PRODUCER BALLOT NO. ______

The following persons have been nominated as candidates for producer member positions on the California Date Administrative Committee (Committee) for the term of office ending July 31, 20___. To qualify as a producer member, candidates must be a producer, or an officer or employee of a producer, of Deglet Noor, Halawy, Khadrawy, or Zahidi dates. Candidates SHALL NOT BE HANDLERS or directors, officers or employees of a handler. (Refer to the VOTER ELIGIBILITY CERTIFICATION for voter eligibility requirements and the attached voting instructions before completing this Ballot.)

You may vote for THREE producer members and THREE alternate producer members. Make your selection from the candidates listed below, or write in persons of your own choice, but make certain they qualify and are willing to serve on the Committee if selected and appointed. Do not list the same candidate for more than one position or your Ballot will be invalidated.

Candidates:

I vote for the following:

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<tr>
<th>Producer Members</th>
<th>Alternate Producer Members</th>
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I hereby certify to the U.S. Department of Agriculture and the Committee that I am a producer of Deglet Noor, Halawy, Khadrawy, or Zahidi dates and am qualified to vote for producer representatives to serve on the Committee, and further, that if this Ballot is cast on an absentee basis, that I have personally completed this Ballot.

Signature: __________________________________________ Date: ____________________________

Name of Firm: __________________________________________ Phone No.: __________________________

Title: __________________________________________________

NOTE: Completed Ballots must be received by the Committee no later than ___ p.m., June ___, 20___ in order to be counted. Ballots may be mailed or faxed to the Committee at the address above, or delivered to the Committee at USDA Service Center, 82-901 Bliss Avenue, Indio, CA. BALLOTS THAT ARE RECEIVED LATE OR RECEIVED WITHOUT COMPLETION OF THE CERTIFICATION OF VOTER ELIGIBILITY WILL BE CONSIDERED INVALID. NO PROXY VOTING IS PERMITTED.

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.

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.

(Exp. 3/31/2024) Destroy previous editions.