROPS PROGRAM

**COOPERATIVE ASSOCIATION BALLOT ON
 PROPOSED AMENDMENTS OF MARKETING ORDER NO. 989, AS AMENDED, REGULATING
 THE HANDLING OF RAISINS PRODUCED FROM GRAPES GROWN IN CALIFORNIA**

THIS BALLOT WILL BE KEPT CONFIDENTIAL. PLEASE READ THE FOLLOWING CERTIFICATION AND VOTING INSTRUCTIONS BEFORE COMPLETING THIS BALLOT. YOUR BALLOT ENVELOPE MUST BE POSTMARKED BY _____, 20__ TO BE VALID.

I certify that I am an officer or employee of, and have been authorized by, _____ Cooperative to furnish the following information and cast this Ballot on behalf of _____ Cooperative.¹ There are _____ producers who: (a) are members of, stockholders in, and producers under contract with _____ Cooperative; (b) are now engaged in the State of California in the growing of raisins produced from grapes grown in California for market, and also were so engaged during the period of _____, 20__ through _____, 20__; and (c) during this same period so produced for market the following quantity of raisins²: _____ tons.

DOES _____ COOPERATIVE FAVOR THE PROPOSED AMENDMENTS BY THE SECRETARY OF AGRICULTURE OF THE ORDER REGULATING THE HANDLING OF RAISINS PRODUCED FROM GRAPES GROWN IN CALIFORNIA?

**Cast your vote for each of the following eight questions.
 (Indicate your vote by placing an "X" in one of the boxes below for each of the proposed amendments).**

1. DO YOU FAVOR WHETHER TO AMEND § 989.53 TO AUTHORIZE PRODUCTION RESEARCH? Yes No
2. DO YOU FAVOR WHETHER TO AMEND §§ 989.29 AND 989.129 TO AUTHORIZE SEPARATE NOMINATIONS FOR INDEPENDENT PRODUCER MEMBER AND INDEPENDENT PRODUCER ALTERNATE MEMBER SEATS? Yes No
3. DO YOU FAVOR WHETHER TO AMEND §§ 989.58, 989.59, AND 989.61 TO ADD AUTHORITY TO REGULATE QUALITY, AND WHETHER TO REVISE THE HEADING PRIOR TO § 989.58 TO INCLUDE QUALITY? Yes No
4. DO YOU FAVOR WHETHER TO AMEND § 989.59 TO ADD AUTHORITY TO ESTABLISH DIFFERENT REGULATIONS FOR DIFFERENT MARKETS? Yes No
5. DO YOU FAVOR WHETHER TO AMEND § 989.91 TO REQUIRE CONTINUANCE REFERENDA? Yes No
6. DO YOU FAVOR WHETHER TO AMEND THE ORDER TO REMOVE VOLUME REGULATION AND RESERVE POOL AUTHORITY? THIS WOULD INCLUDE: REMOVING §§ 989.91 989.55 AND 989.56, §§ 989.65 THROUGH 989.67, §§ 989.71, 989.72, 989.82, 989.154, 989.156, 989.166, 989.167, 989.221, 989.257 AND 989.401; REVISING §§ 989.11, 989.53, 989.54, 989.58, 989.59, 989.60, 989.73, 989.79, 989.80, 989.84, 989.158, 989.173 AND 989.210; AND REDESIGNATING § 989.70 AS § 989.96. IN ADDITION, WHETHER CORRESPONDING CHANGES SHOULD BE MADE TO THE FOLLOWING HEADINGS: "VOLUME REGULATION" PRIOR TO §§ 989.65; "VOLUME REGULATION" PRIOR TO § 989.166; AND "SUBPART—SCHEDULE OF PAYMENTS" PRIOR TO § 989.401. Yes No

**Voting continued on the back of this page.
 Please remember to sign this ballot to make your vote count!**

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.

- 7. DO YOU FAVOR WHETHER TO AMEND § 989.28 TO ESTABLISH TERM LIMITS? Yes No
- 8. DO YOU FAVOR ANY CONFORMING CHANGES NEEDED TO BE MADE AS A RESULT OF THE ABOVE PROPOSED AMENDMENTS? CONFORMING CHANGES MAY ALSO INCLUDE NONSUBSTANTIVE, TYPORGRAPHICAL ERRORS. Yes No

_____ Cooperative

Signature of Authorized Agent

Title/Official Capacity

**This ballot must be completed fully and postmarked
by _____, 20__ to be valid.**

¹ If not previously provided, include the Cooperative Association’s resolution, which was adopted by the Board of Directors authorizing the casting of this Ballot.

² If not previously provided, a list, in alphabetical order, containing the names and addresses, and the weight of raisins delivered, from August 1, 2016 through July 31, 2017, to the Cooperative Association by each such producer has been forwarded to the USDA’s Specialty Crops Programs, California Marketing Field Office, under separate cover.

The following statements are made in accordance with the Privacy Act of 1974 (U.S.C. 552a) and the Paperwork Reduction Act of 1995, as amended. The authority for requesting the information to be supplied on this form is the Agricultural Marketing Agreement Act of 1937, Secs. 1-19, 48 Stat. 31, as amended, (7 U.S.C. 601-674). Furnishing the requested information is necessary for the administration of the marketing order program. Submission of the Tax Identification Number (TIN) is mandatory, and will be used to validate ballots and determine affiliation or entity identity. Please note that ballots will not become invalid if a TIN is not disclosed.

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.