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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY
(CONTINUATION SHEET)

(Please type or print in ink)

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 0579-0160. The time required to complete this information collection is estimated to average 5 min. 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. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	21SGM	4110	X							X				X				
17	↑	4111						White					Mule			X		
18		4112		X						X				X				
19		4113		X								X		X				
20		4114						Chst wht.					Paint			X		
21		4115	X										SV			X		
22		4116						Blk wht					Paint	X				
23		4117	X							X					X			
24		4118						Sor					Mule	X				
25		4119	X										SV	X				
26		4120	X										SV	X				
27		4121	X							X				X				
28		4122	X										Mule	X				
29	↓	4123			X								SV	X				
30																		
31																		
32																		
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45																		

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6)

FOIA11F3011A0010251

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): SUGARCREEK LIVESTOCK AUCTION, INC.

2. CERTIFICATE NO.: L043797

3. PAGE NO. 1 OF 2

4. DATE ISSUED: 1/14/11

5. U.S. PORT OF EMBARKATION (City and State): ALEXANDRA BAY, NY

6. STATE CODE: 36

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): 102 BUCKEYE ST.

8. CONSIGNOR'S CITY (or Town): SUGARCREEK

12. CONSIGNOR'S STATE: OHIO

13. STATE CODE: 39

14. ZIP CODE: 44681

9. SEMEN ("X" if yes): [ ]

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [X] 2 - Truck [ ] 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address):
CAVEL CANADA EXPORTS
912 SECOND AVENUE WEST
OWEN SOUND, ON

DESTINATION COUNTRY: CANADA

ENTER CODE: CA

15. SPECIES ("X" one - use VS Form 17-6 for Poultry): [ ] 01 BOVINE [ ] 02 PORCINE [ ] 03 OVINE [ ] 04 CAPRINE [X] 05 EQUINE [ ] 08 OTHER WILDLIFE - MAMMAL [ ] 09 OTHER (Specify)

NEGATIVE TUBERCULIN READING: [ ] 48 HRS [ ] 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS: DISEASE / TYPE TEST / DATE; DISEASE / TYPE TEST / DATE; DISEASE / TYPE TEST / DATE

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

SUGARCREEK LIVESTOCK AUCTION, INC.
102 BUCKEYE ST.
SUGARCREEK, OHIO 44681

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

MODIFIED ACCREDITED AREA (TB) — CERTIFIED BRUCELLOSIS FREE AREA

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	DATE M	DATE N	DATE O
USGM4095	120	F	MUSTANG		BLACK, STAR, LR-CORONET,RR-SOCK, BRAND ON LEFT SIDE OF NECK									
USGM4096	24	F	QH		RED DUN, STAR, STRIPE, SNIP, LR,RF-SOCK, DORSAL STRIPE									
USGM4097	300	N	MUSTANG		SORREL, BLAZE, LR-SOCK,RR-STOCKING, BRAND ON LEFT SIDE OF NECK									
USGM4098	168	F	AP		CHESTNUT,ROAN, STAR, STRIPE, SNIP, LR,RR-SOCK									
USGM4099	120	F	QH		RED DUN, LR,RR-CORONET, DORSAL STRIPE									
USGM4100	300	F	SN		BAY, STAR, SNIP, LR,RR-SOCK, RF-FETLOCK, LF-CORONET									
USGM4101	60	N	AP		SORREL ROAN, BLAZE, LR-FETLOCK									
USGM4102	36	F	QH		CHESTNUT, STAR, STRIPE, SNIP, LF,RF-SOCK, LR-FETLOCK									
USGM4103	36	F	QH		CHESTNUT, BLAZE									
USGM4104	60	N	QH		BAY, BLAZE									
USGM4105	120	N	PAINT		SORREL, WHITE, BLAZE, PAINTED BODY									
USGM4106	36	F	AS		SORREL, BLAZE, LR-SOCK									
USGM4107	24	F	AS		CHESTNUT, STAR, STRIPE, SNIP, LR-SOCK,RF-PASTERN,RR-CORONET									
USGM4108	240	F	QH		BAY, STAR, LR,RR-FETLOCK									
USGM4109	120	N	SN		BAY, LR-SOCK, BRAND ON RIGHT SIDE OF NECK									
USGM4110	60	F	QH		STAR, SNIP, BAY									
USGM4111	180	N	MULE		WHITE, NO MARKINGS									
USGM4112	24	F	QH		GREY, STAR, STRIPE, SNIP									

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: JAN 18 2011

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, - please print): HIRSCHBACH, BRYAN E. 9689

21. STATUS: [ ] 2 Federal [ ] 1 State [X] 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 29

23. Signature of Endorsing Federal Veterinarian

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): KELLIE A HOUGH, DVM
VETERINARY MEDICAL OFFICER

25. SIGNATURE OF ISSUING VETERINARIAN

FOIA11F0117000252

VS FORM 17-140 (MAR 98) Previous edition may be used.

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)*
SUGARCREEK LIVESTOCK AUCTION, INC.

2. CERTIFICATE NO. FROM VS FORM 17-140
L043797

3. PAGE NO.
2 OF 2

16. CONSIGNEE'S NAME
CAVEL CANADA EXPORTS

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	DATE	DATE

17. FARM ORIGIN
owner's name *(Last name, two initials, & business name)*
owner's street address
owner's city/town, state code & zip code

SUGARCREEK LIVESTOCK AUCTION, INC.
72 BUCKEYE ST.
SUGARCREEK, OH 44681

MODIFIED ACCREDITED AREA (TB) — CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION

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	DATE M	DATE N	DATE O
USGM4113	96	F	PONY		GREY, NO MARKINGS									
USGM4114	48	N	PAINT		CHESTNUT, WHITE, STAR, STRIPE, SNIP, LF-STOCKING, PAINTED BODY									
USGM4115	180	N	SN		BAY, RR-FETLOCK, BRAND ON BOTH SIDES OF NECK									
USGM4116	144	F	PAINT		BLACK, WHITE, BLAZE, LF,LR-STOCKING, PAINTED BODY									
USGM4117	12	M	QH		BAY, STAR, SNIP, RR-SOCK									
USGM4118	72	F	MULE		SORREL, STAR									
USGM4119	96	F	SN		BAY, STAR, LR-SOCK									
USGM4120	60	F	SN		BAY, STAR									
USGM4121	216	F	QH		BAY, STAR									
USGM4122	84	F	MULE		BAY, NO MARKINGS									
USGM4123	24	F	SN		BLACK, NO MARKINGS									

) THE ANIMALS WERE INSPECTED WITHIN 30 DAYS PRIOR TO EXPORT AND FOUND TO BE HEALTHY AND FREE FROM EVIDENCE OF COMMUNICABLE DISEASE.

) THE ANIMAL WAS, TO THE BEST OF THE KNOWLEDGE AND BELIEF OF THE ISSUING VETERINARIAN, NOT EXPOSED TO ANY COMMUNICABLE DISEASE WITHIN 60 DAYS PRECEDING THE DATE OF INSPECTION.

) THE ANIMAL HAS RESIDED IN THE UNITED STATES OR CANADA SINCE BIRTH.

) THE ANIMALS, AT THE TIME OF THE INSPECTION, WERE FOUND HEALTHY AND IN A PHYSICAL CONDITION FIT TO BE TRANSPORTED.

) DURING THE PREVIOUS TWENTY ONE (21) DAYS, THE ANIMALS IN THIS SHIPMENT HAVE NOT BEEN IN THE STATE OF ARIZONA, NEW MEXICO OR TEXAS.

) THE EXPORTER HAS BEEN ADVISED THAT ANY DETERIORATION IN HEALTH OR PHYSICAL CONDITION OF THE ANIMALS THAT MAY RENDER ANIMALS UNFIT FOR TRANSPORT MAY RESULT IN THE SHIPMENT TO BE REFUSED ENTRANCE TO CANADA. (FIT TO BE TRANSPORTED MEANS THAT, ON THE DAY OF INSPECTION NO ANIMAL HAS AN INFIRMITY, ILLNESS, INJURY OR ANY OTHER CONDITION THAT COULD BE AGGRAVATED WHEN THE ANIMAL IS BEING TRANSPORTED, CAUSING THE ANIMAL TO SUFFER.)

FOIA11F0110009253

VS FORM 17-140a
(MAR 2005)

Previous edition may be used.

PART 5 – ISSUING VETERINARIAN

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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 0579-0160. The time required to complete this information collection is estimated to average 5 min. 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. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 10:15 PM

DATE: Jan 19-11

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: SUGARCREEK OHIO

VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6) (b)(6)

NAME OF AUCTION/MARKET: SUGARCREEK LIVESTOCK AUCT INC

CONSIGNOR (OWNER/SHIPPER) NAME: Leroy N. Baker

CONSIGNEE (RECEIVER/DESTINATION) NAME: Cavel Canada EXPORTS

STREET ADDRESS: 102 Buckeye St PO Box 452

STREET ADDRESS: 912 Second ave WEST

CITY, STATE, ZIP CODE: SUGARCREEK OHIO 44681

CITY, STATE, ZIP CODE: OWENSOUND ONTARIO

AREA CODE & TELEPHONE NO.: 330-852-2832

AREA CODE & TELEPHONE NO.: 517 Rang ste Juliet Jo V1W0

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- [X] Pregnant mares are not likely to foal (give birth) during the trip.
- [X] Foals are older than 6 months of age.
- [X] Horses are able to bear weight on all 4 limbs.
- [X] Horses are not blind in both eyes.
- [X] Horses are able to walk unassisted.

