[illegible]

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 2131

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

APPLICATION FOR LICENSE

(TYPE OR PRINT)

☒ RENEWAL

DO NOT USE THIS SPACE- OFFICIALUSE ONLY

SEND THE COMPLETED FORM TO:
USDA APHIS ANIMAL CARE
Eastern Region
920 Main Campus Drive
Suite 200
Raleigh, NC 27606-5210
(919) 855-7100

LICENSE NO./CUST NO	RENEWAL DATE	FEES AMOUNT	FEES DATE RECEIVED
55-C-0125 3347	4-Oct-2010	$85.00	9 Sept 10 VMC

1. NAME(S) OF OWNER(S) AND MAILING ADDRESS
Kole Clapsaddle
Po Box 246
Webster, NC 28788

COUNTY: JACKSON TELEPHONE: (828) 586-1811

2. ALL BUSINESS NAME, LOCATIONS, AND ALL SITES HOUSING ANIMALS *(P. O. Box not acceptable)*
Big Cove Rd.
Cherokee, NC 28779
County: SWAIN TELEPHONE ( )

3. IF PREVIOUSLY LICENSED – NAME AND ADDRESS

PREVIOUS LICENSE NO.

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

5. TYPE OF LICENSE
☐ A -Dealer *(Breeder)* ☐ B - Dealer ☒ C - Exhibitor

6. DATE OF LAST BUSINESS YEAR

FROM MO	FROM DAY	FROM YEAR	TO MO	TO DAY	TO YEAR
0 3	0 1	0 9	1 1	1 0	0 9

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 Zoo ☐ K – Pet Store ☐ L - Broker

8. TYPE OF ORGANIZATION
☐ Partnership ☒ Corporation ☒ Individual
☐ Other *(Specify)* _____

9. LIST OWNERS, PARTNERS, AND OFFICERS

NAME AND TITLE	ADDRESS
Kole CLAPSADDLE PRES (b)(6),(b)(7)(C) [redacted]	KOLE + (b)(6) & (b)(7)c [redacted] CLAPSADDLE PO BOX 246 WEBSTER NC 28788

10. DEALER ONLY

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

11. EXHIBITOR ONLY *(No. of animals hereby have held during the last business year, whichever is greater)*

DOGS		RABBITS	
CATS		NONHUMAN PRIMATES	
GUINEA PIGS		MARINE MAMMALS	
HAMSTERS		WILD OR EXOTIC MAMMALS	15
OTHER *(i.e., farm animals) (List Species and No.)*		TOTAL	15

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) & (b)(7)c [redacted]

13. NAME AND TITLE *(Type or Print)*
KOLE CLAPSADDLE, PRESIDENT

14. DATE
8/30/10

APHIS FORM 7003
(JAN 1995)

(Previous editions are obsolete)

USDA

EXPIRATION DATE: OCTOBER 4, 2011

United States
Department of
Agriculture

Marketing and
Regulatory
Programs

Animal and
Plant Health
Inspection
Service

Animal Care

This is to certify that

KOLE CLAPSADDLE

is a licensed
under the

CLASS C EXHIBITOR

Animal Welfare Act

(7 U.S.C. 2131 et seq.)

Certificate No. 55-C-0125

Customer No. 3347

Deputy Administrator

APHIS FORM 7007 (NOV 99)

Previous editions are obsolete.

RECEIVED

According to the Paperwork Reduction Act of 1995, no persons are 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 0579-0036. The time required to complete this information collection 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.	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
Eastern Region
920 Main Campus Drive
Suite 200
Raleigh, NC 27606-5210
(919) 855-7100

LICENSE NO./CUST NO	RENEWAL DATE	FEES AMOUNT	FEES DATE RECEIVED
55-C-0125 3347	4-Oct-2009	$85.00	18 Sept 09 VM

1. NAME(S) OF OWNER(S) AND MAILING ADDRESS
Kole Clapsaddle
Po Box 296
Webster, NC 28788

COUNTY: JACKSON TELEPHONE: (828) - 306 - 1541

2. ALL BUSINESS NAME, LOCATIONS, AND ALL SITES HOUSING ANIMALS *(P. O. Box not acceptable)*
Big Cove Rd.
Cherokee, NC 28779
County: SWAIN TELEPHONE ( )

3. IF PREVIOUSLY LICENSED – NAME AND ADDRESS

PREVIOUS LICENSE NO.

