ASSIGNMENT OF POOL EQUITY

Assignor (producer, etc.):	Assignee (handler, processor, etc.):
Name:	Name:
Address:	Address:
	-
Date:, 20	Quantity and Type of Raisins:
Crop Year: 20	Qualitity and Type of Raisins.
TO: RAISIN ADMINISTRATIVE COMMITTEE	
2445 Capitol Street, Suite 200	
	
Fresno, California 93721	
to the above-named Assignee that portion of his inte Raisin Administrative Committee (RAC) pursuant to raisins delivered to the RAC by Assignor during the with respect to expenses incurred in connection with This is an assignment of	interest in said interest. (Specify assignment in either ery to Assignee).
The above assignment is hereby assented to: (Note:	Assignor's signature must be witnessed).
Name	_
Name	Assignor
Other was a ball'as a single description	Witness
Other persons holding an interest in the raisins	witness
INTERESTS ON SAID RAISINS OR THEIR PR	THER THERE MAY BE OTHER LIENS OR SECURITY ROCEEDS, AND CANNOT GUARANTEE THE PRIORITY SOLELY RESPONSIBLE FOR PERFECTING THIS
A copy of the assignment has been received on this c	date:, 20
	RAISIN ADMINISTRATIVE COMMITTEE
	By:

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 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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To file a complaint of discrimination, write to USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, or call (800) 795-3272 (voice) or (202) 720-6382 (TDD). USDA is an equal opportunity provider and employer.

RAISIN ADMINISTRATIVE COMMITTEE

2445 Capitol Street, Suite 200 Fresno, California 93721 Phone: (559) 225-0520

RELEASE ORDER

Source: Date:	
You are authorized to withdraw from the 20 below:	O crop year reserve tonnage, raisins in the quantities shown
Special instructions:	
	MPLETED ONE COPY OF THIS RELEASE AND RETURNED TO THIS OFFICE
Quantity Released	Description
Final acknowledgment of arrival and recabove raisins.	reipt of The above raisins have been shipped in the quantities indicated.
Packer:	Packer:
Signature: Date:	Signature: Date:
	Raisin Administrative Committee
	By:

This report is required by law (7 U.S.C. 608d, 7 CFR 989.67). Failure to report can result in a fine of \$1,100 for each such violation, and each day during which such violation continues shall be deemed a separate violation.

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RAISIN ADMINISTRATIVE COMMITTEE

2445 Capitol Street, Suite 200

Fresno, California 93								
Phone: (559) 225-052		TO PURCHASE RES	SERVE POOL RAISI	NS TO FULFILL A	N OFFER TO SELL			
		PURSUAN	T TO ANNOUNCEM	IENT FV		. T		
The undersigned Pack	er hereby requests anni	roval by the Raisin Adr	ninistrative Committee	(RAC) of this applie	Contract I cation. It is understood that	Noannroyal of thi		
					on raisins specified herein			
Packer's accepted "O	ffer to Sell" pursuant to	the U.S. Department of	f Agriculture's Announ	cement FV-	Invitation	_		
Varietal Type		No. of Shipping Cases			Equiv. Natural Condition Weight = Packed Weight	Amount to be Invoiced at \$ per ton (\$ per		
	Net Pounds per Shipping Case		Total Net Pounds Packed Weight	Factor per FV				
					Divided by Factor:	lb.)		
					 Total			
As a condition of RAC	approval of this applicatio	n and in conformance wit	th section 989.73(d) of M	arketing Order No. 989), the undersigned Packer agi	ees to furnish to the RAG		
	rcial bill of lading and on				to each shipment of raisins			
Packer				FOR RAC USE ONLY				
Address			Date Received	Date Received				
Title			Application No	Application No.				
E-mail			Tonnage Appro	Tonnage Approved				
			Date Approved					
Signature			By:	By:				
	ement or representations in any of a fine or imprisonment of no			tates, knowing it to be false,	is a violation of title 18, section 1	001 of the United States Code		
	(5.11.0.0.1.5.0ED 000.1.	60 7 1						

This report is required by law (7 U.S.C. 608d, 7 CFR 989.167). Failure to report can result in a fine of \$1,100 for each such violation, and each day during which such violation continues shall be deemed a separate violation.

