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FORM APPROVED OMB NO.: 0579-0036

No license may be issued unless a completed application has been received (7 U.S.C. 2132-2143), and the applicant is in compliance with the standards and regulations Section 2133.

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

**APPLICATION FOR LICENSE**  
(TYPE OR PRINT)

RENEWAL

**DO NOT USE THIS SPACE- OFFICIAL USE ONLY**

SEND THE COMPLETED FORM TO:  
USDA APHIS ANIMAL CARE *WR-10-0006*  
Western Region  
2150 Centre Ave. *CR 10728*  
Building B, Mailstop 3W11  
Fort Collins, CO 80526-8117  
(970) 494-7478

LICENSE NO./CUST NO 93-A-0218 3684	RENEWAL DATE 9-Dec-2009	FEES	
		AMOUNT <i>760</i>	DATE RECEIVED <i>10/30/09</i>

1. NAME(S) OF OWNER(S) AND MAILING ADDRESS  
S & S FARMS  
1650 Warnock Drive  
Ramona, CA 92065

COUNTY: SAN DIEGO TELEPHONE (760) - 788 - 7007

2. ALL BUSINESS NAME, LOCATIONS, AND ALL SITES HOUSING ANIMALS (P. O. Box not acceptable)  
1650 Warnock Drive  
Ramona, CA 92065  
County: SAN DIEGO

3. IF PREVIOUSLY LICENSED - NAME AND ADDRESS

PREVIOUS LICENSE NO.: *93-A-0182*

4. NAME AND ADDRESS OF OTHER BUSINESS(S) HANDLING ANIMALS IN WHICH APPLICANT/LICENSEE HAS AN INTEREST

*None*

5. TYPE OF LICENSE

A - Dealer (Breeder)     B - Dealer     C - Exhibitor

7. NATURE OF BUSINESS (Check item that describes nature of your business)

A - Zoo     B - Aquariums     C - Auction  
 D - Breeder     E - Pets     F - Roadside Zoo  
 G - Circus     H - Animal Acts     I - Carnival  
 J - Drive thru     K - Pet Store     L - Broker  
Zoo

6. DATE OF LAST BUSINESS YEAR

FROM						TO					
MO	DAY	YEAR		MO	DAY	YEAR					
0	1	0	1	0	8	1	2	3	1	0	8

8. TYPE OF ORGANIZATION

Partnership     Corporation     Individual  
 Other (Specify) \_\_\_\_\_

9. LIST OWNERS, PARTNERS, AND OFFICERS

NAME AND TITLE	ADDRESS
Mark Bausema - owner	1650 Warnock Drive Ramona, CA 92065
Tom Salayer - owner	(b)(6)

10. DEALER ONLY

CLASS A (BREEDER) - LINE 'D' = 1/2 OF LINE 'C'  
CLASS B (DEALER) - LINE 'D' = LINE 'C' LESS THE AMOUNT PAID FOR THE ANIMAL(S)  
(Sections 2.6)

A: TOTAL NO. OF ANIMALS PURCHASED IN THE LAST BUSINESS YEAR    (b)(4)

B: TOTAL NO. OF ANIMALS SOLD IN THE LAST BUSINESS YEAR

C: TOTAL GROSS DOLLAR AMOUNT DERIVED FROM REGULATED ACTIVITIES (SALES, BOOKING FEES, COMMISSIONS, ETC.)

D: DOLLAR AMOUNT OF WHICH FEE IS BASED  
(Sections 2.6 and 2.7)

11. EXHIBITOR ONLY (No. of animals holding now or held during the last business year, whichever is greater)

DOGS	RABBITS
CATS	NONHUMAN PRIMATES
GUINEA PIGS	MARINE MAMMALS
HAMSTERS	WILD OR EXOTIC MAMMALS
OTHER (i.e., farm animals) (List Species and No.)	

**CERTIFICATION**

I hereby make application for a license under the Animal Welfare Act 7 U.S.C. 2131 et seq. I certify that the information provided herein is true and correct to the best of my knowledge. I hereby acknowledge receipt of and certify to the best of my knowledge I am in compliance with all regulations and standards in 9 CFR, Subpart A, Parts 1, 2, and 3. I certify that I am over 18 years of age.

