USE TAPE – DO NOT STAPLE

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AG CODE 0237 UNITED STATES DEPARTMENT OF AGRICULTURE AGRICULTURAL MARKETING SERVICE SPECIALTY CROPS PROGRAM MARKETING ORDER AND AGREEMENT DIVISION 1400 INDEPENDENCE AVE., S.W. ROOM 1406 - SOUTH BUILDING WASHINGTON, DC 20250-0237

Official Business Penalty for Private Use \$300

No Postage Stamp Necessary Postage Has Been Prepaid By:

Referendum Agent Southeast Marketing Field Office 1124-1st Street South Winter Haven, FL 33880

BALLOT

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U.S. DEPARTMENT OF AGRICULTURE	INSTRUCTIONS: Complete the Ballot and Certification. Fold on the	
AGRICULTURAL MARKETING SERVICE	dotted line with the address displayed, and return. Information you enter	
	on this Ballot will be kept strictly confidential. In order to be counted ,	
OFFICIAL PRODUCER BALLOT	your Ballot must be signed and postmarked by,	
CRANBERRY MARKETING ORDER NO. 929	20	

Please read all questions and answer those that apply to you. This Referendum is for the purpose of determining whether growers favor continuance of Marketing Order No. 929.

Do you favor continuance of Marketing Order No. 929 regulating the handling of cranberries grown in the States of Massachusetts, Rhode Island, Connecticut, New Jersey, Wisconsin, Michigan, Minnesota, Oregon, Washington, and Long Island in the State of New York?

YES, I favor continuance of Marketing Order No. 929.

NO, I do not favor continuance of Marketing Order No. 929.

I hereby certify that I am a producer and produced cranberries within the defined production area during the 20_____ crop year (September 1, 20_____ through August 31, 20____). (If you did not harvest cranberries from your acreage during 20_____ because of crop failure or non-bearing acreage, write "NONE" in the space provided for number of barrels below).

	from	in	
(barrels)	(approx. acreage)	(Stat	e)
NT		A 11	
Name		Address	
Signature	_		
		Date	

NOTE: If you are renting on a share crop basis, you should report only that part of the crop represented by your share.

If you marketed any of the above cranberries through a cooperative marketing association, please list the cooperative's name.

NOTE: If the vote is cast on behalf of a corporate, estate, or producer, my signature certifies that I have the authority to take such action. (IN SUCH CASE, SHOW NAME OF SUCH CORPORATION, ESTATE, OR PRODUCER AND YOUR TITLE BELOW).

Name of corporation, estate, or producer

Title

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