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USGM	4154						Sor			BL			X				
2		4155	X								Draft Cross			X				
3		4156						BK/wht			SBT Draft			X				
4		4157					X			X						X		
5		4159						DUN		X						X		
6		4160	X						TH							X		
7		4161		X					TH					X				
8		4162	X						TH							X		
9		4163		X							Draft Cross					X		
10		4164	X						TH					X				
11		4165	X						TH							X		
12		4166					X		TH							X		
13		4167	X						TH					X				
14		4168			X					X				X				
15		4169		X							PE			X				

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

SIGNATURE: (b)(6)

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. #505

DATE 20/01/2011

TIME 8h00 A.M

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

FOIA11FSCIA000254

Previous editions are obslete

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

OWNER/SHIPPER CERTIFICATE FITNESS TO TRAVEL TO A SLAUGHTER FACILITY (CONTINUATION SHEET)

(Please type or print in ink)

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 0579-0160. The time required to complete this information collection is estimated to average 5 min. 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. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	216GM	4170						Sor			BL			X				
17	↑	4171						Sor			BL					X		
18		4172						Sor			BL			X				
19		4173		X							BL			X				
20		4174						Sor			BL			X				
21		4175						Sor			BL					X		
22		4176						Sor			BL					X		
23		4177						Pint					Paint	X				
24	↓	4178		X					TH							X		
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SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6)

FOIA11F301A000255

VS FORM 10-13A

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. 0579-0020 and 0101

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): SUGARCREEK LIVESTOCK AUCTION, INC.

2. CERTIFICATE NO.: L043795

3. PAGE NO.: 1 OF 2

APPROVED

4. DATE ISSUED: 1/14/11

5. U.S. PORT OF EMBARKATION (City and State): ALEXANDRA BAY, NY

6. STATE CODE: 36

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): 102 BUCKEYE ST.

8. CONSIGNOR'S CITY (or Town): SUGARCREEK

12. CONSIGNOR'S STATE: OHIO

13. STATE CODE: 39

14. ZIP CODE: 44681

9. SEMEN ("X" if yes): [ ]

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [X] 2 - Truck [ ] 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address): CAVEL CANADA EXPORTS
912 SECOND AVENUE WEST
OWEN SOUND, ON

DESTINATION COUNTRY: CANADA

ENTER CODE: CA

15. SPECIES ("X" one - use VS Form 17-6 for Poultry): [ ] 01 BOVINE [ ] 02 PORCINE [ ] 03 OVINE [ ] 04 CAPRINE [X] 05 EQUINE [ ] 08 OTHER WILDLIFE - MAMMAL [ ] 09 OTHER (Specify)

NEGATIVE TUBERCULIN READING: [ ] 48 HRS [ ] 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

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

MODIFIED ACCREDITED AREA (TB)

CERTIFIED BRUCELLOSIS FREE AREA

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)

17. FARM ORIGIN	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	DISEASE / TYPE TEST / DATE M	DISEASE / TYPE TEST / DATE N	DISEASE / TYPE TEST / DATE O
SUGARCREEK LIVESTOCK AUCTION, INC.	USGM4154	300	F	BL		SORREL, BLAZE									
102 BUCKEYE ST.	USGM4155	132	F	DRAFT CROSS		BAY, STAR, STRIPE, SNIP, LR,RR-SOCK									
SUGARCREEK, OHIO 44681	USGM4156	60	F	SPOTTED DRAFT		BLACK,WHITE, STAR,SNIP, LF,RF-STOCKING, PAINTED BODY									
	USGM4157	240	N	QH		CHESTNUT, BLAZE									
	USGM4159	96	N	QH		STAR, SNIP, LF,LR,RR-SOCK, DUN									
	USGM4160	84	N	TH		BAY, STAR									
	USGM4161	96	F	TH		GREY, NO MARKINGS									
	USGM4162	72	N	TH		BAY, NO MARKINGS									
	USGM4163	120	N	DRAFT CROSS		GREY, NO MARKINGS									
	USGM4164	72	F	TH		BAY, NO MARKINGS									
	USGM4165	96	N	TH		BAY, NO MARKINGS									
	USGM4166	72	N	TH		CHESTNUT, BLAZE, LR,RR-SOCK, RF-CORONET									
	USGM4167	84	F	TH		BAY, LR-SOCK									
	USGM4168	120	F	QH		BLACK, STAR, STRIPE, SNIP, BRAND ON LEFT HIP									
	USGM4169	24	F	PE		GREY, NO MARKINGS									
	USGM4170	240	F	BL		SORREL, BLAZE									
	USGM4171	300	N	BL		SORREL, BLAZE									
	USGM4172	144	F	BL		SORREL, BLAZE									

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: JAN 18 2011

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, - please print): HIRSCHBACH, BRYAN E. 9689

21. STATUS: [ ] 2 Federal [ ] 1 State [X] 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 24

23. Signature of Endorsing Federal Veterinarian

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): KELLIE A HOUGH, DVM
VETERINARY MEDICAL OFFICER

25. SIGNATURE OF ISSUING VETERINARIAN

FOIA11F311A000256

VS FORM 17-140 (MAR 96) Previous edition may be used.

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)*
SUGARCREEK LIVESTOCK AUCTION, INC.

16. CONSIGNEE'S NAME
CAVEL CANADA EXPORTS

ORIGIN HEALTH CERTIFICATE NO. FROM VS FORM 17-140
L043193

3. PAGE NO.
2 OF 2

APPROVED

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

17. FARM ORIGIN
owner's name *(Last name, two initials, & business name)*
owner's street address
owner's city/town, state code & zip code

MODIFIED ACCREDITED AREA (TB) — CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION

	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	DATE M	DATE N	DATE O
JGARCREEK LIVESTOCK AUCTION, INC.	USGM4173	144	F	PE		GREY, NO MARKINGS									
32 BUCKEYE ST.	USGM4174	120	F	BL		SORREL, BLAZE									
JGARCREEK, OH 44681	USGM4175	180	N	BL		SORREL, STAR, STRIPE									
	USGM4176	120	N	BL		SORREL, BLAZE									
	USGM4177	156	F	PAINT		BLACK, WHITE, BALD FACE, PAINTED BODY									
	USGM4178	240	N	TH		GREY, NO MARKINGS									

) THE ANIMALS WERE INSPECTED WITHIN 30 DAYS PRIOR TO EXPORT AND FOUND TO BE HEALTHY AND FREE FROM EVIDENCE OF COMMUNICABLE DISEASE.

2) THE ANIMAL WAS, TO THE BEST OF THE KNOWLEDGE AND BELIEF OF THE ISSUING VETERINARIAN, NOT EXPOSED TO ANY COMMUNICABLE DISEASE WITHIN 60 DAYS PRECEDING THE DATE OF INSPECTION.

3) THE ANIMAL HAS RESIDED IN THE UNITED STATES OR CANADA SINCE BIRTH.

4) THE ANIMALS, AT THE TIME OF THE INSPECTION, WERE FOUND HEALTHY AND IN A PHYSICAL CONDITION FIT TO BE TRANSPORTED.

5) DURING THE PREVIOUS TWENTY ONE (21) DAYS, THE ANIMALS IN THIS SHIPMENT HAVE NOT BEEN IN THE STATE OF ARIZONA, NEW MEXICO OR TEXAS.

6) THE EXPORTER HAS BEEN ADVISED THAT ANY DETERIORATION IN HEALTH OR PHYSICAL CONDITION OF THE ANIMALS THAT MAY RENDER ANIMALS UNFIT FOR TRANSPORT MAY RESULT IN THE SHIPMENT TO BE REFUSED ENTRANCE TO CANADA. (FIT TO BE TRANSPORTED MEANS THAT, ON THE DAY OF INSPECTION NO ANIMAL HAS AN INFIRMITY, ILLNESS, INJURY OR ANY OTHER CONDITION THAT COULD BE AGGRAVATED WHEN THE ANIMAL IS BEING TRANSPORTED, CAUSING THE ANIMAL TO SUFFER.)

FOIA11F3IA000257

VS FORM 17-140a (MAR 2005) *Previous edition may be used.*

PART 5 – ISSUING VETERINARIAN

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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 0579-0160. The time required to complete this information collection is estimated to average 5 min. 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. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 1 2AM

DATE: 1-18-11

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: SUGARCREEK OHIO

VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6)redacted

NAME OF AUCTION/MARKET: SUGARCREEK LIVESTOCK AUCT

CONSIGNOR (OWNER/SHIPPER) NAME: Leroy N. Baker

CONSIGNEE (RECEIVER/DESTINATION) NAME: Cavel Canada Exports

STREET ADDRESS: 102 Buckeye ST P.O BX 452

STREET ADDRESS: 912 Second Ave West

CITY, STATE, ZIP CODE: SUGARCREEK OHIO 44681

CITY, STATE, ZIP CODE: OWENSOUND ONTARIO 517 Rang Ste julest Jonlw

AREA CODE & TELEPHONE NO.: 330-852-2832

AREA CODE & TELEPHONE NO.:

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- [X] Pregnant mares are not likely to foal (give birth) during the trip.
- [X] Foals are older than 6 months of age.
- [X] Horses are able to bear weight on all 4 limbs.
- [X] Horses are not blind in both eyes.
- [X] Horses are able to walk unassisted.

