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| FORM APPROVED OMB NO. 0581-0093 | | |
| **United States Department of Agriculture**  **Agricultural Marketing Service**  **OFFICIAL REFERENDUM BALLOT**  BLUEBERRY PROMOTION, RESEARCH, AND INFORMATION ORDER  Complete Sections I, II, and II of this ballot. Mail your completed ballot. To be counted, completed ballots must be received by the U.S. Department of Agriculture on \_\_\_\_ XX, 20XX and before 4:30 p.m. Eastern Time. | | I. ELIGIBILITY 1. I am currently a cultivated (highbush) blueberry **PRODUCER** and/or **IMPORTER**, and I paid assessments during the period Month 20XX to Month 20XX.   1. I produced and/or imported \_\_\_\_\_\_\_\_\_\_ pounds of blueberries between Month 20XX and Month 20XX.   Preprinted totals for producers include blueberries produced and reported by a producer. Totals for importers include blueberry imports reported by U.S. Customs and Border Protection. If corrections need to be made, please cross out and legibly write in the correct information. Submit documentation to support these changes along with your ballot to USDA. |
| Note: Only one vote will be counted for each eligible producer and importer. Incomplete ballots may be INVALID and may not be counted in the referendum. |  | II. VOTE Instructions: Mark one box only.  Do you favor the continuance of [amendment to] the Blueberry Promotion, Research, and Information Order?  **YES NO\_\_\_\_\_** |
| PLACE LABEL HERE |  | III. CERTIFICATION AND SIGNATURE ALL BALLOTS MUST BE SIGNED AND DATED BELOW IN ORDER TO BE COUNTED**.**  I **CERTIFY** that I am the person authorized to cast this ballot and that the information contained on this ballot is true, complete, and correct to the 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 production or importation of blueberries, I also **CERTIFY** that I have the authority to cast this ballot.  X **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  SIGNATURE DATE  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** (\_\_\_\_\_\_)\_\_\_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_  COMPANY NAME BUSINESS TELEPHONE NUMBER |
|  |  | **IV. MAILING**  **Return ballot in the enclosed, postage-paid envelope.** |

SC-261 (Expiration Date XX/XX/20XX) *See reverse for burden/non-discrimination statement*

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