HAZELNUT MARKETING BOARD
21595-A Dolores Way NE
Aurora, OR 97002-9738
Tel: (503) 678-6823
Fax: (503) 678-6825

EXCHANGE OF MERCHANTABLE INSHELL BETWEEN HANDLERS

The undersigned hereby certify that merchantable inshell hazelnuts have been exchanged between _______________________, the selling handler, and _______________________, the buying handler. It is also understood and agreed that ________________________, (buying or selling handler) shall assume any diversion obligation required on the following lot(s):

<table>
<thead>
<tr>
<th>Date of Inspection</th>
<th>Certificate No.</th>
<th>Weight (lbs)</th>
<th>Size</th>
</tr>
</thead>
</table>

SELLING HANDLER: __________________________________________
By ______________________________________
Title _____________________________________

BUYING HANDLER: __________________________________________
By ______________________________________
Title _____________________________________

No sale of merchantable inshell hazelnuts between handlers can occur until a completed exchange form is received (7 U.S.C. 608(d), 7 CFR 982.56 and 7 CFR 982.456).

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.

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, gender identity (including gender expression), sexual orientation, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident.

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 (800) 877-8339 (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.

F/H Form 2 (Rev. 5/2017) Destroy previous editions.