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	7ASM	4124	X										SN			X		
2		4125			X								SN			X		
3		4126						Sor		X				X				
4		4127					X						Haf.	X				
5		4128			X								TW	X				
6		4129						Red Dun		X				X				
7		4130						Buckskin		X				X				
8		4131	X							X				X				
9		4132						Sor					TW	X				
10		4133						Sor					TW	X				
11		4134			X								TW	X				
12		4135			X								TW	X				
13		4136	X										SN			X		
14		4137					X			X				X				
15		4138						Palo		X				X				

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

SIGNATURE: (b)(6)redacted

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6)redacted

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. #505

DATE 19/01/2011

TIME 8h00 A.M.

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

FOIA11FSIIA000258

Previous editions are obslete

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY
(CONTINUATION SHEET)

(Please type or print in ink)

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 0579-0160. The time required to complete this information collection is estimated to average 5 min. 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. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	PASGM	4139	X										SN			X		
17	↑	4140						Chest white					Paint	X				
18		4141					X			X				X				
19		4142						Sor					Hat			X		
20		4143	X							X				X				
21		4144					X			X				X				
22		4145		X									PE	X				
23		4146						Sor white					Paint			X		
24		4147	X										SN			X		
25		4148	X										SN			X		
26		4149					X			X				X				
27		4150			X								TW	X				
28		4151	X							X						X		
29		4152					X			X				X				
30	↓	4153	X										SN	X				
31																		
32																		
33																		
34																		
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I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6)

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): SUGARCREEK LIVESTOCK AUCTION, INC.

2. CERTIFICATE NO.: L043796 — PAGE NO.: 1 OF 2

APPROVED

4. DATE ISSUED: 1/14/11

5. U.S. PORT OF EMBARKATION (City and State): ALEXANDRA BAY, NY

6. STATE CODE: 36

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): 102 BUCKEYE ST.

8. CONSIGNOR'S CITY (or Town): SUGARCREEK

12. CONSIGNOR'S STATE: OHIO

13. STATE CODE: 39

14. ZIP CODE: 44681

9. SEMEN ("X" if yes): [ ]

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [X] 2 - Truck [ ] 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address): CAVEL CANADA EXPORTS, 912 SECOND AVENUE WEST, OWEN SOUND, ON

DESTINATION COUNTRY: CANADA

ENTER CODE: CA

15. SPECIES ("X" one - use VS Form 17-6 for Poultry): [ ] 01 BOVINE [ ] 02 PORCINE [ ] 03 OVINE [ ] 04 CAPRINE [X] 05 EQUINE [ ] 08 OTHER WILDLIFE - MAMMAL [ ] 09 OTHER (Specify)

NEGATIVE TUBERCULIN READING: [ ] 48 HRS [ ] 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS: DISEASE / TYPE TEST / DATE

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

MODIFIED ACCREDITED AREA (TB)

CERTIFIED BRUCELLOSIS FREE AREA

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)

17. FARM ORIGIN	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	DISEASE / TYPE TEST / DATE M	DISEASE / TYPE TEST / DATE N	DISEASE / TYPE TEST / DATE O
SUGARCREEK LIVESTOCK AUCTION, INC.	USGM4124	48	N	SN		BAY, STAR									
102 BUCKEYE ST.	USGM4125	144	N	SN		BLACK, STAR									
SUGARCREEK, OHIO 44681	USGM4126	60	F	QH		SORREL, STAR									
	USGM4127	120	F	HAFLINGER		CHESTNUT, BLAZE									
	USGM4128	300	F	TW		BLACK, NO MARKINGS									
	USGM4129	300	F	QH		RED DUN, STAR,STRIPE, LR,RR-PASTERN, DORSAL STRIPE									
	USGM4130	84	F	QH		BUCKSKIN, STAR, STRIPE, SNIP, LR-SOCK									
	USGM4131	180	F	QH		BAY, NO MARKINGS									
	USGM4132	156	F	TW		SORREL, BLAZE									
	USGM4133	300	F	TW		SORREL, LR,RR-SOCK									
	USGM4134	144	F	TW		BLACK, NO MARKINGS									
	USGM4135	300	F	TW		BLACK, STAR									
	USGM4136	240	N	SN		BAY, NO MARKINGS									
	USGM4137	300	F	QH		CHESTNUT, BLAZE, LR,RR-SOCK,RF-FETLOCK, BRAND ON LEFT HIP									
	USGM4138	144	F	QH		PALOMINO, STAR									
	USGM4139	120	N	SN		BAY, STAR, LR-PASTERN									
	USGM4140	108	F	PAINT		CHESTNUT,WHITE, LF,RF-STOCKING, RR-SOCK, PAINTED BODY STAR,S									
	USGM4141	180	F	QH		CHESTNUT, STAR, STRIPE, SNIP									

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

APPROVED

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: JAN 18 2011

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, - please print): HIRSCHBACH, BRYAN E. 9689

21. STATUS: [ ] 2 Federal [ ] 1 State [X] 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 30

23. Signature of Endorsing Federal Veterinarian

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): KELLIE A HOUGH, DVM, VETERINARY MEDICAL OFFICER

25. SIGNATURE OF ISSUING VETERINARIAN

VS FORM 17-140 (MAR 98) Previous edition may be used.

FOIA11F3IA000260

PART 5 - ISSUING VETERINARIAN

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)*: SUGARCREEK LIVESTOCK AUCTION, INC.

2. CERTIFICATE NO. FROM VS FORM 17-140: L043796

3. PAGE NO.: 2 OF 2

16. CONSIGNEE'S NAME: CAVEL CANADA EXPORTS

APPROVED

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	DATE	DATE

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

MODIFIED ACCREDITED AREA (TB) ✔ — CERTIFIED BRUCELLOSIS FREE AREA ✔

18. INDIVIDUAL IDENTIFICATION

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	DATE M	DATE N	DATE O
USGM4142	120	N	HAFLINGER		SORREL, BLAZE									
USGM4143	120	F	QH		BAY, SNIP, LR-SOCK, RF-PASTERN									
USGM4144	300	F	QH		CHESTNUT, STAR, STRIPE, SNIP, LR-SOCK									
USGM4145	300	F	PE		GREY, NO MARKINGS									
USGM4146	48	N	PAINT		SORREL, WHITE, BLAZE, LR-SOCK, PAINTED BODY									
USGM4147	132	N	SN		BAY, STAR, SNIP, LR-PASTERN									
USGM4148	144	N	SN		BAY, NO MARKINGS									
USGM4149	96	F	QH		CHESTNUT, STAR									
USGM4150	60	F	TW		BLACK, STAR, STRIPE, SNIP, LF,RR-CORONET									
USGM4151	300	N	QH		BAY, SNIP, LF,RR-CORONET, RF-PASTERN									
USGM4152	300	F	QH		CHESTNUT, BLAZE									
USGM4153	72	F	SN		BAY, STAR, RR-PASTERN									

SUGARCREEK LIVESTOCK AUCTION, INC.
102 BUCKEYE ST.
SUGARCREEK, OH 44681

1) THE ANIMALS WERE INSPECTED WITHIN 30 DAYS PRIOR TO EXPORT AND FOUND TO BE HEALTHY AND FREE FROM EVIDENCE OF COMMUNICABLE DISEASE.
2) THE ANIMAL WAS, TO THE BEST OF THE KNOWLEDGE AND BELIEF OF THE ISSUING VETERINARIAN, NOT EXPOSED TO ANY COMMUNICABLE DISEASE WITHIN 60 DAYS PRECEDING THE DATE OF INSPECTION.
3) THE ANIMAL HAS RESIDED IN THE UNITED STATES OR CANADA SINCE BIRTH.
4) THE ANIMALS, AT THE TIME OF THE INSPECTION, WERE FOUND HEALTHY AND IN A PHYSICAL CONDITION FIT TO BE TRANSPORTED.
5) DURING THE PREVIOUS TWENTY ONE (21) DAYS, THE ANIMALS IN THIS SHIPMENT HAVE NOT BEEN IN THE STATE OF ARIZONA, NEW MEXICO OR TEXAS.
6) THE EXPORTER HAS BEEN ADVISED THAT ANY DETERIORATION IN HEALTH OR PHYSICAL CONDITION OF THE ANIMALS THAT MAY RENDER ANIMALS UNFIT FOR TRANSPORT MAY RESULT IN THE SHIPMENT TO BE REFUSED ENTRANCE TO CANADA. (FIT TO BE TRANSPORTED MEANS THAT, ON THE DAY OF INSPECTION NO ANIMAL HAS AN INFIRMITY, ILLNESS, INJURY OR ANY OTHER CONDITION THAT COULD BE AGGRAVATED WHEN THE ANIMAL IS BEING TRANSPORTED, CAUSING THE ANIMAL TO SUFFER.)

VS FORM 17-140a (MAR 2005) *Previous edition may be used.*

PART 5 – ISSUING VETERINARIAN

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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 0579-0160. The time required to complete this information collection is estimated to average 5 min. 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. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 12 PM

DATE: 1-10-11

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: SUGARCREEK OHIO

VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6)

NAME OF AUCTION/MARKET: SUGARCREEK LIVESTOCK AUCT INC.