12. SIGNATURE (b)(6)

13. NAME AND TITLE (Type or Print)  
*Mark Bausema Owner*

14. DATE  
*10/27/09*

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

**APPLICATION FOR LICENSE**

(TYPE OR PRINT)

**LICENSE RENEWAL**

**DO NOT USE THIS SPACE - OFFICIAL USE ONLY**

SEND THE COMPLETED FORM TO: 2150 Centre Ave, Building B  
Mailstop # 3w11  
Fort Collins, CO 80526 8117  
Telephone: (970) 494-7478

*AE-9-XXXX*  
*ck 10214*

CERTIFICATE / CUSTOMER NO.	RENEWAL DATE	FEES	
		AMOUNT	DATE RECEIVED
CERT: 93-A-0218	09-DEC-2008	<i>760 -</i>	<i>11/24/08</i>
CUST: 3684			

**1. NAME(S) OF LICENSEE(S) AND MAILING ADDRESS**

S & S Farms  
1650 Warnock Drive  
Ramona, CA 92065

Telephone: (760)788-7007

**2. ALL BUSINESS (Site) LOCATIONS HOUSING ANIMALS; INCLUDE DIRECTIONS TO EACH LOCATION (P.O. Box not acceptable)**

1650 Warnock Drive  
Ramona, CA 92065  
County: San Diego

Telephone: (760)788-7007

**3. LIST PERSONS 18 YEARS OF AGE OR OLDER AUTHORIZED TO CONDUCT BUSINESS. RESPONSIBLE OFFICIAL SIGNING BLOCK 10 SHOULD BE LISTED IN THIS BLOCK.**

*Mark Bousema*  
*Tom Salayer*

**4. (A) PREVIOUS USDA LICENSE NUMBER (if any)**

93-A-0182

**(B) ACTIVE USDA CERTIFICATE NUMBER IN WHICH YOU HAVE AN INTEREST:**

**5. TYPE OF LICENSE**

Class A - Breeder  Class B - Dealer  Class C - Exhibitor

**6. DATE OF LAST 12-MONTH BUSINESS YEAR (CALENDAR OR FISCAL)**

FROM

TO

01-JAN-2007

31-DEC-2007

**7. TYPE OF ORGANIZATION**

Individual  Corporation  Partnership  
 Other (Specify) \_\_\_\_\_

**8. DEALERS ONLY. Class A or Class B licensees must complete this Block. (Class C Exhibitors go to Block 9)**

CLASS A (BREEDER) - LINE 'D' = 1/2 OF LINE 'C'  
CLASS B (DEALER) - LINE 'D' = LINE 'C' LESS THE AMOUNT PAID FOR THE ANIMAL(S)  
(Sections 2.6)

A. TOTAL NO. OF ANIMALS PURCHASED IN THE LAST BUSINESS YEAR

(b)(4)

B. TOTAL NO. OF ANIMALS SOLD IN THE LAST BUSINESS YEAR

C. TOTAL GROSS DOLLAR AMOUNT DERIVED FROM REGULATED ACTIVITIES (SALES, BOOKING FEES, COMMISSIONS, ETC.)

D. DOLLAR AMOUNT ON WHICH FEE IS BASED (SECTIONS 2.6 AND 2.7)

**9. CLASS C EXHIBITORS ONLY. (Number of animals holding now or held during the last business year, whichever is greater.)**

CLASS A (BREEDER) - LINE 'D' = 1/2 OF LINE 'C' CLASS B (DEALER) - LINE 'D' = LINE 'C' LESS THE AMOUNT PAID FOR THE ANIMAL(S) (Sections 2.6)	DOGS	NONHUMAN PRIMATES	RODENTS (Do not include lab rats or mice)
(b)(4)	CATS	MARINE ANIMALS	WILD/EXOTIC HOOFSTOCK
(b)(4)	GUINEA PIGS	FARM ANIMALS	BEARS
(b)(4)	HAMSTERS	WILD/EXOTIC CANINES	WILD/EXOTIC MAMMALS (NOT LISTED ELSEWHERE)
(b)(4)	RABBITS	WILD/EXOTIC FELINES	TOTAL (ALL ANIMALS LISTED IN BLOCK 9)

**CERTIFICATION**

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10. (b)(6)	11. PRINT NAME <i>Mark Bousema</i>	12. SOCIAL SECURITY OR TAX IDENTIFICATION NUMBER <i>[Signature]</i>	13. DATE <i>11/20/08</i>
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"B" "11" "11"

Cont ID: 42842

Public reporting burden for this collection of information is estimated to average .25 hours 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. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Department of Agriculture, Clearance Officer, OIRM, Room 404-W, Washington, D.C. 20250; and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, D.C. 20503.

