

STEP 3: Vote for no more than X producer nominees (including write-ins) by placing a check (✓) in the left column next to your preference. If you vote for more than X producer nominees, your ballot will be disqualified. If you wish to vote for a producer whose name is not on the ballot, you may write the name of the person on the write-in line and check the appropriate space. The term of office is for a 3-year term (November 1, 20xx, to October 31, 20xx). Candidate information forms are included in this package.

| Vote ✓ | PRODUCER NOMINEES | Vote ✓ | PRODUCER NOMINEES |
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| | | | |
| | | | Write-in optional |
| | | | Write-in optional |
| | | | Write-in optional |

STEP 4: Mail this ballot to (CPA firm) in the return envelope provided Ballots postmarked after xx/xx/20xx will not be counted.

(Name of CPA firm)
 Street Address
 City, State, Zip

ADDITIONAL VOTING INSTRUCTIONS

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.

Voters who are eligible as *both* a producer and an importer must declare in writing prior to voting whether they will be voting as a producer or an importer. Please complete the form included in your packet and fax to HAB at xxx-xxx-xxxx.

Please cast your ballot for the nominees, OR WRITE IN THE PRODUCER NAME(S) OF YOUR CHOICE. If you choose to write in a candidate name, you must include their full name and contact information. Each Hass avocado producer is entitled to submit one ballot. If more than one ballot is submitted by the same producer, that producer's ballot will not be counted. An unsigned ballot or incomplete Certification Statement will disqualify the ballot.

Signed ballots must be returned to (CPA firm) in the enclosed, prepaid, self-addressed envelope. Ballots must be received no later than close of business on xx/xx/20xx. Ballots postmarked after xx/xx/20xx will not be counted.

If you have any questions regarding the ballot, please contact HAB at xxx-xxx-xxxx.

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 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.

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, gender identity (including gender expression), sexual orientation, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident.

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.

IMPORTANT NOTICE

Voters who are eligible as *both* a producer and an importer must declare in writing prior to voting whether they will be voting as a producer or an importer.

If you represent both Producer and Importer, please complete the following and fax to HAB at xxx-xxx-xxxx.

I will be voting as: (check one)

PRODUCER

IMPORTER

Name: _____

Signature: _____

If proper protocol is not followed, your vote could be disqualified.