

ATTACHMENT 2

DESIGNATED POINT OF CONTACT
ORGANIZATION
STREET ADDRESS
CITY, STATE ZIP
REFERENCE NUMBER

DATE

Dear NAME:

In reviewing your request for approval of a State Organic Program for STATE, we have determined that we need the following information: STATE WHAT INFORMATION IS NEEDED.

Please forward the requested information to Bob Pooler at USDA-AMS-TM-NOP, Room 4008-South, Ag Stop 0268, Washington, DC 20250. A prompt response is requested to avoid changing the promised decision date of DATE.

If you have any questions, please e-mail Bob Pooler at bob.pooler@usda.gov or call him at 202-720-3252.

Sincerely,

RICHARD H. MATHEWS
Program Manager
National Organic Program

March 11, 2002