**APPROVED - OMB NO. 0581-0093**

**UNITED STATES DEPARTMENT OF AGRICULTURE**

**AGRICULTURAL MARKETING SERVICE**

**NOMINATION FOR APPOINTMENT TO THE LAMB**

**PROMOTION, RESEARCH, AND INFORMATION BOARD (BOARD)**

**Please mark an "X" in appropriate block:**

**Producer**

**Seedstock Producer**

**Feeder**

**First Handler**

**NOTE:** *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 30 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.*

**NOTE:** Information is collected to obtain names of nominees for appointment as members of the Board. Response is voluntary. Pursuant to the Lamb Promotion, Research, and Information Order, the following names are submitted as nominees.

NAME(S) OF NOMINEE(S)

*(List name(s) for each allotted position on the Board)*

**IF MORE SPACE IS NEEDED, USE ADDITIONAL FORMS. A COMPLETED ADVISORY COMMITTEE BACKGROUND INFORMATION FORM SIGNED BY EACH NOMINEE MUST BE ATTACHED**.

**WHEN NOMINATIONS ARE THE RESULT OF A CAUCUS, LIST THE CERTIFICATION NUMBERS OF ORGANIZATIONS OR ASSOCIATIONS PARTICIPATING IN THE CAUCUS.**

|  |  |  |
| --- | --- | --- |
| A. | E. | I. |
| B. | F. | J. |
| C. | G. | K. |
| D. | H. | L. |

**IDENTIFICATION OF PERSON AND ORGANIZATION/ASSOCIATION SUBMITTING THESE NOMINATIONS**

|  |  |  |
| --- | --- | --- |
| NAME, ADDRESS, AND EMAIL | CERTIFICATION NO.  | NAME AND TITLE *(Type or print)* |
| TELEPHONE NO. | SIGNATURE | DATE |

RETURN ORIGINAL OF THIS FORM AND THE ADVISORY COMMITTEE BACKGROUND INFORMATION FORM TO:

Research and Promotion Division FAX – (202) 720-1125

Livestock and Poultry Program, AMS, USDA

Street

City, State Zip

LP-84 (Expiration Date XX/XX/XXXX)  *See reverse for burden/non-discrimination statement*

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 LP-84 (Expiration Date XX/XX/XXXX)