

**United States Department of Agriculture  
Agricultural Marketing Service  
OFFICIAL REFERENDUM BALLOT  
Mango Promotion, Research, and  
Information Order**

Complete Sections I, II, and III of this ballot. **To be counted, completed ballots must be postmarked by Month xx, 20XX. Ballots delivered via express mail must show proof of delivery by no later than XX:XX p.m. Eastern Time on Month xx, 20xx.**

NOTE: Only one vote will be counted for each eligible first handler and importer of fresh and frozen mangos. Incomplete ballots may be INVALID and may not be counted in the referendum.

**I. ELIGIBILITY**

Please check where applicable.

\_\_\_\_\_ I am a **FIRST HANDLER** or an **IMPORTER** of **fresh** mangos and I handled or imported 500,000 or more pounds of **fresh** mangos between January 1, 20xx, through December 31, 20xx.

\_\_\_\_\_ I am an **IMPORTER** of **frozen** mangos and I imported 200,000 pounds or more of frozen mangos between January 1, 20xx, through December 31, 20xx.

**USDA may request documentation to verify your eligibility.**

**II. VOTE**

Instructions: Mark one box only.

**Do you favor the continuance of [amendment to] the Mango Promotion, Research, and Information Order?**

**YES** 1  11

**NO**  1

**III. CERTIFICATION AND SIGNATURE**

ALL BALLOTS MUST BE SIGNED BELOW IN ORDER TO BE COUNTED.

I **CERTIFY** 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 handling or importation of mangos, I also **CERTIFY** that I have the authority to cast this ballot and will submit evidence thereof if so requested by the Referendum Agent.

X \_\_\_\_\_ DATE

SIGNATURE

DATE

\_\_\_\_\_ ( ) - \_\_\_\_\_

COMPANY NAME

BUSINESS TELEPHONE NO.

**IV. MAILING**

**Return ballot in the enclosed, postage-paid envelope.**

The making of any false statement or representation on this form, knowing it to be false, is a violation of Title 18, §1001 United States Code, which provides for the penalty of a fine of \$10,000, imprisonment of not more than 5 years, or both.

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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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](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](mailto:program.intake@usda.gov).

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