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 0581-0093. The time required to complete this information collection is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintain the data needed, and completing and review the collection of information.

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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,

> U.S. DEPARTMENT OF AGRICULTURE AGRICULTURAL MARKETING SERVICE

NOMINATION OF PORK PRODUCERS OR IMPORTERS FOR APPOINTMENT TO THE NATIONAL PORK PRODUCERS DELEGATE BODY

Pursuant to the Pork Promotion, Research, and Consumer Information Act of 1985 (Act), the following names of pork producers are submitted as nominees for

accompanied by a written petition as required by the 1. STATE/UNIT	te Body as representatives of the State indicated. Nominations by individual producers or importers must be Act.		
1. STATE/ONIT			
2. NAMES(S) OF NOMINEE(S)	(List name(s) for each allotted position on the Delegate Body)		

IF MORE SPACE IS NEEDED, USE ADDITIONAL PORMS.				
3. IDENTIFICATION OF PERSON AND ORGANIZATION/ASSOCIATION SUBMITTING THESE NOMINATIONS				
A. NAME AND ADDRESS OF ORGANIZATION/ASSOC	CIATION (or Name &	B. NAME AND TITLE OF ORGANIZATIONAL REPRESENTATIVE		
Address of individual if NOT representing an organization	on) (Type or Print)	(Type or Print)		
		TELEPHONE NO WITH AREA CORE	FACCIMILE NO. AND ADEA CODE	
		TELEPHONE NO. WITH AREA CODE	FACSIMILE NO. AND AREA CODE	
SIGNATURE (Organizational Representative or	DATE	EMAIL ADDRESS (name@provider.com)		
Individual Submission)	D/(IL	ENVINE ABBITEGO (Hamo@providor.com	'')	
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RETURN FORM AND BIOGRAPHICAL DATA FORMS (AD-755) TO:

National Pork Board 1776 Northwest 114th Street Clive, Iowa 50325