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| APPROVED - OMB NO. 0581-0093 | | |
| **United States Department of Agriculture**  **Agricultural Marketing Service**  **OFFICIAL REFERENDUM BALLOT**  **Peanut Promotion, Research, and**  **Information Order** | | **I. ELIGIBILITY**  I am a Peanut Producer and I was subject to assessments on peanuts produced during the period of Month xx, 20xx, through Month xx, 20xx.  **YES\_\_\_\_ NO\_\_\_\_**  **USDA may request documentation to verify your eligibility.** |
| **To be counted, completed ballots must be postmarked by Month xx, 20xx. Ballots sent via express mail must show proof of shipment by no later than 11:59 p.m. Eastern Time on Month xx, 20xx.**  NOTE: Only one vote will be counted for each eligible producer. 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 the Peanut Promotion, Research, and Information Order?**  **YES** 🞏 **NO** 🞏 |
|  |  | **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 production of peanuts, I also **CERTIFY** that I have the authority to cast this ballot and will submit evidence thereof if so requested by the Referendum Agent.  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  SIGNATURE DATE  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** (\_\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  COMPANY NAME BUSINESS TELEPHONE NO. |
|  |  | **IV. MAILING**  **Return ballot in the enclosed, postage-paid envelope.** |

SC-258 (Expiration Date XX/XX/20XX) *See reverse for burden/non-discrimination statement*

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

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