## REQUEST FOR REPLACEMENT OF DRAFT

TO:	Prune Marketing Committee 3840 Rosin Court, Suite 170 Sacramento, CA 95834	Da	te:	, 20
		nd states to the Prune Marketin	g Committee that	draft No,
payme	ent No,	dated	, 20 for the	sum of \$
(based	l upon reserve pool prunes deli	vered to	1	handler) issued by
the Pr	une Marketing Committee (Co	nmittee) and payable to the ord	er of the undersig	ned, has:
	Not been received;			
	Been lost since its delivery to the undersigned and cannot be found;			
	That no person other than the undersigned payee (or payees) has any interest in or right to said draft and that the undersigned payee (or payee) is (are) entitled to receive for his (their) own account payable according to the terms of said draft.			
(or pay be so i indem draft,	yees) another draft in place and issued the undersigned payee ( nified against any claim, dema	Committee to issue or cause to stead of the draft so lost, and hor payees) will hold and keep thad, liability or loss arising out of after for payment by any personater.	nereby agrees that ne Committee harr of or based upon s	if such other draft mless from and aid lost or missing
Authorized Payees				
	Signatures		Addresses	

INSTRUCTIONS: This form must be executed by any or all payees claiming loss or non-receipt of a surplus pool distribution draft, precedent to the issuance of a replacement draft. A waiting period of 30 days is required before a replacement draft will be issued. In the preparation of the form, the phrase at either (a), (b), or (c), whichever is applicable, must be checked.

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 3 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: <a href="mailto:program.intake@usda.gov">program.intake@usda.gov</a>. USDA is an equal opportunity provider, employer, and lender.