

Almonds.com • 1150 Ninth St. Ste 1500 • Modesto, CA 95354 USA •T:+1.209.549.8262 • F:+1.209.549.8267

ALMOND BOARD OF CALIFORNIA BALLOT FOR INDEPENDENT HANDLER MEMBERS

| Mail to the Almond Board of California, 1150 9 th Street, Suite 1500, Modesto, California, 95354 to be received no later than, 20 | |
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| | |
| Select one member and one alternate fo | or each position. |
| FOR MEMBER - POSITION XX (Three-year term) | FOR ALTERNATE - POSITION XX (Three-year term) |
| FOR MEMBER - POSITION XX (One-year term) | FOR ALTERNATE - POSITION XX (One-year term) |
| I hereby certify that we handled, for our of almonds (kernel weight basis) for the 20, line 11 of the Redetermination Re | own account, pounds period August 1, 20 through December 31, eport. |
| HANDLER | |
| SIGNATURE | |
| | |

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 OMB 0581-0178. The time required to complete this information collection is estimated to average 5 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.

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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.