CONSIGNOR (OWNER/SHIPPER) NAME: LEROY V. BAKER

CONSIGNEE (RECEIVER/DESTINATION) NAME: CAVEL CANADA EXPORTS

STREET ADDRESS: 102 BUCKEYE ST P.O BX 452

STREET ADDRESS: 913 SECOND AVE WEST

CITY, STATE, ZIP CODE: SUGARCREEK OHIO 44681

CITY, STATE, ZIP CODE: OWENSOUND ONTARIO

517 Ramp Ste J WEST J0V1W0

AREA CODE & TELEPHONE NO.: 330-852-2832

AREA CODE & TELEPHONE NO.:

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- [X] Pregnant mares are not likely to foal (give birth) during the trip.
- [X] Foals are older than 6 months of age.
- [X] Horses are able to bear weight on all 4 limbs.
- [X] Horses are not blind in both eyes.
- [X] Horses are able to walk unassisted.

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USGM	4032	X										SW			X		
2	↑	4033			X					X				X				
3		4034	X										SW	X				
4		4035		X					TH							X		
5		4036			X								Paint	X				
6		4037		X									AP	X				
7		4038						BK wht					Paint	X				
8		4039						Sor		X				X				
9		4040	X							X				X				
10		4041			X					X				X				
11		4042						Sor					AP	X				
12		4043						Chst Roan					AP	X				
13		4044			X					X						X		
14		4045			X								SW			X		
15	↓	4046						Sor		X				X				

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

SIGNATURE (b)(6)

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. # 505

DATE 11/01/2011

TIME 14:00 P.M

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

FOIA11FSIA000262

Previous editions are obsolete

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

OWNER/SHIPPER CERTIFICATE FITNESS TO TRAVEL TO A SLAUGHTER FACILITY (CONTINUATION SHEET)

(Please type or print in ink)

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 0579-0160. The time required to complete this information collection is estimated to average 5 min. 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. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
X 16	215GM	4047						BK/Paint					Paint	X				
17	↑	4048					X			X				X				
18		4049						Sor		X						X		
19		4050			X						Draft Cross					X		
20		4051						Pale		X						X		
21		4052						Dun		X				X				
22		4053			X								SV	X				
23		4054					X			X				X				
24		4055					X			X				X				
25		4056			X								TW	X				
26		4057			X								SV			X		
27		4058						Chest Wnt					Paint			X		
28		4059						TRI Color					Paint			X		
29		4060					X			X						X		
X 30		4061						Sor		X				X				
31		4062	X							X				X				
32	↓	4063			X					X						X		
33	215GM	4094					X			X						X		
34																		
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36																		
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SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6)

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. 0579-0020 and 0581

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): SUGARCREEK LIVESTOCK AUCTION, INC.

2. CERTIFICATE NO.: L024152

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 1/7/11

5. U.S. PORT OF EMBARKATION (City and State): ALEXANDRA BAY, NY

6. STATE CODE: 36

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): 102 BUCKEYE ST.

8. CONSIGNOR'S CITY (or Town): SUGARCREEK

12. CONSIGNOR'S STATE: OHIO

13. STATE CODE: 39

14. ZIP CODE: 44681

9. SEMEN ("X" if yes): [ ]

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [X] 2 - Truck [ ] 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address): CAVEL CANADA EXPORTS, 912 SECOND AVE WEST, OWENSOUND, ONTARIO

DESTINATION COUNTRY: CANADA

ENTER CODE: CA

15. SPECIES ("X" one - use VS Form 17-6 for Poultry): [ ] 01 BOVINE [ ] 02 PORCINE [ ] 03 OVINE [ ] 04 CAPRINE [X] 05 EQUINE [ ] 08 OTHER WILDLIFE - MAMMAL [ ] 09 OTHER (Specify)

NEGATIVE TUBERCULIN READING: [ ] 48 HRS [ ] 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS: DISEASE / TYPE TEST / DATE; DISEASE / TYPE TEST / DATE; DISEASE / TYPE TEST / DATE

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

MODIFIED ACCREDITED AREA (TB)

CERTIFIED BRUCELLOSIS FREE AREA

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)

17. FARM ORIGIN	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	DATE M	DATE N	DATE O
SUGARCREEK LIVESTOCK AUCTION, INC.	USGM4032	120	N	SN		BAY, BRAND ON RIGHT SIDE OF NECK									
102 BUCKEYE ST.	USGM4033	96	F	QH		BLACK, NO MARKINGS									
SUGARCREEK, OH 44681	USGM4034	144	F	SN		BAY, STAR, SNIP									
	USGM4035	144	N	TH		GREY, NO MARKINGS									
	USGM4036	120	F	PAINT		BLACK, BLAZE, LR,RR-SOCK									
	USGM4037	72	F	AP		GREY, NO MARKINGS									
	USGM4038	84	F	PAINT		BLACK, WHITE, STAR, LR,RR-STOCKING, PAINTED BODY									
	USGM4039	240	F	QH		SORREL, STAR									
	USGM4040	144	F	QH		BAY, NO MARKINGS									
	USGM4041	120	F	QH		BLACK, NO MARKINGS									
	USGM4042	180	F	AP		SORREL, BLAZE, WHITE OVER RUMP, WHITE SPOT ON RIGHT SHOULDER									
	USGM4043	72	F	AP		CHESTNUT ROAN, BLAZE, LR-SOCK, RF,RR-PASTERN									
	USGM4044	120	N	QH		BLACK, STAR, SNIP									
	USGM4045	48	N	SN		BLACK, NO MARKINGS									
	USGM4046	120	F	QH		SORREL, STAR, STRIPE, SNIP									
	USGM4047	84	F	PAINT		BLACK, WHITE, BALD FACE, PAINTED BODY									
	USGM4048	180	F	QH		CHESTNUT, STRIPE									
	USGM4049	96	N	QH		SORREL, BLAZE, LR-PASTERN, RF,RR-SOCK									

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: JAN 10 2011

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, - please print): SUMMERS, DENNIS M.

21. STATUS: [ ] 2 Federal [ ] 1 State [X] 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 33

23. Signature of Endorsing Federal Veterinarian: Kellie A Hough DVM

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): KELLIE A HOUGH, DVM, VETERINARY MEDICAL OFFICER

25. SIGNATURE OF ISSUING VETERINARIAN

FOIA11F3CIA000264

VS FORM 17-140 (MAR 98) Previous edition may be used.

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): SUGARCREEK LIVESTOCK AUCTION, INC.

2. CERTIFICATE NO. FROM VS FORM 17-140: L024152

3. PAGE NO.: 2 OF 2

16. CONSIGNEE'S NAME: CAVEL CANADA EXPORTS

NEGATIVE TUBERCULIN READING: ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

TEST RESULTS OF OTHER TESTS

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

~~UGARCREEK LIVESTOCK AUCTION, INC.~~
~~02 BUCKEYE ST.~~
UGARCREEK, OH 44681

MODIFIED ACCREDITED AREA (TB) — CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION

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	DISEASE / TYPE TEST / DATE M	DISEASE / TYPE TEST / DATE N	DISEASE / TYPE TEST / DATE O
USGM4050	60	N	DRAFT CROSS		BLACK, STAR, STRIPE, SNIP, LF-FETLOCK, LR,RR-SOCK									
USGM4051	180	N	QH		PALOMINO, NO MARKINGS									
USGM4052	84	F	QH		DUN, STAR, STRIPE, SNIP, LR,RR-SOCK									
USGM4053	120	F	SN		BLACK, NO MARKINGS									
USGM4054	96	F	QH		CHESTNUT, SNIP									
USGM4055	84	F	QH		CHESTNUT,STAR, STRIPE, SNIP, LF,LR,RF,RR-SOCK									
USGM4056	84	F	TW		BLACK, NO MARKINGS									
USGM4057	132	N	SN		BLACK, NO MARKINGS									
USGM4058	120	N	PAINT		CHESTNUT, WHITE, STAR, RF-STOCKING, PAINTED BODY									
USGM4059	36	N	PAINT		TRICOLOR, BLAZE, LF,LR,RF,RR-STOCKING, PAINTED BODY									
USGM4060	84	N	QH		CHESTNUT, STAR									
USGM4061	144	F	QH		SORREL, BLAZE, LF,RR-SOCK									
USGM4062	120	F	QH		BAY, NO MARKINGS									
USGM4063	60	N	QH		BLACK, STAR, SNIP, LF,LR,RF-SOCK									
USGM4094	144	N	QH		CHESTNUT, STAR, STRIPE, SNIP, LR,RR-FETLOCK									

1) THE ANIMALS WERE INSPECTED WITHIN 30 DAYS PRIOR TO EXPORT AND FOUND TO BE HEALTHY AND FREE FROM EVIDENCE OF COMMUNICABLE DISEASE.
2) THE ANIMAL WAS, TO THE BEST OF THE KNOWLEDGE AND BELIEF OF THE ISSUING VETERINARIAN, NOT EXPOSED TO ANY COMMUNICABLE DISEASE WITHIN 60 DAYS PRECEDING THE DATE OF INSPECTION.
3) THE ANIMAL HAS RESIDED IN THE UNITED STATES OR CANADA SINCE BIRTH.
4) THE ANIMALS, AT THE TIME OF THE INSPECTION, WERE FOUND HEALTHY AND IN A PHYSICAL CONDITION FIT TO BE TRANSPORTED.
5) DURING THE PREVIOUS TWENTY ONE (21) DAYS, THE ANIMALS IN THIS SHIPMENT HAVE NOT BEEN IN THE STATE OF ARIZONA, NEW MEXICO OR TEXAS.
6) THE EXPORTER HAS BEEN ADVISED THAT ANY DETERIORATION IN HEALTH OR PHYSICAL CONDITION OF THE ANIMALS THAT MAY RENDER ANIMALS UNFIT FOR TRANSPORT MAY RESULT IN THE SHIPMENT TO BE REFUSED ENTRANCE TO CANADA. (FIT TO BE TRANSPORTED MEANS THAT, ON THE DAY OF INSPECTION NO ANIMAL HAS AN INFIRMITY, ILLNESS, INJURY OR ANY OTHER CONDITION THAT COULD BE AGGRAVATED WHEN THE ANIMAL IS BEING TRANSPORTED, CAUSING THE ANIMAL TO SUFFER.)

