

UNITED STATES DEPARTMENT OF AGRICULTURE
AGRICULTURAL MARKETING SERVICE

INSTRUCTIONS: Please complete all information and forward in the enclosed envelope to the Referendum Agent, Poultry Programs, Agricultural Marketing Service, USDA, 1400 Independence Ave., SW., Stop 0256, Washington, DC 20250-0259. Mark an "X" in appropriate blocks. Completed ballots must be postmarked not later than _____. Incomplete ballots or ballots received after _____ will be invalid and will not be counted for any purpose in the referendum. The information you provide below regarding the number of laying hens, location, egg production figure, and how you voted shall be kept confidential.

**EGG RESEARCH AND PROMOTION ORDER
REGISTRATION, BALLOT, AND CERTIFICATION**

REGISTRATION

NAME OF EGG PRODUCER (Print or type)
(If corporation, partnership, estate, etc., list name of business entity. If Individually owned, list last name first, first name, and middle initial of sole Proprietor.)

STREET, RURAL ROUTE, OR R.F.D. NUMBER

COUNTY OR PARISH

CITY OR TOWN, STATE, ZIP CODE

- 1. At any time during the period _____ through _____ did you own over _____ laying hens, excluding hens primarily engaged in the production of hatching eggs?... YES NO
- 2. State average number of laying hens owned during the period _____ through _____. List location of such laying hens on the reverse side of this form.....
- 3. State total number of 30-dozen cases of eggs produced by laying hens during the period _____ through _____.....

NOTE: If you do not have a record of the number of cases of eggs produced, use the following computation which is based on the national average: Multiply average number of laying hens owned times a factor of 0.174.

EXAMPLE; 300,000 laying hens x 0.174 = 52,200 cases

BALLOT

Do you favor _____

YES NO

CERTIFICATION STATEMENT

I hereby certify that I am an egg producer as defined in the order, that during the period _____ through _____, I was an egg producer as defined in the order, and that the information contained in this Registration, Ballot, and Certification is true, complete, and correct to the best of my knowledge and belief and is made in good faith.

NAME (Print or type)

SIGNATURE*

DATE

**If the vote is cast on behalf of a corporation, estate, or any person other than an individual, my signature certifies that I have the authority to take such action. In such case, provide the following information:*

NAME OF CORPORATION, PARTNERSHIP, ESTATE, OR OTHER ENTITY

YOUR TITLE

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 maintaining the data needed, and completing and reviewing the collection of information. The U.S. Department of Agriculture (USDA) prohibits discrimination in all its programs and activities on the basis of race, color, national origin, age, disability, and where applicable, sex, marital status, familial status, parental status, religion, sexual orientation, genetic information, political beliefs, reprisal, or because all or part of an individual's income is derived from any public assistance program (Not all prohibited bases apply to all programs.) Persons with disabilities who require alternative means for communication of program information (Braille, large print, audiotape, etc.) should contact USDA's TARGET Center at (202) 720-2600 (voice and TDD). To

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(OVER)

Location of the average number of laying hens entered in response to question 2 on first page of Registration, Ballot, and Certification.
Total of the average number of laying hens at all locations must agree with this figure. If you need additional space, attach another page.

NAME OF FARM AND LOCATION

AVERAGE NUMBER OF LAYING HENS

1. _____
NAME OF FARM

STREET, RURAL ROUTE, OR R.F.D. NUMBER

COUNTY OR PARISH

CITY OR TOWN, STATE, ZIP CODE

2. _____
NAME OF FARM

STREET, RURAL ROUTE, OR R.F.D. NUMBER

COUNTY OR PARISH

CITY OR TOWN, STATE, ZIP CODE

3. _____
NAME OF FARM

STREET, RURAL ROUTE, OR R.F.D. NUMBER

COUNTY OR PARISH

CITY OR TOWN, STATE, ZIP CODE

4. _____
NAME OF FARM

STREET, RURAL ROUTE, OR R.F.D. NUMBER

COUNTY OR PARISH

CITY OR TOWN, STATE, ZIP CODE

TOTAL

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ATTACH ADDITIONAL SHEETS IF NECESSARY

PY-1 (REVERSE)