TO TART CHERRY PROCESSORS:

USDA is holding a referendum to consider:

The Secretary of Agriculture announced his decision to provide tart cherry producers with an opportunity to vote on ___________. The ____________ will only be enacted if it is favored by at least two-thirds of the producers voting in this referendum, or it is favored by producers representing at least two-thirds of the tart cherry volume.

A Processor Referendum Ballot is attached. Also attached are:

(1) Voting Instructions and Rules Governing Producer Eligibility to Vote;
(2) News Release concerning the Referendum;
(3) An addressed envelope for returning the ballot - no postage is required.

The referendum voting period is from ___________ 20__, to ______________, 20___. Please vote promptly and mail your ballot in the addressed envelope. Ballots postmarked after ___________, 20___, cannot be opened or counted. Each ballot is held in strict confidence.
Marketing Order No. 930:
Tart Cherries Produced in Michigan, New York, Pennsylvania, Oregon, Utah, Washington and Wisconsin

This referendum is being held to determine producer and processor support for ______________________ under Marketing Order No. 930, regulating the handling of tart cherries produced in Michigan, New York, Pennsylvania, Oregon, Utah, Washington and Wisconsin. Please read the attached VOTING INSTRUCTIONS AND RULES GOVERNING PROCESSOR ELIGIBILITY TO VOTE before completing this ballot. Additional ballots may be obtained by contacting the Southeast Marketing Field Office at (863) 324-3375.

1. Are you in favor of

Indicate your vote by marking “X” in the appropriate block:
Yes ☐ No ☐

PROCESSOR ELIGIBILITY STATEMENT

1. I hereby certify that I am currently a processor of tart cherries, and that during the representative period from ____________, 20___, through ____________, 20___, this organization processed by canning or freezing for market (do not include cherries that were processed in any other form) ______________ pounds of tart cherries that were produced in the designated production area.

Processor's Signature* (or Organizational name if Item IV applies) Telephone #

Street or P.O. Box City State ZIP Code

3. If partnership, insert name(s) of partner(s)

_________________________________________________________________________

4. If this ballot is cast by an officer or employee of a corporation or institution, school or college or by an administrator, executor or trustee of a producing estate, the following must be completed:

Name of Processor (corp., estate, et.) Signature Title

Street or P. O. Box City State ZIP Code

*Your signature certifies that you have the authority to take such action and will submit supplementary evidence of such authority at the request of an agent of the Secretary of Agriculture.

The information provided in this ballot is required to determine voter eligibility and vote of tart cherry producers. Falsification of information on this government document may result in a fine or imprisonment, or both (18 U.S.C. 1001).
I. VOTING PERIOD: ___________, 20___ through ________________, 20__.


III. TART CHERRIES: all tart cherry varieties grown in the production area are classified as *Prunus cerasus*, *Prunus cerasus* by *Prunus avium*, or *Prunus cerasus* by *Prunus fruticosa*.

IV. PERSONS ELIGIBLE TO VOTE: Any business entity currently engaged in the commercial freezing or canning of tart cherries produced in the designated area during the representative period of ___________, 20___, through ______________, 20__, is entitled to cast one ballot. Each separate business unit, partnership, LLC, family enterprise, corporation, association, estate, or firm that is a member of the cooperative association is entitled to one vote. Proxy voting is not authorized.

V. HOW TO VOTE:
1. Indicate your vote by placing an “X” in the appropriate box.
2. Certify you are currently a processor of tart cherries and indicate your inventory in pounds. Include the quantity of tart cherries purchased from producers in the designated area and used for processing.
3. PRINT or type the information (name, address, telephone number, etc.) requested. All information much be provided to ensure validity of the Ballot. **Sign the ballot.** Unsigned or incomplete ballots cannot be counted.
4. If the processor is a partnership, fill in the names of all partners.

**Return ballots to:** United States Department of Agriculture, Southeast Marketing Field Office, 1124-1st Street South, Winter Haven, FL 33884. Please mail completed ballot in the attached envelope. Ballots postmarked after ___________, 20___, will be considered invalid.