

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

UNITED STATES ORIGIN HEALTH CERTIFICATE

(This document does not replace Certificate of Inspection of Export Animals, VS Form 17-27)

1. CONSIGNOR'S NAME (Last name, first name, middle initial or business name)

Sea Dwelling Creatures, Inc.

2. CERTIFICATE NO

H 02131

3. PAGE NO

1 OF 1

4. DATE ISSUED

APRIL 20, 2009

5. U.S. PORT OF EMBARKATION (City and State)

Los Angeles, California

6. STATE CODE

06

7. CONSIGNOR'S STREET ADDRESS (Mailing Address)

5515 W 104th Street

8. CONSIGNOR'S CITY (or Town)

Los Angeles

12. CONSIGNOR'S STATE

California

13. STATE CODE

06

14. ZIP CODE

90045
ENTER CODE

9. SEMEN (Check if yes)

10. NO DOSES OF SEMEN

11. TRANSPORTATION CLASS

1 - Rail 3 - Air
2 - Truck 4 - Ocean

3

16. CONSIGNEES NAME AND STREET ADDRESS (Mailing Address)

Quadriga Mgmt.C/O [REDACTED]
Grand Anse, ST. George, Grenada, West Indies

DESTINATION COUNTRY

Grenada, West Indies GND

15. SPECIES ("X" one - use VS Form 17-6 for Poultry)

01 BOVINE 02 PORCINE 03 OVINE 04 CAPRINE
 05 EQUINE 08 OTHER WILDLIFE - MAMMAL

09 OTHER (Specify)

Assorted live tropical fish & invertebrates

If more lines are needed below - use VS Form 17-140A.

MODIFIED ACCREDITED AREA (TB)

17. FARM ORIGIN

Owner's name (Last name, two initials, or business name)

Owner's street address

Owner's city/town, state code (FIPS code on reverse) & zip code

Sea dwelling Creatures, Inc.
5515 W 104th street
Los Angeles, CA 90045
tel 310-676-9697

18. INDIVIDUAL IDENTIFICATION
(Instructions for columns A, B, C & D on reverse)

ID NO OR DESCRIPTION AGE SEX BREED
A B C D E

Assorted live
tropical fish
& invertebrates

NEGATIVE TUBERCULIN READING

48 HRS. 72 HRS.

BRUCellosis BLOOD SAMPLE COLLECTED

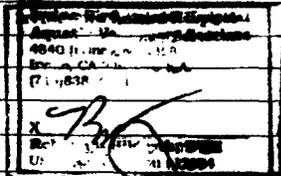
CERTIFIED BRUCellosis FREE AREA

NEGATIVE RESULTS OF OTHER TESTS

DISEASE DISEASE DISEASE
TYPE TEST TYPE TEST TYPE TEST

Certifications Statements:

The fish originate from an establishment that is regularly inspected and where, during the 90 day prior to shipment, no transmissible diseases were reported to have occurred. The fish were packaged in new containers.



VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

CERTIFICATION BY ISSUING VETERINARIAN

This is to certify that the animals identified above were inspected by me on this date and found to be free from evidence of communicable diseases and insofar as can be determined exposure thereto; the premises of origin are not under Federal or State quarantine because of animal disease; the animals were all negative to the tests shown on the dates indicated. Arrangements have been made for the animals to be handled in a transporting vehicle that has been cleaned and disinfected since last used for livestock and for movement to the port of embarkation without exposure to other animals en route, except those meeting these health requirements. The shipment must be accompanied to the port of export with this certificate

19. DATE ENDORSED
APR 21 2009

20. NAME OF ISSUING VETERINARIAN (please print)

24. NAME OF ENDORSING FEDERAL VET (Type, print or stamp)
PAMELA L. ELISON, DVM

21. STATUS 2 Federal
 1 State Accredited

22. TOTAL NO OF ANIMALS (Certified for export or donated semen) (Include nos from all attached VS Forms 17-140A)

262

23. Signature of endorsing federal veterinarian

000144

READ INSTRUCTIONS FROM VS FORM 17-140

This certificate is authorized by law (21 USC 112), while you are not required to respond, no health certificate can be validated unless the data requested is provided. See reverse side for additional information. Form Approved OMB NO. 0579-0020

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

CONTINUATION SHEET FOR
UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME (last name, first name, middle initial or business name)

Sea Dwelling Creatures, Inc.

