COOPERATIVE’S CERTIFICATE OF RESOLUTION
Marketing Order No. 982: Hazelnuts Grown in Oregon and Washington

At a duly convened meeting of the Board of Directors of _____________________________
Name of Cooperative Association

held at _____________________________ on the _____ day of _______________, 20___, the following
resolution was adopted:

RESOLVED, that we authorize _______________________________________________, who is
Authorized agent’s name
____________________________________ of the Cooperative Association, to cast the attached
Title
cooperaive association referendum Ballot for the membership of the aforesaid organization.

CERTIFICATION

I, __________________________________, Secretary of ______________________________________
do hereby certify that this is a true and correct copy of a resolution adopted at the above-named meeting
as said resolution appears in the minutes thereof.

IN WITNESS WHEREOF, I have hereunto set my hand and the seal of said organization this _____ day
of ________________________, 20__.

(Corporate Seal:     Signature
if none, so state)

Address of Firm

City, State, and Zip Code

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 (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.

SC-136B (Exp. 3/31/2024) Destroy previous editions.