

**SUMMARY OF PROPOSED AMENDMENTS TO THE
FEDERAL MARKETING ORDER FOR KIWIFRUIT**

TO CALIFORNIA KIWIFRUIT GROWERS:

The U.S. Department of Agriculture (USDA) is submitting for grower consideration proposed amendments to Marketing Order No. 920 (marketing order), regulating the handling of kiwifruit grown in California.

The proposed amendments to the marketing order are based on the record of a USDA public hearing held _____, in Modesto, California. The proposed amendments will not be made effective unless they are favored by at least two-thirds of the eligible growers voting in this referendum or by growers representing at least two-thirds of the volume of kiwifruit voted in the referendum. If approved, the proposed amendments would:

Voting Instructions and Rules Governing Grower Eligibility to Vote are on the reverse side of this page. Also enclosed are:

- 1) Official grower referendum ballot;
- 2) The news release announcing the referendum; and
- 3) A copy of the Referendum Order dated _____.

The voting period for the referendum is _____, through _____.
*Please vote promptly because **ballots postmarked later than** _____, **cannot be opened or counted.*** Each ballot will be held in strict confidence.

_____, Referendum Agent
Phone: (559) 487-5901

**VOTING INSTRUCTIONS AND RULES GOVERNING
GROWER ELIGIBILITY TO VOTE**

- I. VOTING PERIOD:** _____, through _____.
- II. REPRESENTATIVE PERIOD:** _____, through _____.
- III. PRODUCTION AREA: The State of California.**
- IV. PERSONS ELIGIBLE TO VOTE:** Any person who is currently a kiwifruit grower in the State of California and produced such kiwifruit during the representative period _____, through _____, is entitled to cast one ballot. **Each separate business unit, partnership, family enterprise, corporation, association, estate, or firm is entitled to one vote.**
- “Grower” means any individual, partnership, corporation, association, or other business unit who: (1) owns and farms land producing kiwifruit for market; (2) is a renter or tenant of a farm producing kiwifruit for market; or (3) is a landlord who received from a renter or tenant a portion of the production as rent for the land on which kiwifruit were produced for market. (A landlord who rents for cash, a lien-holder, or a person having only a financial interest in the crop is NOT eligible to vote.)
- V. HOW TO VOTE:**
- A. Indicate your vote by placing an ‘X’ in the appropriate box.
- B. Certify your kiwifruit production by listing the number of trays or tray equivalents of kiwifruit produced for market by you (or by the grower for whom this ballot is cast) during the period _____, through _____.
- C. Print or type your name, phone number, business name, and address.
- D. Proxy voting is not authorized. If ballot is cast by an officer or employee of a partnership, corporation, or other business unit, check box to indicate your business designation, and sign to indicate authority to vote. If partnership or joint venture, list names of partners.
- E. Sign below the certification. Incomplete or unsigned ballots cannot be counted. Use the postage-paid return envelope to mail your completed ballot to USDA, AMS, Fruit and Vegetable Program, California Marketing Field Office, 2202 Monterey Street, Suite 102-B, Fresno, CA 93721. For further information, please call _____ or _____ at (559) 487-5901.

Ballots must be postmarked by _____.

GROWER REFERENDUM BALLOT

Marketing Order No. 920
 Kiwifruit Grown in California

Please read the enclosed VOTING INSTRUCTIONS AND RULES GOVERNING GROWER ELIGIBILITY TO VOTE before completing this ballot.

A. This referendum is for amendment of the marketing order. Indicate your vote by placing an “X” in the appropriate box.

YES <input type="checkbox"/>	NO <input type="checkbox"/>	1. Do you favor (list proposed amendment)?
YES <input type="checkbox"/>	NO <input type="checkbox"/>	2. Do you favor (list proposed amendment)?
YES <input type="checkbox"/>	NO <input type="checkbox"/>	3. Do you favor (list proposed amendment)?
YES <input type="checkbox"/>	NO <input type="checkbox"/>	4. Do you favor (list proposed amendment)?
YES <input type="checkbox"/>	NO <input type="checkbox"/>	5. Do you favor (list proposed amendment)?
YES <input type="checkbox"/>	NO <input type="checkbox"/>	6. Do you favor (list proposed amendment)?
YES <input type="checkbox"/>	NO <input type="checkbox"/>	7. Do you favor (list proposed amendment)?
YES <input type="checkbox"/>	NO <input type="checkbox"/>	8. Do you favor (list proposed amendment)?
YES <input type="checkbox"/>	NO <input type="checkbox"/>	9. Do you favor (list proposed amendment)?
YES <input type="checkbox"/>	NO <input type="checkbox"/>	10. Do you favor (list proposed amendment)?

VOTER CERTIFICATION ELIGIBILITY STATEMENT

B. I hereby certify that I am an eligible grower of kiwifruit within the production area and that during the representative period _____ through _____ I produced:

_____ on _____ in _____
Tray/Tray Equivalents No. of Acres County/Countries

(SIGNATURE REQUIRED BELOW – SECTION E)

C. _____
Grower Name Phone Number
Business Name
Mailing Address City State Zip Code

D. If this ballot is cast by an officer or employee of a partnership, corporation, association or other business unit, my signature below further certifies that I am duly authorized to vote on behalf of the producing entity name on this ballot and that I will submit evidence of such authority at the request of an Agent of the Secretary.

- Partnership LLC Corporation Association Other

Signature* Title

If Partnership or Joint Venture, list name(s)

E. I hereby certify that the information I provided on this ballot is accurate and correct to the best of my knowledge.

Signature* Title

*Your signature certifies that you have the authority to take such action and will submit supplementary evidence of such authority at the request of an agent of the Secretary of Agriculture. The information provided in this ballot is required to determine voter eligibility and vote of California kiwifruit growers. Falsification of information on this government document may result in a fine or imprisonment, or both (18 U.S.C. 1001).

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0581-0189. 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.

The U.S. Department of Agriculture (USDA) prohibits discrimination in all its programs and activities on the basis of race, color, national origin, age, disability, and where applicable, sex, marital status, familial status, parental status, religion, sexual orientation, genetic information, political beliefs, reprisal, or because all or part of an individual's income is derived from any public assistance program (Not all prohibited bases apply to all programs.) Persons with disabilities who require alternative means for communication of program information (Braille, large print, audiotape, etc.) should contact USDA's TARGET Center at (202) 720-2600 (voice and TDD). 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.