FOIA 1F3070000265

VS FORM 17-140a (R 2005) *Previous edition may be used.*

PART 2 – VS RIVERDALE, MARYLAND

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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 0579-0160. The time required to complete this information collection is estimated to average 5 min. 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. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 10 AM

DATE: 2-3-11

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: SUGARCREEK OHIO

VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6)

NAME OF AUCTION/MARKET: SUGARCREEK LIVESTOCK AUCT INC

CONSIGNOR (OWNER/SHIPPER) NAME: LEROY N. BAKER

CONSIGNEE (RECEIVER/DESTINATION) NAME: CAVEL CANADA EXPORTS

STREET ADDRESS: 102 BUCKEYE ST P.O BX 452

STREET ADDRESS: 912 SECOND AVE WEST

CITY, STATE, ZIP CODE: SUGARCREEK OHIO 44681

CITY, STATE, ZIP CODE: OWENSOUND ONTARIO

AREA CODE & TELEPHONE NO.: 330-852-2832

AREA CODE & TELEPHONE NO.: 517 Rang ste jwest jovlwo

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- [X] Pregnant mares are not likely to foal (give birth) during the trip.
- [X] Foals are older than 6 months of age.
- [X] Horses are able to bear weight on all 4 limbs.
- [X] Horses are not blind in both eyes.
- [X] Horses are able to walk unassisted.

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	2156M	4351						Sor	TH							X		
2	↑	4352						Sor	TH					X				
3		4353						Sor wht					Paint	X				
4		4354	X							X						X		
5		4355	X						TH					X				
6		4356						Ches wht					Paint	X				
7		4357						Sor					TW			X		
8		4358		X									AP			X		
9		4359						Sor Roan					AP	X				
10		4360	X										SV			X		
11		4361	X										SV			X		
12		4362						Sor		X				X				
13		4363	X										SV	X				
14		4364	X										SV	X				
15	↓	4365					X			X				X				

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

SIGNATURE (b)(6)

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. # 505

DATE 04/02/2011

TIME 8h30 A.M

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

FOIA11F0110266

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

OWNER/SHIPPER CERTIFICATE FITNESS TO TRAVEL TO A SLAUGHTER FACILITY (CONTINUATION SHEET)

(Please type or print in ink)

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 0579-0160. The time required to complete this information collection is estimated to average 5 min. 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. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	2iSGM	4366						Sor		X				X				
17	↑	4367	X										SN	X				
18		4368						Sor		X				X				
19		4369						Sor Paint					Paint			X		
20		4370	X						TH							X		
21		4371						Sor		X						X		
22		4372	X							X				X				
23		4373					X		TH					X				
24		4374						Sor Paint					Paint	X				
25		4375	X						TH					X				
26		4376						Sor		X				X				
27		4377	X										SN			X		
28		4378			X					X						X		
29		~~4379~~			X								SN			X		
30	↓	4380						Sor			BL			X				
31																		
32																		
33																		
34																		
35																		
36																		
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I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6)

FOIA11F3011A000267

VS FORM 10-13A

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.

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): SUGARCREEK LIVESTOCK AUCTION, INC.

2. CERTIFICATE NO.: L043780

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 1/28/11

5. U.S. PORT OF EMBARKATION (City and State): ALEXANDRA BAY, NY

6. STATE CODE: 36

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): 102 BUCKEYE ST.

8. CONSIGNOR'S CITY (or Town): SUGARCREEK

12. CONSIGNOR'S STATE: OHIO

13. STATE CODE: 39

14. ZIP CODE: 44681

9. SEMEN ("X" if yes): [ ]

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [X] 2 - Truck [ ] 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address): CAVEL CANADA EXPORTS
912 SECOND AVENUE WEST
OWEN SOUND, ON

DESTINATION COUNTRY: CANADA

ENTER CODE: CA

15. SPECIES ("X" one - use VS Form 17-6 for Poultry): [ ] 01 BOVINE [ ] 02 PORCINE [ ] 03 OVINE [ ] 04 CAPRINE [X] 05 EQUINE [ ] 08 OTHER WILDLIFE - MAMMAL [ ] 09 OTHER (Specify)

NEGATIVE TUBERCULIN READING: [ ] 48 HRS [ ] 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS: DISEASE / TYPE TEST / DATE; DISEASE / TYPE TEST / DATE; DISEASE / TYPE TEST / DATE

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

MODIFIED ACCREDITED AREA (TB)

CERTIFIED BRUCELLOSIS FREE AREA

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	DATE M	DATE N	DATE O
SUGARCREEK LIVESTOCK AUCTION, INC.	USGM4351	240	N	TH		SORREL, STAR, LR,RR-SOCK									
102 BUCKEYE ST.	USGM4352	84	F	TH		SORREL, STAR									
SUGARCREEK, OHIO 44681	USGM4353	144	F	PAINT		SORREL, WHITE, BALD FACE, PAINTED BODY									
	USGM4354	108	N	QH		BAY, NO MARKINGS									
	USGM4355	24	F	TH		BAY, STAR, STRIPE, SNIP									
	USGM4356	144	F	PAINT		CHESTNUT, WHITE, BLAZE, RF,RR-STOCKING, PAINTED BODY									
	USGM4357	180	N	TW		SORREL, STAR, STRIPE, SNIP, LF-FETLOCK									
	USGM4358	144	N	AP		GREY, NO MARKINGS									
	USGM4359	132	F	AP		SORREL ROAN, BLAZE, LR-SOCK									
	USGM4360	108	N	SN		BAY, STAR									
	USGM4361	144	N	SN		BAY, STAR, RR-SOCK, BRAND ON RIGHT SIDE OF NECK									
	USGM4362	240	F	QH		SORREL, BLAZE, LR,RR-SOCK, BRAND ON LEFT HIP									
	USGM4363	84	F	SN		BAY, NO MARKINGS									
	USGM4364	144	F	SN		BAY, SNIP, RF-CORONET									
	USGM4365	156	F	QH		CHESTNUT, BLAZE, LR,RR-SOCK									
	USGM4366	180	F	QH		SORREL, NO MARKINGS									
	USGM4367	240	F	SN		BAY, NO MARKINGS									
	USGM4368	120	F	QH		SORREL, BLAZE, LR,RR,RF,LF-SOCK									

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: JAN 31 2011

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, - please print): HIRSCHBACH, BRYAN E. 9689

21. STATUS: [ ] 2 Federal [ ] 1 State [X] 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 30

23. Signature of Endorsing Federal Veterinarian

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): KELLIE A HOUGH, DVM
VETERINARY MEDICAL OFFICER

25. SIGNATURE OF ISSUING VETERINARIAN

FOIA11F3JA000268

VS FORM 17-140 (MAR 98) Previous edition may be used.

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)*: SUGARCREEK LIVESTOCK AUCTION, INC.

2. CERTIFICATE NO. FROM VS FORM 17-140: 1043780

PAGE NO. 2 OF 2

16. CONSIGNEE'S NAME: CAVEL CANADA EXPORTS

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

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

~~SUGARCREEK LIVESTOCK AUCTION, INC.~~
~~102 BUCKEYE ST.~~
SUGARCREEK, OH 44681

MODIFIED ACCREDITED AREA (TB) — CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION

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	DATE M	DATE N	DATE O
USGM4369	240	N	PAINT		BLACK, WHITE, STAR, STRIPE, SNIP, LF-STOCKING, PAINTED BODY									
USGM4370	96	N	TH		BAY, NO MARKINGS									
USGM4371	180	N	OH		SORREL, STAR									
USGM4372	96	F	OH		BAY, STAR, LR-PASTERN									
USGM4373	72	F	TH		CHESTNUT, STAR, RR-PASTERN									
USGM4374	132	F	PAINT		SORREL, WHITE, BLAZE, PAINTED BODY									
USGM4375	72	F	TH		BAY, STAR									
USGM4376	180	F	OH		SORREL, STAR, STRIPE, SNIP									
USGM4377	120	N	SN		BAY, BRAND ON RIGHT SIDE OF NECK									
USGM4378	168	N	OH		BLACK, NO MARKINGS									
USGM4379	120	N	SN		BLACK, NO MARKINGS									
USGM4380	96	F	BL		SORREL, BLAZE									

1) THE ANIMALS WERE INSPECTED WITHIN 30 DAYS PRIOR TO EXPORT AND FOUND TO BE HEALTHY AND FREE FROM EVIDENCE OF COMMUNICABLE DISEASE.
2) THE ANIMAL WAS, TO THE BEST OF THE KNOWLEDGE AND BELIEF OF THE ISSUING VETERINARIAN, NOT EXPOSED TO ANY COMMUNICABLE DISEASE WITHIN 60 DAYS PRECEDING THE DATE OF INSPECTION.
3) THE ANIMAL HAS RESIDED IN THE UNITED STATES OR CANADA SINCE BIRTH.
4) THE ANIMALS, AT THE TIME OF THE INSPECTION, WERE FOUND HEALTHY AND IN A PHYSICAL CONDITION FIT TO BE TRANSPORTED.
5) DURING THE PREVIOUS TWENTY ONE (21) DAYS, THE ANIMALS IN THIS SHIPMENT HAVE NOT BEEN IN THE STATE OF ARIZONA, NEW MEXICO OR TEXAS.
6) THE EXPORTER HAS BEEN ADVISED THAT ANY DETERIORATION IN HEALTH OR PHYSICAL CONDITION OF THE ANIMALS THAT MAY RENDER ANIMALS UNFIT FOR TRANSPORT MAY RESULT IN THE SHIPMENT TO BE REFUSED ENTRANCE TO CANADA. (FIT TO BE TRANSPORTED MEANS THAT, ON THE DAY OF INSPECTION NO ANIMAL HAS AN INFIRMITY, ILLNESS, INJURY OR ANY OTHER CONDITION THAT COULD BE AGGRAVATED WHEN THE ANIMAL IS BEING TRANSPORTED, CAUSING THE ANIMAL TO SUFFER.)