FORM APPROVED OMB NO. 0570-0036

2-4-09

No license may be issued unless a completed application has been received (7 U.S.C. 2133-2143), and the applicant is in compliance with the standards and regulations Section 2133.

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

DO NOT USE THIS SPACE - OFFICIAL USE ONLY

# APPLICATION FOR LICENSE

(TYPE OR PRINT)

NEW LICENSE

SEND THE COMPLETED FORM TO:

USDA-APHIS-Animal Care  
2150 Centre Ave, Building B  
Mail Stop # 3W11  
Fort Collins, CO 80526-8117

WR-9 0020  
10.00 App Fee Rec 2-17-09

LICENSE NO.	RENEWAL DATE	AMOUNT	DATE RECEIVED
WR-R-0033		CR # 8555	
42-B-027029-APP-09	29-APR-09	\$475.00	27-APR-09

1. NAME(S) OF OWNER(S) AND MAILING ADDRESS

Exemplar Genetics  
958 North Main  
Sioux Center, IA 51250

COUNTY: Sioux TELEPHONE (712) 722-2767

2. ALL BUSINESS NAMES, LOCATIONS, AND ALL SITES HOUSING ANIMALS (P.O. Box not acceptable)

Exemplar Genetics, Sioux Center, IA #001  
Exemplar Genetics, Flandreau, SD #002  
Exemplar Genetics, ~~Fort~~ Oxford, IA #003

COUNTY: TELEPHONE ( )

3. IF PREVIOUSLY LICENSED - NAME AND ADDRESS

Exemplar Genetics  
958 North Main  
Sioux Center, IA 51250 "A" license

PREVIOUS LICENSE NO.:

4. NAME AND ADDRESS OF OTHER BUSINESS(S) HANDLING ANIMALS IN WHICH APPLICANT/LICENSEE HAS AN INTEREST

Trans Ova Genetics  
3147 370th Street  
Sioux Center, IA 51250

5. TYPE OF LICENSE

A - Dealer (Breeder)  B - Dealer  C - Exhibitor

7. NATURE OF BUSINESS (Check item(s) that describe nature of your business)

A - Zoo  B - Aquariums  C - Auction  
 D - Breeder  E - Pets  F - Roadside Zoo  
 G - Circus  H - Animal Acts  I - Carnival  
 J - Drive thru Zoo  K - Pet Store  L - Broker

6. DATE OF LAST BUSINESS YEAR

FROM			TO		
MO	DAY	YEAR	MO	DAY	YEAR
01	01	09	12	31	09

8. TYPE OF ORGANIZATION

Partnership  Corporation  Individual  
 Other (Specify)

9. LIST OWNERS, PARTNERS, AND OFFICERS

NAME AND TITLE	ADDRESS
Dr. John Swart - President	958 North Main Sioux Center, IA 51250
(b)(6)	958 North Main Sioux Center, IA 51250

10. DEALER ONLY

TOTAL NO. OF ANIMALS PURCHASED IN THE LAST BUSINESS YEAR	(b)(4)
TOTAL NO. OF ANIMALS SOLD IN THE LAST BUSINESS YEAR	(b)(4)
TOTAL GROSS AMOUNT DERIVED FROM THE SALE OF ANIMALS	(b)(4)
DOLLAR AMOUNT ON WHICH FEE IS BASED (Sections 2.6 and 2.7)	(b)(4)

11. EXHIBITOR ONLY (No. of animals holding now or held during the last business year, whichever is greater.)

DOGS	RABBITS
CATS	NONHUMAN PRIMATES
GUINEA PIGS	MARINE MAMMALS
HAMSTERS	WILD OR EXOTIC MAMMALS
OTHER (i.e., farm animals) (List Species and No.)	