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

5. TYPE OF LICENSE
☐ A -Dealer *(Breeder)* ☐ B – Dealer ☒ C - Exhibitor

6. DATE OF LAST BUSINESS YEAR

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

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 Zoo	☐ K – Pet Store	☐ L - Broker

8. TYPE OF ORGANIZATION
☐ Partnership ☒ Corporation ☒ Individual
☐ Other *(Specify)* _____

9. LIST OWNERS, PARTNERS, AND OFFICERS

NAME AND TITLE	ADDRESS
[redacted]	Kole [redacted] Clapsaddle Po Box 296 Webster, NC 28788

10. DEALER ONLY

TOTAL NO. OF ANIMALS PURCHASED IN THE LAST BUSINESS YEAR	[redacted]
TOTAL NO. OF ANIMALS SOLD IN THE LAST BUSINESS YEAR	
TOTAL GROSS AMOUNT DERIVED FROM THE SALE OF ANIMALS	
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	14
OTHER *(i.e., farm animals) (List Species and No.)*		TOTAL	14

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	13. NAME AND TITLE *(Type or Print)*	14. DATE
[redacted]	KOLE CLAPSADDLE OWNER	9/2/09

APHIS FORM 7003
(JAN 1995)

(Previous editions are obsolete)

USDA

United States Department of Agriculture

Marketing and Regulatory Programs

Animal and Plant Health Inspection Service

Animal Care

EXPIRATION DATE: OCTOBER 4, 2010

This is to certify that KOLE CLAPSADDLE

is a licensed under the CLASS C EXHIBITOR

Animal Welfare Act

(7 U.S.C. 2131 et seq.)

Certificate No. 55-C-0125

Customer No. 3347

Deputy Administrator

Public reporting burden for this collection of information is estimated to average 25 [illegible] 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.

SEP - 2 2008

FORM APPROVED OMB NO. 0579-0036

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

APPLICATION FOR LICENSE

(TYPE OR PRINT)

LICENSE RENEWAL

DO NOT USE THIS SPACE - OFFICIAL USE ONLY

SEND THE COMPLETED FORM TO: 920 Main Campus Drive Suite 200, Unit 3040
Raleigh, NC 27606
Telephone: (919) 855-7101

CERTIFICATE / CUSTOMER NO.	RENEWAL DATE	FEES AMOUNT	FEES DATE RECEIVED
CERT: 55-C-0125 CUST: 3347	04-OCT-2008	[illegible]	[illegible]

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

Kolcigh Inc
Kole Clapsaddle

Po Box 296
Webster, NC 28788

Telephone: (828)506-1541

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

Big Cove Rd.
Cherokee, NC 28779
County: Swain

Telephone: (704)497-5836 [illegible]

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

[illegible]

(b)(6) & (b)(7)c [redacted]

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

--

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

55-C-0125

5. TYPE OF LICENSE

[ ] Class A - Breeder [ ] Class B - Dealer [X] Class C - Exhibitor

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

FROM	TO
01-MAR-2007	30-NOV-2007

7. TYPE OF ORGANIZATION

[X] Individual [X] 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 ANIMALS (Sections 2.6)

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

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.)

DOGS		NONHUMAN PRIMATES		RODENTS (Do not include lab rats or mice)	
CATS		MARINE ANIMALS		WILD/EXOTIC HOOFSTOCK	
GUINEA PIGS		FARM ANIMALS		BEARS	18
HAMSTERS		WILD/EXOTIC CANINES		WILD/EXOTIC MAMMALS (NOT LISTED ELSEWHERE)	
RABBITS		WILD/EXOTIC FELINES		TOTAL (ALL ANIMALS LISTED IN BLOCK 9)	

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 the regulations and standards in 9 CFR, Subpart A, Parts 1, 2 and 3. I certify that I am 18 years of age or older.

10. SIGNATURE	11. PRINT NAME	12. SOCIAL SECURITY OR TAX IDENTIFICATION NUMBER	13. DATE
(b)(6) & (b)(7)c [redacted]	[illegible]	(b)(6) & (b)(7)c [redacted]	01/02/08

APHIS FORM 7003

USDA

United States Department of Agriculture

Marketing and Regulatory Programs

Animal and Plant Health Inspection Service

Animal Care

EXPIRATION DATE: OCTOBER 4, 2008

This is to certify that KOLE CLAPSADDLE

is a licensed under the CLASS C EXHIBITOR

Animal Welfare Act

(7 U.S.C. 2131 et seq.)

Certificate No. 55-C-0125

Customer No. 3347

Charles A. Gipson

Deputy Administrator

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 2143)

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
Eastern Region
920 Main Campus Drive
Suite 200
Raleigh, NC 27606-5210
(919) 855-7100

LICENSE NO./CUST NO	RENEWAL DATE	FEES	
55-C-0125 3347	4-Oct-2010	AMOUNT $85.00	DATE RECEIVED 08-Sept-2010

1. NAME(S) OF OWNER(S) AND MAILING ADDRESS
Kole Clapsaddle
Po Box 296
Webster, NC 28788

COUNTY: JACKSON TELEPHONE (828) - 508 - 1541

2. ALL BUSINESS NAME, LOCATIONS, AND ALL SITES HOUSING ANIMALS *(P. O. Box not acceptable)*
Big Cove Rd.
Cherokee, NC 28719
County: SWAIN
TELEPHONE ( )

3. IF PREVIOUSLY LICENSED - NAME AND ADDRESS

PREVIOUS LICENSE NO.