FOIA11F3JA000269

VS FORM 17-140a (MAR 2005) *Previous edition may be used.*

PART 2 – VS RIVERDALE, MARYLAND

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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 0579-0160. The time required to complete this information collection is estimated to average 5 min. 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. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 6:00 pm

DATE: 31-01-11

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: SUGARCREEK OHIO

VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6)

NAME OF AUCTION/MARKET: SUGARCREEK LIVESTOCK AUCT INC

CONSIGNOR (OWNER/SHIPPER) NAME: LEROY J. BAKER

CONSIGNEE (RECEIVER/DESTINATION) NAME: CAVEL CANADA EXPORTS

STREET ADDRESS: 102 Buckeye ST P.O Box 452

STREET ADDRESS: 912 Second Cour. West

CITY, STATE, ZIP CODE: SUGARCREEK OHIO 44681

CITY, STATE, ZIP CODE: OWENSOUND ONTARIO

AREA CODE & TELEPHONE NO.: 330-852-2832

CITY, STATE, ZIP CODE: 512 Rangeline Jct West Joville00

AREA CODE & TELEPHONE NO.:

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- [X] Pregnant mares are not likely to foal (give birth) during the trip.
- [X] Foals are older than 6 months of age.
- [X] Horses are able to bear weight on all 4 limbs.
- [X] Horses are not blind in both eyes.
- [X] Horses are able to walk unassisted.

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USGM	4323	X										Sr			X		
2	↑	4324					X			X				X				
3		4325						Sor		X				X				
4		4326			X					X				X				
5		4327	X							X				X				
6		4328			X								TW			X		
7		4329					X			X				X				
8		4330	X							X				X				
9		4331						Sor		X				X				
10		4332		X						X				X				
11		4333	X							X				X				
12		4334						Buck/Wht					Paint			X		
13		4335	X							X						X		
14		4336						Blk/Wht					Paint	X				
15	↓	4337						Chst Roan					AP	X				

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

SIGNATURE: (b)(6)

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. # 505

DATE 01/02/2011

TIME 13h30 P.M.

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

FOIA11F0110270

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY
(CONTINUATION SHEET)

(Please type or print in ink)

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 0579-0160. The time required to complete this information collection is estimated to average 5 min. 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. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	2USGM	4338			X								TW			X		
17	↑	4339						Palo		X						X		
18		4340						Sor		X						X		
19		4341	X							X				X				
20		4342	X							X				X				
21		4343	X							X				X				
22		4344						Chest wht					Paint	X				
23		4345			X								SN	X				
24		4346						Sor					TW	X				
25		4347						Chest wht					Paint	X				
26		4348					X			X						X		
27		4349						wht					Paint			X		
28	↓	4350						Sor		X						X		
29																		
30																		
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I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6)

FOIA11F3011A0100271

VS FORM 10-13A

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.

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): SUGARCREEK LIVESTOCK AUCTION, INC.

2. CERTIFICATE NO.: L043775

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 1/28/11

5. U.S. PORT OF EMBARKATION (City and State): ALEXANDRA BAY, NY

6. STATE CODE: 36

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): 102 BUCKEYE ST.

8. CONSIGNOR'S CITY (or Town): SUGARCREEK

12. CONSIGNOR'S STATE: OHIO

13. STATE CODE: 39

14. ZIP CODE: 44681

9. SEMEN ("X" if yes): [ ]

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [X] 2 - Truck [ ] 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address): CAVEL CANADA EXPORTS
912 SECOND AVENUE WEST
OWEN SOUND, ON

DESTINATION COUNTRY: CANADA

ENTER CODE: CA

15. SPECIES ("X" one - use VS Form 17-6 for Poultry): [ ] 01 BOVINE [ ] 02 PORCINE [ ] 03 OVINE [ ] 04 CAPRINE [X] 05 EQUINE [ ] 08 OTHER WILDLIFE - MAMMAL [ ] 09 OTHER (Specify)

NEGATIVE TUBERCULIN READING: [ ] 48 HRS [ ] 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

CERTIFIED BRUCELLOSIS FREE AREA

NEGATIVE RESULTS OF OTHER TESTS: DISEASE / TYPE TEST / DATE; DISEASE / TYPE TEST / DATE; DISEASE / TYPE TEST / DATE

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

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	DATE M	DATE N	DATE O
SUGARCREEK LIVESTOCK AUCTION, INC. 102 BUCKEYE ST. SUGARCREEK, OHIO 44681														
USGM4323	300	N	SN		BAY, NO MARKINGS									
USGM4324	180	F	QH		CHESTNUT, STAR, LR-FETLOCK,									
USGM4325	216	F	QH		SORREL, STAR									
USGM4326	300	F	QH		BLACK, NO MARKINGS									
USGM4327	300	F	QH		BAY, RR-CORONET									
USGM4328	144	N	TW		BLACK, STAR, SNIP									
USGM4329	72	F	QH		CHESTNUT, STAR, STRIPE, SNIP, LF,LR,RR-SOCK									
USGM4330	216	F	QH		BAY, STAR, SNIP, BRAND ON LEFT SHOULDER									
USGM4331	48	F	QH		SORREL, BLAZE, LR,RR-SOCK									
USGM4332	300	F	QH		GREY, NO MARKINGS									
USGM4333	180	F	QH		BAY, STAR, SNIP, LR,RR-SOCK									
USGM4334	120	N	PAINT		BUCKSKIN, WHITE, SNIP, LF,LR,RF-STOCKING, PAINTED BODY									
USGM4335	108	N	QH		BAY, STAR									
USGM4336	120	F	PAINT		BLACK, WHITE, STAR, SNIP, RR-STOCKING, PAINTED BODY									
USGM4337	84	F	AP		CHESTNUT ROAN, LF,RR-SOCK, LR,RF-STOCKING									
USGM4338	180	N	TW		BLACK, STAR, SNIP, LR,RR-SOCK									
USGM4339	108	N	QH		PALOMINO, STAR, STRIPE, SNIP									
USGM4340	96	N	QH		SORREL, STAR, STRIPE, SNIP									

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: JAN 31 2011

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, - please print): HIRSCHBACH, BRYAN E. 9689

21. STATUS: [ ] 2 Federal [ ] 1 State [X] 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 28

23. Signature of Endorsing Federal Veterinarian: Kellie A Hough DVM

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): KELLIE A HOUGH, DVM
VETERINARY MEDICAL OFFICER

25. SIGNATURE OF ISSUING VETERINARIAN

FOTA11F301A0009272

VS FORM 17-140 (MAR 98) Previous edition may be used.

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)*
SUGARCREEK LIVESTOCK AUCTION, INC.

16. CONSIGNEE'S NAME
CAVEL CANADA EXPORTS

CERTIFICATE NO. FROM VS FORM 17-140
E0484775

PAGE NO.
2 OF 2

NEGATIVE TUBERCULIN READING ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

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

~~SUGARCREEK LIVESTOCK AUCTION, INC.~~
~~102 BUCKEYE ST.~~
SUGARCREEK, OH 44681

MODIFIED ACCREDITED AREA (TB) ——— CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION

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	DISEASE / TYPE TEST / DATE M	DISEASE / TYPE TEST / DATE N	DISEASE / TYPE TEST / DATE O
USGM4341	48	F	OH		BAY, STAR									
USGM4342	132	F	OH		BAY, STAR, STRIPE, SNIP, LR-SOCK, RR-CORONET									
USGM4343	108	F	OH		BAY, RF-PASTERN, LF,LR,RR-SOCK									
USGM4344	72	F	PAINT		CHESTNUT, WHITE, BLAZE, PAINTED BODY									
USGM4345	180	F	SN		BLACK, STAR, LR-SOCK									
USGM4346	108	F	TW		SORREL, STAR, LR,RR-SOCK									
USGM4347	108	F	PAINT		CHESTNUT, WHITE, BLAZE, PAINTED BODY									
USGM4348	300	N	OH		CHESTNUT, BLAZE, LR,RR-SOCK									
USGM4349	72	N	PAINT		WHITE, NO MARKINGS									
USGM4350	180	N	OH		SORREL, STAR									