## CERTIFICATION

FEB 13 2009

I hereby make application for a license under the Animal Welfare Act 7 U.S.C. 2131 et seq. I certify that the information provided herein is true and correct to the best of my knowledge. I hereby acknowledge receipt of and agree to comply with all the regulations and standards in 9 CFR, Subpart A, Parts 1, 2 and 3. I certify that I am over 18 years of age.

12. (b)(6)	13. NAME AND TITLE (Type or Print) (b)(6)	14. DATE 2/6/09
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U.S. DEPARTMENT OF AGRICULTURE  
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

DO NOT USE THIS SPACE - OFFICIAL USE ONLY

# APPLICATION FOR LICENSE

(TYPE OR PRINT)

NEW LICENSE

SEND THE COMPLETED FORM TO:

USDA-APHIS-Animal Care  
2150 Centre Ave, Building B  
Mail Stop # 3W11  
Fort Collins, CO 80526-8117

LICENSE NO.	RENEWAL DATE	FEES	
WE 8-0053		AMOUNT	DATE RECEIVED
(#10.00 App Fee Per 7-29-08)		CK # 8050	
WE 9-0002		\$475.00	14-NOV-08
42A-134521-OCT-08			

1. NAME(S) OF OWNER(S) AND MAILING ADDRESS

Exemplar Genetics  
958 North Main  
Sioux Center, IA 51250

COUNTY: Sioux TELEPHONE (712) 722-2767

2. ALL BUSINESS NAMES, LOCATIONS, AND ALL SITES HOUSING ANIMALS (P.O. Box not acceptable)

Exemplar Genetics - Double L site  
3155 360th Street  
Sioux Center, IA 51250

COUNTY: Sioux TELEPHONE (712) 722-3561

3. IF PREVIOUSLY LICENSED - NAME AND ADDRESS

N/A

PREVIOUS LICENSE NO.:

5. TYPE OF LICENSE

A - Dealer (Breeder)  B - Dealer  C - Exhibitor

7. NATURE OF BUSINESS (Check item(s) that describe nature of your business)

- A - Zoo  B - Aquariums  C - Auction  
 D - Breeder  E - Pets  F - Roadside Zoo  
 G - Circus  H - Animal Acts  I - Carnival  
 J - Drive thru Zoo  K - Pet Store  L - Broker

4. NAME AND ADDRESS OF OTHER BUSINESS(S) HANDLING ANIMALS IN WHICH APPLICANT/LICENSEE HAS AN INTEREST

Trans Ova Genetics - Genetic Advancement Center  
3147 370th Street  
Sioux Center, IA 51250

6. DATE OF LAST BUSINESS YEAR

FROM			TO		
MO	DAY	YEAR	MO	DAY	YEAR
01	01	08	12	31	08

8. TYPE OF ORGANIZATION

- Partnership  Corporation  Individual  
 Other (Specify)

9. LIST OWNERS, PARTNERS, AND OFFICERS

NAME AND TITLE	ADDRESS
Dr John Swart - President	958 North Main # Sioux Center, IA 51250
(b)(6)	3147 370th Street Sioux Center IA 51250

10. DEALER ONLY

TOTAL NO. OF ANIMALS PURCHASED IN THE LAST BUSINESS YEAR	(b)(4)
TOTAL NO. OF ANIMALS SOLD IN THE LAST BUSINESS YEAR	
TOTAL GROSS AMOUNT DERIVED FROM THE SALE OF ANIMALS	
DOLLAR AMOUNT ON WHICH FEE IS BASED (Sections 2.6 and 2.7)	

11. EXHIBITOR ONLY (No. of animals holding now or held during the last business year, whichever is greater)

DOGS		RABBITS	
CATS		NONHUMAN PRIMATES	
GUINEA PIGS		MARINE MAMMALS	
HAMSTERS		WILD OR EXOTIC MAMMALS	
OTHER (i.e., farm animals) (List Species and No.)			

CERTIFICATION

JUL 29 2008

I hereby make application for a license under the Animal Welfare Act 7 U.S.C. 2131 et seq. I certify that the information provided herein is true and correct to the best of my knowledge. I hereby acknowledge receipt of and agree to comply with all the regulations and standards in 9 CFR, Subpart A, Parts 1, 2 and 3. I certify that I am over 18 years of age.

12. SIGN: (b)(6)	13. NAME AND TITLE (Type or Print) JOHN SWART, President	14. DATE 23 Jan 08
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