

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**

THIS BALLOT WILL BE KEPT CONFIDENTIAL. PLEASE READ THE FOLLOWING VOTER ELIGIBILITY AND VOTING INSTRUCTIONS BEFORE COMPLETING THIS BALLOT. YOUR BALLOT ENVELOPE MUST BE POSTMARKED BY _____, 20__ TO BE VALID.

1. I hereby certify that I am an eligible producer of grapes for sun-drying or dehydration into raisins, and during 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, report only that part of the tonnage representing your share.)
2. Please indicate the following about the business entity for which you are voting:
 - Individual Trust Partnership Corporation

If a partnership, insert name and mailing address of partner(s): _____

- Is your business entity a voting a member of the Raisin Bargaining Association? Yes No
- Is your business entity a voting a member of Sun-Maid Growers of California? Yes No
- Did the entity deliver raisins for cash to Sun-Maid during the representative period? Yes No
 What was the tonnage delivered to Sun-Maid as a cash grower during that period? _____ tons

**Cast your vote for each of the following eight questions.
 (Indicate your vote by placing an "X" in one of the boxes below for each of the proposed amendments).**

1. **DO YOU FAVOR REDUCING COMMITTEE MEMBERSHIP SIZE FROM 47 TO 21 MEMBERS AND ALTERNATES, REMOVING PRODUCER DISTRICT REPRESENTATION AND ADDING AN UNAFFILIATED PRODUCER MEMBER SEAT, REMOVING THE DESIGNATED BARGAINING ASSOCIATION SEAT, AND LOWERING QUORUM REQUIREMENTS FROM 25 TO 14?** Yes No
2. **DO YOU FAVOR ELIMINATING THE REQUIREMENT FOR SEPARATE NOMINATIONS FOR INDEPENDENT PRODUCERS OR PRODUCERS AFFILIATED WITH SMALL COOPERATIVE MARKETING ASSOCIATIONS?** Yes No
3. **DO YOU FAVOR UPDATING THE MARKETING POLICY TO REMOVE FACTOR NUMBER 4 "AN ESTIMATED DESIRABLE CARRYOUT AT THE END OF THE CROP YEAR" AND THE LAST PART OF FACTOR NUMBER 5 "CONSIDERING THE ESTIMATED WORLD RAISIN SUPPLY AND DEMAND SITUATION," AND ADDING LANGUAGE TO CLARIFY RECONDITIONED RAISINS, INSPECTED AND CERTIFIED AS MEETING MINIMUM GRADE AND QUALITY, ARE STANDARD RAISINS ELIGIBLE FOR COMMERCIAL DISPOSITION AS NATURAL CONDITION RAISINS OR PACKED RAISINS IN NORMAL OUTLETS?** Yes 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.

4. DO YOU FAVOR ESTABLISHING THE AUTHORITY TO ACCEPT VOLUNTARY CONTRIBUTIONS AND AUTHORITY REGARDING THE OWNERSHIP OF, AND RIGHTS TO, INTELLECTUAL PROPERTY AND THE COLLECTION OF RENTS/ROYALTIES FROM THE SAME?

Yes No

Producer/Grower Name () Telephone Number Email Address

*Authorized Signature (Producer/Grower or Authorized Officer) Title (Producer/Grower or Authorized Officer)
Your Signature Validates Your Vote – please sign.

Mailing Address of Authorized Signatory (incl. Street , City, State, and Zip Code)

*A producer/grower may sign this ballot on behalf of himself. If this ballot is cast by an *authorized officer or employee* of a producer, such as a corporation, association, institution, school, or similar business unit, or as an *administrator, executor, or trustee* of a producing estate, the authorized signature is certifying to the Secretary of Agriculture that they have authority to cast this Ballot for the producer named above and will submit evidence of such authority at the request of an Agent of the Secretary of Agriculture.

**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.

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: program.intake@usda.gov. USDA is an equal opportunity provider, employer, and lender.