1) THE ANIMALS WERE INSPECTED WITHIN 30 DAYS PRIOR TO EXPORT AND FOUND TO BE HEALTHY AND FREE FROM EVIDENCE OF COMMUNICABLE DISEASE.
2) THE ANIMAL WAS, TO THE BEST OF THE KNOWLEDGE AND BELIEF OF THE ISSUING VETERINARIAN, NOT EXPOSED TO ANY COMMUNICABLE DISEASE WITHIN 60 DAYS PRECEDING THE DATE OF INSPECTION.
3) THE ANIMAL HAS RESIDED IN THE UNITED STATES OR CANADA SINCE BIRTH.
4) THE ANIMALS, AT THE TIME OF THE INSPECTION, WERE FOUND HEALTHY AND IN A PHYSICAL CONDITION FIT TO BE TRANSPORTED.
5) DURING THE PREVIOUS TWENTY-ONE (21) DAYS, THE ANIMALS IN THIS SHIPMENT HAVE NOT BEEN IN THE STATE OF ARIZONA, NEW MEXICO OR TEXAS.
6) THE EXPORTER HAS BEEN ADVISED THAT ANY DETERIORATION IN HEALTH OR PHYSICAL CONDITION OF THE ANIMALS THAT MAY RENDER ANIMALS UNFIT FOR TRANSPORT MAY RESULT IN THE SHIPMENT TO BE REFUSED ENTRANCE TO CANADA. (FIT TO BE TRANSPORTED MEANS THAT, ON THE DAY OF INSPECTION, NO ANIMAL HAS AN INFIRMITY, ILLNESS, INJURY OR ANY OTHER CONDITION THAT COULD BE AGGRAVATED WHEN THE ANIMAL IS BEING TRANSPORTED, CAUSING THE ANIMAL TO SUFFER.)

Kimberly Wright DVM

POTA11F01A000273

VS FORM 17-140a (MAR 2005) *Previous edition may be used.*

PART 2 – VS RIVERDALE, MARYLAND

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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 0579-0160. The time required to complete this information collection is estimated to average 5 min. 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. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 7 PM

DATE: 1-31-11

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: SUGARCREEK OHIO

VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6)

NAME OF AUCTION/MARKET: SUGARCREEK LIVESTOCK AUCT INC

CONSIGNOR (OWNER/SHIPPER) NAME: LEROY N. BAKER

CONSIGNEE (RECEIVER/DESTINATION) NAME: Laurel Canada EXPORTS

STREET ADDRESS: 102 Buckeye ST P.O. Box 452

STREET ADDRESS: 912 Second Ave. W.

CITY, STATE, ZIP CODE: SUGARCREEK OHIO 44681

CITY, STATE, ZIP CODE: OWENSBURG ONTARIO 517 Rang. Ste. Julie QUEBEC J0V 1W0

AREA CODE & TELEPHONE NO.: 330-852-2832

AREA CODE & TELEPHONE NO.:

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- [X] Pregnant mares are not likely to foal (give birth) during the trip.
- [X] Foals are older than 6 months of age.
- [X] Horses are able to bear weight on all 4 limbs.
- [X] Horses are not blind in both eyes.
- [X] Horses are able to walk unassisted.

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	2SL-M	4290	X										Donkey	X				
2	↑	4291						Sor Roan					AP	X				
3		4292	X										SV			X		
4		4293	X										SV			X		
5		4294	X							X				X				
6		4295						Sor Roan					AP	X				
7		4296	X							X				X				
8		4297			X					X				X				
9		4298	X							X				X				
10		4299						Dun		X						X		
11		4300						Sor Wht					Paint			X		
12		4301	X							X						X		
13		4302						Straw Roan					Paint	X				
14		4303						Palo		X				X				
15	↓	4304						Sor Roan					AP	X				

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

SIGNATURE (b)(6)

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. #505

DATE 01/02/2011

TIME 13h30 P.M

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

FOIA11F01A000274

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY
(CONTINUATION SHEET)

(Please type or print in ink)

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 0579-0160. The time required to complete this information collection is estimated to average 5 min. 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. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	7/SSM	4305	X							X				X				
17	^	4306	X										SW	X				
18	|	4307	X										SW	X				
19	|	4308	X							X						X		
20	|	4309	X										SW	X				
21	|	4310		X						X						X		
22	|	4311			X								TW			X		
23	|	4312	X							X						X		
24	|	4313	X										SW	X				
25	|	4314						TRI					Paint	X				
26	|	4315	X							X						X		
27	|	4316						Sor		X				X				
28	|	4317						Sor					AS	X				
29	|	4318	X										SW	X				
30	X	4319	X										SW			X		
31	|	4320	X							X				X				
32	|	4321	X						TH					X				
33	V	4322	X							X				X				
34																		
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SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6)

VS FORM 10-13A

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): SUGARCREEK LIVESTOCK AUCTION, INC.

2. CERTIFICATE NO.: L043778

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 1/28/11

5. U.S. PORT OF EMBARKATION (City and State): ALEXANDRA BAY, NY

6. STATE CODE: 36

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): 102 BUCKEYE ST.

8. CONSIGNOR'S CITY (or Town): SUGARCREEK

12. CONSIGNOR'S STATE: OHIO

13. STATE CODE: 39

14. ZIP CODE: 44681

9. SEMEN ("X" if yes): [ ]

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [X] 2 - Truck [ ] 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address):
CAVEL CANADA EXPORTS
912 SECOND AVENUE WEST
OWEN SOUND, ON

DESTINATION COUNTRY: CANADA

ENTER CODE: CA

15. SPECIES ("X" one - use VS Form 17-6 for Poultry): [ ] 01 BOVINE [ ] 02 PORCINE [ ] 03 OVINE [ ] 04 CAPRINE [X] 05 EQUINE [ ] 08 OTHER WILDLIFE - MAMMAL [ ] 09 OTHER (Specify)

NEGATIVE TUBERCULIN READING: [ ] 48 HRS [ ] 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS: DISEASE / TYPE TEST / DATE; DISEASE / TYPE TEST / DATE; DISEASE / TYPE TEST / DATE

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

MODIFIED ACCREDITED AREA (TB)

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

CERTIFIED BRUCELLOSIS FREE AREA

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	DATE M	DATE N	DATE O
SUGARCREEK LIVESTOCK AUCTION, INC.	USGM4290	180	F	DONKEY	BAY, NO MARKINGS									
102 BUCKEYE ST.	USGM4291	84	F	AP	SORREL ROAN, NO MARKINGS									
SUGARCREEK, OHIO 44681	USGM4292	300	N	SN	BAY, BRAND ON RIGHT SIDE OF NECK									
	USGM4293	120	N	SN	BAY, STAR, RF-CORONET									
	USGM4294	240	F	QH	BAY, BLAZE									
	USGM4295	144	F	AP	SORREL ROAN, STAR, LF-CORONET									
	USGM4296	84	F	QH	BAY, NO MARKINGS									
	USGM4297	108	F	QH	BLACK, STAR, LR-SOCK									
	USGM4298	240	F	QH	BAY, STAR									
	USGM4299	36	N	QH	DUN, STAR									
	USGM4300	12	N	PAINT	SORREL, WHITE, SORREL EARS									
	USGM4301	300	N	QH	BAY, STAR									
	USGM4302	60	F	PAINT	STRAWBERRY ROAN, BALD FACE, LF,LR,RF,RR-STOCKING,									PAINTED B
	USGM4303	120	F	QH	PALOMINO, STAR, STRIPE									
	USGM4304	48	F	AP	SORREL ROAN, NO MARKINGS									
	USGM4305	156	F	QH	BAY, STAR									
	USGM4306	108	F	SN	BAY, STAR, LR,RR-SOCK									
	USGM4307	48	F	SN	BAY, LF-CORONET, LR,RR-SOCK									

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: JAN 31 2011

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, - please print): HIRSCHBACH, BRYAN E. 9689

21. STATUS: [ ] 2 Federal [ ] 1 State [X] 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 33

23. Signature of Endorsing Federal Veterinarian

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): KELLIE A HOUGH, DVM
VETERINARY MEDICAL OFFICER

25. SIGNATURE OF ISSUING VETERINARIAN

VS FORM 17-140 (MAR 98) Previous edition may be used.

FOIA11F3IA000276

PART 2. VS RIVERDALE, MARYLAND

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): SUGARCREEK LIVESTOCK AUCTION, INC.