16. CONSIGNEE'S NAME

Mundo Exotico

2. CERTIFICATE NO.
FROM VS FORM
17-140

H 02125

3. PAGE NO.

2 OF 2

NEGATIVE TUBERCULIN
READING

48 HRS.

72 HRS.

BRUCELLOSIS BLOOD
SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

DISEASE	DISEASE	DISEASE
TYPE TEST	TYPE TEST	TYPE TEST

17. FARM ORIGIN

Owner's name (Last name, two initials, or business name)
Owner's street address
Owner's city/town, state code & zip code

Sea Dwelling Creatures, Inc.
5515 W 104th Street
Los Angeles, ca. 90045
Tel 310-676-9697

MODIFIED ACCREDITED AREA (TBI)

18. INDIVIDUAL IDENTIFICATION

ID NO. OR DESCRIPTION
A

AGE
B

SEX
C

BREED
D

✓

DATE
E

✓

DATE
F

G

CERTIFIED BRUCELLOSIS
FREE AREA

DATE
H

VAC.
I

1/25
J

1/50
K

1/100
L

DATE
M

DATE
N

DATE
O

To the moment of the inspection, the species do not present signs of clinical illness.

Al momento de las inspeccion, los ejemplares no presentan signos clinicos de enfermedad.

The species originate of center of cultivation or a place in which a prior period of quarantine has applied them upon sending.

Los ejemplares provienen de un centro de cultivo o vivero en el que se les ha aplicado un periodo de cuarentena previo a envio.

Fish are free of disease and the water contains no dinofuegelados.

El pescado esta libre de enfermedades yel aguano contiene dinofuegelados.

00P182

United States Department of Agriculture
Animal and Plant Health Inspection Service
4949 Wilson Blvd. 2nd Fl.
Ft. Collins, CO 80525 U.S.A.
303-940-2400

[Signature]
Robert S. [Name], DVM
USDA Animal Station 012004

UNITED STATES ORIGIN HEALTH CERTIFICATE

(This document does not replace Certificate of Inspection of Export Animals, VS Form 17-27)

1. CONSIGNOR'S NAME (Last name, first name, middle initial or business name) Sea Dwelling Creatures, Inc.	2. CERTIFICATE NO H 02133	3. PAGE NO. 1 OF 1
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4. DATE ISSUED 3/03/2009	5. U.S. PORT OF EMBARKATION (City and State) Los Angeles, California	6. STATE CODE 06
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7. CONSIGNOR'S STREET ADDRESS (Mailing Address) 5515 W 104th Street	8. CONSIGNOR'S CITY (or Town) Los Angeles
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9. SEMEN (Check if yes) <input type="checkbox"/>	10. NO. DOSES OF SEMEN	11. TRANSPORTATION CLASS 1 - Rail 3 - Air 2 - Truck 4 - Ocean 3
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12. CONSIGNOR'S STATE California	13. STATE CODE 06	14. ZIP CODE 90045
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15. SPECIES (X one - use VS Form 17-6 for Poultry)

01 BOVINE 02 PORCINE 03 OVINE 04 CAPRINE

05 EQUINE 06 OTHER WILDLIFE - MAMMAL

09 OTHER (Specify)
Assorted live tropical fish & invertebrates

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address) P.O. Box 265 GT Grand Cayman	DESTINATION COUNTRY Grand Cayman	ENTER CODE GC
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Negative Tuberculin Reading <input type="checkbox"/> 48 HRS. <input type="checkbox"/> 72 HRS.	BRUCellosis Blood Sample Collected	NEGATIVE RESULTS OF OTHER TESTS
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If more lines are needed below - use VS Form 17-140A.

17. FARM ORIGIN Owner's name (Last name, two initials, or business name) Owner's street address Owner's city/town, state code (FIPS code on reverse) & zip code	18. INDIVIDUAL IDENTIFICATION (Instructions for columns A, B, C & D on reverse)					CERTIFIED BRUCellosis FREE AREA										DISEASE		
	ID NO OR DESCRIPTION A	AGE B	SEX C	BREED D	DATE E	DATE G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE						
												DATE M	DATE N	DATE O				
Sea Dwelling Creatures, Inc. 5515 W 104th Street Los Angeles, CA 90045 Tel 310-676-9697	Assorted live tropical fish & invertebrates																	
<p>Certification Statements: The first fish originate from an establishment that is regularly inspected and where, during the 90 days prior to shipment, no transmissible diseases were reported to have occurred. The first were packaged in new containers.</p>																		

000191

Irvine Med Animal Hospital
Aquatic Veterinary Services
2840 Irvine Blvd #104
Irvine, CA 92620 U.S.A.
(714) 261-3434

[Signature]
Robert S. [Name], D.V.M.
USDA Accredited #120

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

CERTIFICATION BY ISSUING VETERINARIAN

This is to certify that the animals identified above were inspected by me on this date and found to be free from evidence of communicable diseases and insofar as can be determined exposure thereto; the premises of origin are not under Federal or State quarantine because of animal disease; the animals were all negative to the tests shown on the dates indicated. Arrangements have been made for the animals to be handled in a transporting vehicle that has been cleaned and disinfected since last used for livestock and for movement to the port of embarkation without exposure to other animals en route, except those meeting these health requirements. The shipment must be accompanied to the port of export with this certificate.

