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

## OFFICIAL REFERENDUM BALLOT WATERMELON RESEARCH AND PROMOTION PLAN

To be counted, completed ballots must be received by the U.S. Department of Agriculture on XXX, 20XX, by 4:30 p.m. Eastern Time.

**NOTE:** Only one vote will be counted for each eligible producer, handler and importer. **Incomplete ballots may be INVALID and may** not be counted in the referendum.

PLACE LABEL HERE

	FURIM APPROVED OMB NO. 0581-0093
	IBILITY
I am currently a <b>PRODUCER</b> of watermelons and I produced acres/pounds of watermelons between Month xx, 20XX and	
Month xx, 20XX.	dictinctions between within AA, 20777 and
	of watermelons and I handled
acres/pounds between Month	xx, 20XX and Month xx, 20XX.
	<b>R</b> of watermelons and I imported
acres/pounds of watermelons 20XX.	between Month xx, 20XX and Month xx,
II. VOTE	
Instructions: Mark one box only.	
Do you favor the continuance of the [amendment (s)]	
Watermelon Research and Promotion Plan?	
YES NO	
III. CERTIFICATION AND SIGNATURE	
ALL BALLOTS MUST BE SIGNED BELOW IN ORDER TO BE COUNTED.	
ALL BALLOTS MOST BE SIGNED BELOW IN ORDER TO BE COUNTED.	
I <b>CERTIFY</b> that the information contained on	
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 producing, handling or importation of watermelons, I also <b>CERTIFY</b> that I have the	
authority to cast this ballot and will submit evidence thereof if so requested by the	
Referendum Agent.	
X	
SIGNATURE	DATE
	<u> </u>
COMPANY NAME (print)	BUSINESS TELEPHONE NUMBER
COUNTY	
IV MAILING	

## IV. MAILING

Return ballot in the enclosed, postage-paid envelope.

If postage-paid envelope is not available, mail your ballot(s) to:

## U.S. Department of Agriculture, AMS WATERMELON REFERENDUM XXXXXXX City, State Zip

FALSIFICATION OF INFORMATION OR MISREPRESENTATION OF IDENTITY ON THIS GOVERNMENT DOCUMENT MAY RESULT IN A FINE OF NOT MORE THAN \$10,000, OR IMPRISONMENT FOR NOT MORE THAN FIVE YEARS, OR BOTH. (18 U.S.C. 1001)

According to the Paperwork Reduction Act of 1995, an agency may or 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 the information collection is 0581-0093. The time required to complete this information collection is estimated to average 15 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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