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

5. TYPE OF LICENSE
☐ A -Dealer *(Breeder)* ☐ B - Dealer ☒ C - Exhibitor

6. DATE OF LAST BUSINESS YEAR

FROM MO	FROM DAY	FROM YEAR	TO MO	TO DAY	TO YEAR
0 1	0 1	0 9	1 1	3 0	0 9

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 Zoo ☐ K – Pet Store ☐ L - Broker

8. TYPE OF ORGANIZATION
☐ Partnership ☒ Corporation ☐ Individual
☐ Other *(Specify)* _____

9. LIST OWNERS, PARTNERS, AND OFFICERS

NAME AND TITLE	ADDRESS
KOLE CLAPSADDLE PRES (b)(6) & (b)(7)c	KOLE CLAPSADDLE (b)(6) & (b)(7)c PO BOX 296 WEBSTER NC 28788

10. DEALER ONLY

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

11. EXHIBITOR ONLY

DOGS		RABBITS	
CATS		NONHUMAN PRIMATES	
GUINEA PIGS		MARINE MAMMALS	
HAMSTERS		WILD OR EXOTIC MAMMALS	15
OTHER *(i.e., farm animals)* [List Species and No.]		TOTAL	15

CERTIFICATION

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12. SIGNATURE (b)(6) & (b)(7)c

13. NAME AND TITLE *(Type or Print)* KOLE CLAPSADDLE, PRESIDENT

14. DATE 8/30/10

APHIS FORM 7005
(JAN 1995)

(Previous editions are obsolete)

USDA

EXPIRATION DATE: OCTOBER 4, 2011

United States
Department of
Agriculture

Marketing and
Regulatory
Programs

Animal and
Plant Health
Inspection
Service

Animal Care

This is to certify that

KOLE CLAPSADDLE

is a licensed
under the

CLASS C EXHIBITOR

Animal Welfare Act

(7 U.S.C. 2131 et seq.)

Certificate No. 55-C-0125

Customer No. 3347

Deputy Administrator

APHIS FORM 7007 (NOV 99)

Previous editions are obsolete.

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 Office, 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. 0579-0036

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 under 2143.

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: 920 Main Campus Drive Suite 200, Unit 3040
Raleigh, NC 27606
Telephone: (919) 855-7101

CERTIFICATE / CUSTOMER NO.	RENEWAL DATE	FEES	
		AMOUNT	DATE RECEIVED
CERT: 55-C-0125 CUST: 3347	04-OCT-2008		

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

Kole Clapsaddle

Po Box 296
Webster, NC 28788

Telephone: (828)506-1541

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

Big Cove Rd.
Cherokee, NC 28779
County: Swain

Telephone: (704)497-5836

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

(b)(6) & (b)(7)c [redacted]

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

—

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

5. TYPE OF LICENSE

[ ] Class A - Breeder [ ] Class B - Dealer [X] Class C - Exhibitor

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

FROM	TO
01-MAR-2007	30-NOV-2007

7. TYPE OF ORGANIZATION

[X] 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 "B" + ½ OF LINE "C"
CLASS B (DEALER) - LINE "B" + LINE "C" LESS THE AMOUNT PAID FOR THE ANIMALS (Section 2.6)

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

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)*

[redacted]

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

DOGS		NONHUMAN PRIMATES		RODENTS (Do not include guinea pigs or mice)	
CATS		MARINE ANIMALS		WILD/EXOTIC HOOFSTOCK	
GUINEA PIGS		FARM ANIMALS		BEARS	
HAMSTERS		WILD/EXOTIC CANINES		WILD/EXOTIC MAMMALS (NOT LISTED ELSEWHERE)	
RABBITS		WILD/EXOTIC FELINES		TOTAL (ALL ANIMALS LISTED IN BLOCK 9)	

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 the regulations and standards in 9 CFR, Subpart A, Parts 1, 2 and 3. I certify that I am 18 years of age or older.

10. SIGNATURE	11. PRINT NAME	12. SOCIAL SECURITY OR TAX IDENTIFICATION NUMBER	13. DATE
(b)(6) & (b)(7)c [redacted]		(b)(6) & (b)(7)c [redacted]	

APHIS FORM 7003

EXPIRATION DATE: OCTOBER 4, 2008

United States
Department of
Agriculture

Marketing and
Regulatory
Programs

Animal and
Plant Health
Inspection
Service

Animal Care

This is to certify that KOLE CLAPSADDLE

is a licensed under the CLASS C EXHIBITOR

Animal Welfare Act

(7 U.S.C. 2131 et seq.)

Certificate No. 55-C-0125

Customer No. 3347

Charles A. Gipson

Deputy Administrator