19. DATE ENDORSED MAR 04 2009	20. NAME OF ISSUING VETERINARIAN (please print) (b)(6)	21. STATUS <input type="checkbox"/> 2 Federal <input type="checkbox"/> 1 State <input checked="" type="checkbox"/> 3 Accredited	22. TOTAL NO OF ANIMALS (Certified for export or donated semen) (Include nose from all attached VS Forms 17-140A) 72
24. NAME OF ENDORSING FEDERAL VET (Type, rank or grade) PAMELA L. ELLISON, D.V.M.		25. SIGNATURE OF ISSUING VETERINARIAN (b)(6)	

[Signature]
23. Signature of endorsing federal veterinarian

The certificate is authorized by law 21 U.S.C. 112) While you are not required to respond, no health certificate can be validated unless the data requested is provided.

FORM APPROVED - OMB NO 05/9-0020

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

UNITED STATES ORIGIN HEALTH CERTIFICATE

(This document does not replace Certificate of Inspection of Export Animals, VS Form 17-27)

1 CONSIGNOR'S NAME (Last name, first name, middle initial or business name) Sea Dwelling Creatures, Inc.	2 CERTIFICATE NO H 02135	3. PAGE NO. 1 OF 1
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4. DATE ISSUED MAY 4, 2009	5. U.S. PORT OF EMBARKATION (City and State) Los Angeles, California	6. STATE CODE 06	7 CONSIGNOR'S STREET ADDRESS (Mailing Address) 5515 w 104th Street	8. CONSIGNOR'S CITY (or Town) Los Angeles
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9. SEMEN (Check if yes) <input type="checkbox"/>	10 NO DOSES OF SEMEN	11. TRANSPORTATION CLASS 1 - Rail 3 - Air 2 - Truck 4 - Ocean 3	12. CONSIGNOR'S STATE California	13 STATE CODE 06	14 ZIP CODE 90045
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15 SPECIES ("X" one - use VS Form 17-6 for Poultry)

01 BOVINE 02 PORCINE 03 OVINE 04 CAPRINE
 05 EQUINE 06 OTHER WILDLIFE - MAMMAL
 09 OTHER (Specify)
Assorted live tropical fish & invertebrates

17. FARM ORIGIN
 Owner's name (Last name, two initials, or business name)
 Owner's street address
 Owner's city/town, state code (FIPS code on reverse) & zip code

18. INDIVIDUAL IDENTIFICATION
 (Instructions for columns A, B, C & D on reverse)

ID NO OR DESCRIPTION A	AGE B	SEX C	BREED D	E	DATE F	G	DATE H	VAC I	1/25 J	1/50 K	1/100 L
Sea Dwelling Creatures, Inc. 5515/ W 104th Street Los Angeles, Ca. 90045 tel 310-676-9697	Assorted live tropical fish & invertebrates										

16. CONSIGNEES NAME AND STREET ADDRESS (Mailing Address)
 Quadriga Management
 Grand Anse, St. George, Grenada GD

NEGATIVE TUBERCULIN READING
 48 HRS 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

DISEASE	DISEASE	DISEASE
TYPE TEST	TYPE TEST	TYPE TEST
DATE M	DATE N	DATE O

CERTIFIED BRUCELLOSIS FREE AREA

Certification Statement:
 The fish originate from an establishment that is regularly inspected and where, during the 90 days prior to shipment, no transmissible diseases were reported to have occurred. The fish were packaged in new containers.

AQUATIC VETERINARY SERVICES
 38573 Calle De Lobo, Murietta, Ca 92582
 (951) 696-9501

I have inspected these animals and have found them without obvious disease.

Robert S. Hidreth, DVM

Robert S. Hidreth, DVM

VALID ONLY IF USDA VETERINARIAN 2004 APPEARS HERE

CERTIFICATION BY ISSUING VETERINARIAN

This is to certify that the animals identified above were inspected by me on this date and found to be free from evidence of communicable diseases and insofar as can be determined exposure thereto, the premises of origin are not under Federal or State quarantine because of animal disease; the animals were all negative to the tests shown on the dates indicated. Arrangements have been made for the animals to be handled in a transporting vehicle that has been cleaned and disinfected since last used for livestock and for movement to the port of embarkation without exposure to other animals en route, except those meeting these health requirements. The shipment must be accompanied to the port of export with this certificate.

19. DATE ENDORSED MAY 05 2009	20. NAME OF ISSUING VETERINARIAN (please print) (b)(6) middle initial-	21. STATUS <input type="checkbox"/> 2 Federal <input type="checkbox"/> 1 State <input checked="" type="checkbox"/> 3 Accredited	22. TOTAL NO OF ANIMALS (Certified for export or donated semen) (include nos from all attached VS Forms 17-140A) 350
23. Signature of endorsing federal veterinarian <i>Pamela L. Ellison</i>	24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp) PAMELA L. ELLISON, DVM	25. SIGNATURE OF ISSUING VETERINARIAN (b)(6)	

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