U.S. DEPARTMENT OF AGRICULTURE AGRICULTURAL MARKETING SERVICE SPECIALTY CROPS PROGRAM

PRODUCER REFERENDUM BALLOT ON PROPOSED AMENDMENTS OF MARKETING ORDER NO. 989, AS AMENDED, REGULATING THE HANDLING OF RAISINS PRODUCED FROM GRAPES GROWN IN CALIFORNIA

VO	IS BALLOT WILL BE KEPT CONFIDENTIAL. PLEASE READ THE FOLLOWING VOTER ELIGIBI TING INSTRUCTIONS BEFORE COMPLETING THIS BALLOT. YOUR BALLOT ENVELOPE MUS STMARKED BY, 20, TO BE VALID.		D
	1. I hereby certify that I am an eligible producer of grapes for sun-drying or dehydration into raduring the period from, 20 through, 20, I produced: tons (dried weight) of raisins for market. This tonnage was produced from acres. (NOTE: If you are farming on a share-crop basis, part of the tonnage representing your share.)		
	2. Please indicate the following about the business entity for which you are voting: ☐ Individual ☐ Trust ☐ Partnership ☐ Corpora Tax Identification Number (TIN) ☐ If a partnership, insert name and mailing address of partner(s): ☐		
•	Is your business entity a voting a member of <u>Fresno Cooperative (Co-op) Raisin Growers?</u> Is your business entity a voting a member of the <u>Raisin Bargaining Association</u> ?	□ Yes □	
•	Is your business entity a voting a member of Sun-Maid Growers of California ?	\square Yes	$\Box No$
•	Did the entity deliver raisins for cash to <u>Sun-Maid</u> during the representative period? What was the tonnage delivered to <u>Sun-Maid</u> as a cash grower during that period?	□Yes	□ No _ tons
•	Did the entity deliver raisins for cash to <u>Fresno Co-op</u> during the representative period? What was the tonnage delivered to <u>Fresno Co-op</u> as a cash grower during that period?		
(I	Cast your vote for each of the following eight questions. ndicate your vote by placing an "X" in one of the boxes below for each of the proposed a	ımendme	ents).
1.	DO YOU FAVOR WHETHER TO AMEND § 989.53 TO AUTHORIZE PRODUCTION RESEARCE	CH? □ Yes	□ No
2.	DO YOU FAVOR WHETHER TO AMEND §§ 989.29 AND 989.129 TO AUTHORIZE SEPARATI FOR INDEPENDENT PRODUCER MEMBER AND INDEPENDENT PRODUCER ALTERNATISEATS?	E MEMBE	
3.	DO YOU FAVOR WHETHER TO AMEND §§ 989.58, 989.59, AND 989.61 TO ADD AUTHORITY QUALITY, AND WHETHER TO REVISE THE HEADING PRIOR TO § 989.58 TO INCLUDE Q		
4.	DO YOU FAVOR WHETHER TO AMEND § 989.59 TO ADD AUTHORITY TO ESTABLISH DIRECULATIONS FOR DIFFERENT MARKETS?	FFERENT □ Yes	Γ □ No
5.	DO YOU FAVOR WHETHER TO AMEND § 989.91 TO REQUIRE CONTINUANCE REFERENT		□ No

Voting continued on the back of this page. Please remember to sign this ballot to make your vote count!

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 0581-0178. The time required to complete this information collection is estimated to average 20 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

6.	DO YOU FAVOR WHETHER TO AMEND THE ORDER TO REMOVE VOLUME REGULATION RESERVE POOL AUTHORITY? THIS WOULD INCLUDE: REMOVING §§ 989.91 989.55 AND THROUGH 989.67, §§ 989.71, 989.72, 989.82, 989.154, 989.156, 989.166, 989.167, 989.221, 989.257 AND REVISING §§ 989.11, 989.53, 989.54, 989.58, 989.59, 989.60, 989.73, 989.79, 989.80, 989.84, 989.158, 989.210; AND REDESIGNATING § 989.70 AS § 989.96. IN ADDITION, WHETHER CORRESPONDED CHANGES SHOULD BE MADE TO THE FOLLOWING HEADINGS: "VOLUME REGULATION §§ 989.65; "VOLUME REGULATION" PRIOR TO § 989.166; AND "SUBPART—SCHEDULE OF THE POLLOWING HEADINGS."	5 AND 989.56, §§ 989.65 .257 AND 989.401; 9.158, 989.173 AND ESPONDING .ATION" PRIOR TO ULE OF PAYMENTS"	
	PRIOR TO § 989.401.	□ Yes	□ No
7.	DO YOU FAVOR WHETHER TO AMEND § 989.28 TO ESTABLISH TERM LIMITS?	□ Yes	□ No
8.	DO YOU FAVOR ANY CONFORMING CHANGES NEEDED TO BE MADE AS A RESULT OF T PROPOSED AMENDMENTS? CONFORMING CHANGES MAY ALSO INCLUDE NONSUBSTA		VE
	TYPORGRAPHICAL ERRORS.		
Pro	oducer/Grower Name Telephone Number Email Address		
	uthorized Signature (Producer/Grower or Authorized Officer) Title (Producer/Grower or Authorized Officer) ur Signature Validates Your Vote – please sign.	icer)	
	iling Address of Authorized Signatory (incl. Street , City, State, and Zip Code)		
em adi Ag	a producer/grower may sign this ballot on behalf of himself. If this ballot is cast by an <i>authorized of ployee</i> of a producer, such as a corporation, association, institution, school, or similar business unit <i>ministrator</i> , <i>executor</i> , or <i>trustee</i> of a producing estate, the authorized signature is certifying to the Spriculture that they have authority to cast this Ballot for the producer named above and will submit the authority at the request of an Agent of the Secretary of Agriculture.	 t, or as an Secretary	of

This ballot must be completed fully and postmarked by ______, 20__ to be valid.

The following statements are made in accordance with the Privacy Act of 1974 (U.S.C. 552a) and the Paperwork Reduction Act of 1995, as amended. The authority for requesting the information to be supplied on this form is the Agricultural Marketing Agreement Act of 1937, Secs. 1-19, 48 Stat. 31, as amended, (7 U.S.C. 601-674). Furnishing the requested information is necessary for the administration of the marketing order program. Submission of the Tax Identification Number (TIN) is mandatory, and will be used to validate ballots and determine affiliation or entity identity. Please note that ballots will not become invalid if a TIN is not disclosed.

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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. USDA is an equal opportunity provider, employer, and lender.