PHONE

American Pecan Council P.O. Box 100398 Fort Worth, TX 76185

SHELLER NOMINATION FORM PROPOSED CANDIDATE TO BE INCLUDED ON THE AMERICAN PECAN COUNCIL SHELLER NOMINATION BALLOT

Each region shall be represented by two sheller seats on the Council. One seat shall be allocated to a sheller handling more than 12.5 million pounds of inshell pecans. The other will be allocated to a sheller producing less than or equal to 12.5 million pounds of inshell pecans in the year preceding nomination. Proposed candidates will be listed on the nomination ballot sent to all shellers.

Eastern Region consists of: Alabama, Florida, Georgia, North Carolina, South Carolina Central Region consists of: Arkansas, Kansas, Louisiana, Mississippi, Missouri, Oklahoma, Texas Western Region consists of: Arizona, California, New Mexico

NAME OF SHELLER NOMINEE (as should appear on the ballot) EMAIL

If a sheller is engaged in handling in more than one region, such sheller shall nominate in the region in which they shelled the largest volume in the preceding fiscal year.

The undersigned are eligible to submit nominations pursuant to section 986.46 of Marketing Order No. 986 (Order), and hereby petition the American Pecan Council (Council) to include on the nominating ballot the name of:

ADDRESS				
CITY	STATE	ZIP CODE		
	ate for the position of Shart forth in the Order.	neller Member	to represent the	Region for the 2024-2028 term of
			2.5 million pounds of in shell pecan in the preced	shell pecans in the preceeding year or ing year (check one).
S	HELLER'S NAME (print clearly)		SIGNATURE*	ADDRESS/PHONE/EMAIL
	(nomii	nator)		
	(supp	orter)		

*Signature certifies that I (or my business entity) shelled more than 1 million pounds of inshell pecans during the previous year in the region of which I am nominating or supporting a nomination.

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 OMB 0581-0291. The time required to complete this information collection is estimated to average 20 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.

THIS PETITION MUST BE RECEIVED NO LATER THAN APRIL 1, 2024, IN ORDER TO BE VALID.

Please mail the completed form to:

American Pecan Council P.O. Box 100398 Fort Worth, TX 76185

or email to forms@americanpecan.com

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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, and lender.