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

APR 08 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	DATE RECEIVED
CERT: 35-A-0009 CUST: 769	24-MAY-2008	$760	08APR08

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

Ridglan Farms Inc

P. O. Box 318
Mount Horeb, WI 53572

Telephone: (608)437-8670

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

10489 W. Blue Mounds Road
Blue Mounds, WI 53517
County: Dane

Telephone:

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)

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

–

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

5. TYPE OF LICENSE

[X] 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 [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 ANIMAL(S (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)*

(b)(4)

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	
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)		39-1066502	4/2/08

APHIS FORM 7003

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

MAY 0 2 2007

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

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(TYPE OR PRINT)

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CERT: 35-A-0009 CUST: 769	24-MAY-2007	$760	02MAY07

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

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

FROM	TO
01-JAN-2006	31-DEC-2006

7. TYPE OF ORGANIZATION

[ ] Individual [X] Corporation [ ] Partnership

[ ] Other (Specify) _____

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(b)(4)

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10. SIGNATURE	11. PRINT NAME	12. SOCIAL SECURITY OR TAX IDENTIFICATION NUMBER	13. DATE
(b)(6)		39-1066502	4/23/07

APHIS FORM 7003

United States Department of Agriculture
Animal and Plant Health Inspection Service

BARKSDALE

INSPECTION REPORT

AUG 0 4 2008

769 cust_id
226753 insp_id
7015 site_id

RIDGLAN FARMS INC

P. O. BOX 318
MOUNT HOREB, WI 53572

Customer ID: 769
Certificate: 35-A-0009

Site: 001
RIDGLAN FARMS, INC.

Inspection
Type: ROUTINE INSPECTION
Date: JUL-22-2008

No non-compliant items identified during this inspection.

Inspedtion conducted with the attending veterinarian and inspecttor of record.

Prepared By: Dawn Barksdale DVM
DAWN BARKSDALE, D V M , USDA, APHIS, Animal Care
Title: VETERINARY MEDICAL OFFICER , Inspector ID: 1062
Date: JUL-22-2008

Received By: (b)(6) & (b)(7)c
Title:
Date: JUL-22-2008

United States Department of Agriculture
Animal and Plant Health Inspection Servic

769 cust_id
226601 insp_id
7015 site_id

INSPECTION REPORT

RECEIVED
AUG 23 2007
BY:

RIDGLAN FARMS INC

P. O. BOX 318
MOUNT HOREB, WI 53572

Customer ID: 769
Certificate: 35-A-0009
Site: 001
RIDGLAN FARMS, INC.
Inspection Type: ROUTINE INSPECTION
Date: AUG-14-2007

This was a focused inspection involving the review of records.

No non-compliant items identified during this inspection.

Inspection conducted with Facility Manager and inspector of record.

Prepared By: Dawn Barksdale, DVM
DAWN BARKSDALE, D V M , USDA, APHIS, Animal Care
Title: VETERINARY MEDICAL OFFICER , Inspector ID: 1062
Date: AUG-14-2007

Received By: (b)(6) & (b)(7)c
Title:
Date: AUG-14-2007