** 100 Riverside Parkway, Suite 101**

 **Fredericksburg, Virginia 22406**

 **Approved OMB No. 0581-0093**

To request a continuance referendum, please complete the attached form and return it to [Insert

USDA Farm Service Agency Address]. For your signature to be counted during the sign-up

period, your request must be received no later than [insert date]. No action is necessary if a

continuance referendum is not desired.

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ request that the U.S. Department of

 **(PRINT FULL NAME)**

Agriculture conduct a continuance referendum regarding the 1991 amendments to the Cotton

Research and Promotion Order.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name

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Signature **Date**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Company Name

*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 0581-0093. The time required to complete this information collection is estimated to average 6 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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*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.*

CN-100, Attachment A (Expiration Date XX/XX/XXXX)

**Notice XX-XXXX**

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| --- |
| **State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****In-Office Signup Sheet****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ County FSA Signup Sheet Page \_\_\_\_\_\_ of \_\_\_\_\_\_\_** |
| **Date** | **Print Name** | **Signature** | **Remarks** |
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 CN-100, Attachment B (Expiration Date XX/XX/XXXX)

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**100 Riverside Parkway, Suite 101**

**Fredericksburg, Virginia 22406**

**Approved OMB No. 0581-0093**

To request a continuance referendum, please complete the attached form and include a copy of at least one sales receipt and return these documents to the County FSA office where your farm is located. For your signature to be counted during the sign-up period your request must be received no later than **XXXXXX.** No action is necessary if a continuance referendum is **not** desired.

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ request that the U.S. Department of

 **(PRINT FULL NAME)**

Agriculture conduct a continuance referendum regarding the 1991 amendments to the Cotton

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Print Name

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Address

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Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Company Name

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 CN-100, Attachment C (Expiration Date XX/XX/XXX)

 **100 Riverside Parkway, Suite 101**

**** **Fredericksburg, Virginia 22406**

**Approved OMB No. 0581-0093**

To request a continuance referendum, please complete the attached form and include a copy of one U.S. Customs and Border Protection Form 7501 showing payment of a cotton assessment for calendar year XXXXXX and return these documents XXXXXXX**.** For your signature to be counted during the sign-up period your request must be received not later than **XXXXXXX**.

No action is necessary if a continuance referendum is **not** desired.

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ request that the U.S. Department of

 (PRINT FULL NAME)

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Print Name

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Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Company Name

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CN-100, Attachment D (Expiration Date XX/XX/XXX)