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| APPROVED - OMB NO. 0581-0093 | | |
| **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.** | | **I. ELIGIBILITY**  \_\_\_\_\_\_\_ I am currently a **PRODUCER** of watermelons and I produced \_\_\_\_\_\_\_\_\_ acres/pounds of watermelons between Month xx, 20XX, and Month xx, 20XX.  \_\_\_\_\_\_\_ I am currently a HANDLER of watermelons and I handled \_\_\_\_\_\_\_ acres/pounds between Month xx, 20XX, and Month xx, 20XX.  \_\_\_\_\_\_\_ I am currently an **IMPORTER** of watermelons and I imported \_\_\_\_\_\_\_ acres/pounds of watermelons between Month xx, 20XX, and Month xx, 20XX. |
| **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.** |  | **II. VOTE**  Instructions: Mark one box only.  **Do you favor the continuance of the [amendment(s)] Watermelon Research and Promotion Plan?**  YES NO \_\_\_\_\_\_ |
| PLACE LABEL HERE |  | **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 producing, handling or importation of watermelons, 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 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  SIGNATURE DATE  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** (\_\_\_\_\_\_)\_\_\_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_  COMPANY NAME (print) BUSINESS TELEPHONE NO.  COUNTY\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  | **IV. MAILING**  **Return ballot in the enclosed, postage-paid envelope.** |

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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, IMPRISONMENT FOR NOT MORE THAN 5 YEARS, OR BOTH (18 U.S.C. §1001).

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