The Milk Marketing Order requires an election of a portion of the marketing order board each year. This year the election will cover nine districts. The terms of Directors in Districts 1, 4, 7, 10, 13, 16, 19, 22 and 25 will expire in June, 2023.

Only affected producers are eligible to nominate or be nominated. “Affected producer” means an individual, partnership, corporation or other business entity in Wisconsin engaged in the production of milk within this state and the sale of milk to handler or consumer. Producers must reside in the district in which they are nominated. Nominees require five or more nominations from other milk producers not from the same entity, from within the district nominated. The nominee must sign the nomination form.

Successful candidates will become more knowledgeable of the milk market order and support the actions and activities of both local and national checkoff organizations. Both organizations utilize electronic communications and elected directors should have the capability to receive such communications to keep informed of all checkoff activities. Nomination forms must be postmarked on or before March 31, 2023. The board member election will take place May 10 through May 23, 2023.

Dairy Farmers of Wisconsin

NOMINATION FORM

Nomination Form
Mail To: DATCP, Market Orders, PO Box 8911, Madison, WI 53708-8911

(Please Print Clearly)

Person Nominated __________________________________________________________

Address_________________________________________ City________________________ Zip __________

Telephone_________________________________________ County____________________

District ____________________________ Email Address____________________________

Signature of person nominated _______________________________________________

NOTICE - Five other producers must sign on reverse side of this form.
Nomination Signed by Five Other Milk Producers

Each nomination shall be signed by five or more affected producers residing within the same district as the nominee. We, the undersigned milk producers, being affected producers, hereby nominate the person on this form for election to the Milk Marketing Board — Dairy Farmers of Wisconsin. Please print legibly.

<table>
<thead>
<tr>
<th>Print Name/Farm Name</th>
<th>Address, City, Zip</th>
<th>County</th>
<th>Phone</th>
<th>Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**AFFIDAVIT OF ELIGIBILITY**

________________________________________ (Name), being first duly sworn on oath, deposes and states as follows:

1. I certify that I am an “affected producer” in the production of milk in Wisconsin and I, therefore, meet the qualifications for nomination as a Director to serve on the Milk Marketing Board — Dairy Farmers of Wisconsin. “Affected producer” means an individual, partnership, corporation or other business entity engaged as an owner or tenant in the production of milk within this state, and selling milk in commercial channels.

2. I certify that I meet the criterion checked below, as specified in ch. 96, Wis. Stats., chs. ATCP 140 and ATCP 144, Wis. Adm. Code:
   - [ ] a. I am an individual directly engaged in the production and sale of milk in the state of Wisconsin.
   - [ ] b. I have the authority to run for the position of Director, as the sole individual representing an “affected producer” for purposes of holding a directorship on the marketing board, and I am doing so with the approval of said entity.
   (Please specify the affected producer: corporation, partnership, limited liability company or other) ____________________________________________________________

3. I will notify the marketing board and DATCP immediately if, for any reason, the information I have attested to herein changes.

________________________________________ (signature)
Subscribed and sworn to before me this _____ day of ____________, 20____.

________________________________________ (signature of notary)
Notary public, State of Wisconsin
My commission expires __________________________________

STATE OF WISCONSIN
) ss
COUNTY OF _________________________________

See Reverse Side