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RAISIN ADMINISTRATIVE COMMITTEE

2445 Capitol Street, Suite 200 Fresno, California 93721 Phone: (559) 225-0520

UNCASHED OR UNCLAIMED GROWER CHECK CLAIM AFFIRMATION FORM

The undersigned claimant certifies, under penalty of perjury, that the claimant is the person entitled to receive the funds for the non-cashed grower check referenced below. The claimant has provided evidence that the check owner produced raisins in the reserve pool year indicated. The claimant agrees to indemnify and hold harmless the United States Department of Agriculture (USDA) and its agents, the Raisin Administrative Committee (RAC), and its officers and employees, from any loss resulting from the payment of said claim.

CURRENT INFORMATION AND additional form or attach a sheet with or					H CLAIM	ANT. Use an	
Claimant Information							
LAST NAME OR BUSINESS	FIRST NAME		MIDDLE INITIAL	SSN OR TAX ID NO			
MAILING ADDR	ESS		C	ITY	STATE	ZIP CODE	
DAYTIME PHONE	CLA	IMANT OR AU	THORIZED	AGENT SIGN	ATURE ¹	DATE	
For claims filed for a business, the auther signature of the executor, administration of the executor.	rator or	attorney is requi		. For claims file	d for an est	ate or trust,	
Uncashed or Unclaimed Grower Check Cla CHECK OWNER NAME AND ADDRESS AS ISSUED		DATE ISSUED		CHECK NO. A		MOUNT	
	RESERVE P			OOL YEAR			
		RAC USE (ONLY				
RAC Authorization		Date			•		
	Re	e-Issued Check	nformation				
CLAIMANT NAME AND ADDRESS AS ISSUED		DAT	E ISSUED	CHECK NO.	AN	MOUNT	

INSTRUCTIONS FOR FILING A CLAIM

Using this instruction sheet, determine and provide the appropriate documents in order to process your claim, and return them with your completed Claim Affirmation Form. All claimants must review SECTION A for required documentation. If you are an *heir* or *beneficiary* of the deceased owner, refer to SECTIONS A and B. If you are a *business* claimant, refer to SECTIONS A and C.

SECTION A: CLAIMANT IDENTIFICATION

- 1. Provide a copy of a photo identification (e.g., driver's license, state identification card, passport, etc.) for each claimant; and
- 2. Provide a copy of each claimant's Social Security card or any other document showing the claimant's Social Security number (e.g., federal or state income tax return, pay stub, etc.); and
- 3. Do you have any documents (e.g., photo identification in item 1 above, utility bill, tax bill, bank statement, or other correspondence, etc.) indicating that you or the owner currently reside or once resided at the "Address as Issued" indicated on the front page of the Claim Form?
- 4. Provide a Delivery Report from a packer or other documents to evidence that the check owner produced raisins in the reserve pool year, the amount of raisins delivered and the packer to whom the raisins were delivered
- 5. NOTE: IF MISSING ITEMS 3 OR 4, YOUR CLAIM MAY BE DENIED.

SECTION B: DECEASED OWNER

If you are an *heir* of the deceased owner named on the check, you are required to submit ALL items under SECTION A, the death certificate of the deceased owner, AND one of the following documents:

- 1. A copy of Currently Certified Letters, dated within the past six months, appointing the Executor or Administrator of the decedent's estate, and the Estate Tax Identification number; or
- 2. A complete copy of the Court Ordered Distribution of the Decedent's Estate; or
- 3. If the distribution of the estate was not ordered by a court, a complete copy of the decedent's Will and/or Trust Agreement, and a completed Declaration Under Probate Code Section 13101 form; or
- 4. If no Will or Trust Agreement exists, a completed Declaration Under Probate Code Section 13101 form and a Table of Heirship form. You may obtain these forms from our office.

SECTION C: BUSINESS

In addition to the items in SECTION A, provide items 1 through 4 below, as well as either item 5 or item 6:

- 1. A copy of the business card of an authorized officer or official; and
- 2. A Letter of Authorization on company letterhead with the names of the officers or officials with authority to sign and claim on behalf of the business; and
- 3. Proof of the business's current Federal Tax Identification Number: and
- 4. Proof of the business's association with the last known address.

Also provide:

- 5. A copy of the Merger Agreement if the company has merged with another company; or
- 6. A copy of the Articles of Dissolution if the company has been dissolved.

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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20___ Crop Year

RAISIN ADMINISTRATIVE COMMITTEE

2445 Capitol Street, Suite 200 Fresno, California 93721 Phone: (559) 225-0520

STACK CONTROL RECORD

Variety Type Type of Container Estimated Weight				Stack Number					
	INCOMING		OUTGOING			BALANCE		RAC	
Date	No. Boxes	Net Weight	Rel. No.	No. Boxes	Net Weight	No. Boxes	Net Weight		

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