

ATTACHMENT 6

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

DATE

Dear NAME:

I am pleased to inform you that your request for approval of a State Organic Program (SOP) for STATE has been approved effective DATE.

Inherent in this approval is STATE's affirmation that it agrees to administer and enforce its SOP and to request approval from the U.S. Department of Agriculture prior to amending its SOP.

We look forward to working with you on behalf of the Nation's producers, handlers, and consumers of organic agricultural products.

Sincerely,

A.J. YATES
Administrator

March 11, 2002