2. CERTIFICATE NO. FROM VS FORM 17-140: AUD 0043778

3. PAGE NO.: 2 OF 2

16. CONSIGNEE'S NAME: CAVEL CANADA EXPORTS

NEGATIVE TUBERCULIN READING: ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

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

~~SUGARCREEK LIVESTOCK AUCTION, INC.~~
~~102 BUCKEYE ST.~~
SUGARCREEK, OH 44681

MODIFIED ACCREDITED AREA (TB) ——— CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION

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	DISEASE / TYPE TEST / DATE M	DISEASE / TYPE TEST / DATE N	DISEASE / TYPE TEST / DATE O
USGM4308	72	N	QH		BAY, STAR, SNIP, LR,RR-FETLOCK									
USGM4309	300	F	SN		BAY, STAR									
USGM4310	156	N	QH		GREY, NO MARKINGS									
USGM4311	108	N	TW		BLACK, STAR, STRIPE, SNIP, LF,LR,RF,RR-SOCK									
USGM4312	120	N	QH		BAY, NO MARKINGS									
USGM4313	240	F	SN		BAY, BRAND ON RIGHT SIDE OF NECK									
USGM4314	72	F	PAINT		TRICOLOR, BALD FACE, PAINTED BODY									
USGM4315	216	N	QH		BAY, STAR, RR-SOCK									
USGM4316	300	F	QH		SORREL, BLAZE, LR,RR-SCOK									
USGM4317	156	F	AS		SORREL, STAR									
USGM4318	96	F	SN		BAY, STAR, BRAND ON RIGHT SIDE OF NECK									
USGM4319	36	N	SN		BAY, LR,RR-CORONET									
USGM4320	120	F	QH		BAY, STAR									
USGM4321	180	F	TH		BAY, NO MARKINGS									
USGM4322	180	F	QH		BAY, STAR, LR-CORONET									

1) THE ANIMALS WERE INSPECTED WITHIN 30 DAYS PRIOR TO EXPORT AND FOUND TO BE HEALTHY AND FREE FROM EVIDENCE OF COMMUNICABLE DISEASE.
2) THE ANIMAL WAS, TO THE BEST OF THE KNOWLEDGE AND BELIEF OF THE ISSUING VETERINARIAN, NOT EXPOSED TO ANY COMMUNICABLE DISEASE WITHIN 60 DAYS PRECEDING THE DATE OF INSPECTION.
3) THE ANIMAL HAS RESIDED IN THE UNITED STATES OR CANADA SINCE BIRTH.
4) THE ANIMALS, AT THE TIME OF THE INSPECTION, WERE FOUND HEALTHY AND IN A PHYSICAL CONDITION FIT TO BE TRANSPORTED.
5) DURING THE PREVIOUS TWENTY ONE (21) DAYS, THE ANIMALS IN THIS SHIPMENT HAVE NOT BEEN IN THE STATE OF ARIZONA, NEW MEXICO OR TEXAS.
6) THE EXPORTER HAS BEEN ADVISED THAT ANY DETERIORATION IN HEALTH OR PHYSICAL CONDITION OF THE ANIMALS THAT MAY RENDER ANIMALS UNFIT FOR TRANSPORT MAY RESULT IN THE SHIPMENT TO BE REFUSED ENTRANCE TO CANADA. (FIT TO BE TRANSPORTED MEANS THAT, ON THE DAY OF INSPECTION NO ANIMAL HAS AN INFIRMITY, ILLNESS, INJURY OR ANY OTHER CONDITION THAT COULD BE AGGRAVATED WHEN THE ANIMAL IS BEING TRANSPORTED, CAUSING THE ANIMAL TO SUFFER.)

Kimberly DVM

VS FORM 17-140a (MAR 2005) *Previous edition may be used.*

PART 2 – VS RIVERDALE, MARYLAND

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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 0579-0160. The time required to complete this information collection is estimated to average 5 min. 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. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 6:30 pm

DATE: 02-14-2011

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: SUGARCREEK OHIO

VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6)

NAME OF AUCTION/MARKET: SUGARCREEK LIVESTOCK AUCT INC

CONSIGNOR (OWNER/SHIPPER) NAME: LEROY H. BAKER

CONSIGNEE (RECEIVER/DESTINATION) NAME: CAVEL CANADA EXPORTS

STREET ADDRESS: 102 BUCKEYE ST P.O BX 452

STREET ADDRESS: 912 SECOND AVE WEST

CITY, STATE, ZIP CODE: SUGARCREEK OHIO 44681

CITY, STATE, ZIP CODE: OWENSOUND ONTARIO

AREA CODE & TELEPHONE NO.: 330-852-2832

AREA CODE & TELEPHONE NO.: 517 Rang ste juliest jovhoo

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- [X] Pregnant mares are not likely to foal (give birth) during the trip.
- [X] Foals are older than 6 months of age.
- [X] Horses are able to bear weight on all 4 limbs.
- [X] Horses are not blind in both eyes.
- [X] Horses are able to walk unassisted.

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	7USEM	4668						Br/wht					Paint		X			
2	↑	4669						Sor		X				X				
3		4670					X			X				X				
4		4671		X							PE					X		
5		4672						Sor			BL					X		
6		4673		X							PE			X				
7		4674						Br/wht					Paint			X		
8		4675	X										SN	X				
9		4676						Sor			BL			X				
10		4677	X								X					X		
11		4678		X							PE			X				
12		4679						Sor			BL					X		
13		4680						Sor			BL					X		
14		4681	X										SN			X		
15	↓	4682	X										SN	X				

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

SIGNATURE (b)(6)

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. #505

DATE 15/02/2011

TIME 13h00 PM

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

FOIA11F3H000278

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY
(CONTINUATION SHEET)

(Please type or print in ink)

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 0579-0160. The time required to complete this information collection is estimated to average 5 min. 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. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	21SGM	4683						Sor			BL					X		
17	↑	4684	X	X						X				X				
18		4685						Sor			BL			X				
19		4686	X										Sr			X		
20		4690	X										Sr	X				
21		4691			X								Sr	X				
22		4692	X										Sr			X		
23	↓	4693			X								Sr	X				
24																		
25																		
26																		
27																		
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SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6)

FOIA11F3IA000279

VS FORM 10-13A

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. 0579-0020 and 0101

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): SUGARCREEK LIVESTOCK AUCTION, INC.

2. CERTIFICATE NO.: L043947

3. PAGE NO. 2 OF 2

4. DATE ISSUED: 2/11/11

5. U.S. PORT OF EMBARKATION (City and State): ALEXANDRA BAY, NY

6. STATE CODE: 36

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): 102 BUCKEYE ST.

8. CONSIGNOR'S CITY (or Town): SUGARCREEK

12. CONSIGNOR'S STATE: OHIO

13. STATE CODE: 39

14. ZIP CODE: 44681

9. SEMEN ("X" if yes): [ ]

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [X] 2 - Truck [ ] 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address): CAVEL CANADA EXPORTS
912 SECOND AVENUE WEST
OWEN SOUND, ON

DESTINATION COUNTRY: CANADA

ENTER CODE: CA

15. SPECIES ("X" one - use VS Form 17-6 for Poultry): [ ] 01 BOVINE [ ] 02 PORCINE [ ] 03 OVINE [ ] 04 CAPRINE [X] 05 EQUINE [ ] 08 OTHER WILDLIFE - MAMMAL [ ] 09 OTHER (Specify)

NEGATIVE TUBERCULIN READING: [ ] 48 HRS [ ] 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS: DISEASE / TYPE TEST / DATE

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

SUGARCREEK LIVESTOCK AUCTION, INC.
102 BUCKEYE ST.
SUGARCREEK, OHIO 44681

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

MODIFIED ACCREDITED AREA (TB)

CERTIFIED BRUCELLOSIS FREE AREA

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	DISEASE / TYPE TEST / DATE M	DISEASE / TYPE TEST / DATE N	DISEASE / TYPE TEST / DATE O
USGM4668	36	M	PAINT		BLACK, WHITE, LF,RF-STOCKING PAINTED BODY									
USGM4669	300	F	QH		SORREL, NO MARKINGS									
USGM4670	240	F	QH		CHESTNUT, STAR, LR-SOCK									
USGM4671	300	N	PE		GREY, NO MARKINGS									
USGM4672	144	N	BL		SORREL, STAR, SNIP									
USGM4673	108	F	PE		GREY, NO MARKINGS									
USGM4674	180	N	PAINT		BROWN, WHITE, BLAZE, LR,RR-STOCKING, PAINTED BODY									
USGM4675	180	F	SN		BAY, STAR									
USGM4676	300	F	BL		SORREL, BLAZE									
USGM4677	240	N	DRAFT		BAY, STAR									
USGM4678	240	F	PE		GREY, NO MARKINGS									
USGM4679	300	N	BL		SORREL, BLAZE									
USGM4680	300	N	BL		SORREL, BLAZE									
USGM4681	300	N	SN		BAY, STAR, LF,LR,RF,RR-SOCK									
USGM4682	156	F	SN		BAY, LR,RR-PASTERN, BRAND ON RIGHT SIDE OF NECK									
USGM4683	300	N	BL		SORREL, BLAZE									
USGM4684	300	F	QH		BAY, NO MARKINGS GREY									
USGM4685	300	F	BL		SORREL, BLAZE									

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

23. Signature of Endorsing Federal Veterinarian

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: FEB 14 2011

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, - please print): HIRSCHBACH, BRYAN E. 9689

21. STATUS: [ ] 2 Federal [ ] 1 State [X] 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 23

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): KELLIE A HOUGH, DVM
VETERINARY MEDICAL OFFICER

25. SIGNATURE OF ISSUING VETERINARIAN

FOIA11F0170280

VS FORM 17-140 (MAR 98) Previous edition may be used.

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): SUGARCREEK LIVESTOCK AUCTION, INC.

16. CONSIGNEE'S NAME: CAVEL CANADA EXPORTS

CERTIFICATE NO. FROM VS FORM 17-140: 1043947

3. PAGE NO. 2 OF 2

NEGATIVE TUBERCULIN READING ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS: DISEASE / TYPE TEST / DATE

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

~~SUGARCREEK LIVESTOCK AUCTION, INC.~~
~~102 BUCKEYE ST.~~
SUGARCREEK, OH 44681

MODIFIED ACCREDITED AREA (TB) — CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION

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	DATE M	DATE N	DATE O
USGM4686	300	N	SN		BAY, WHITE SPOT ON WITHERS									
USGM4690	120	F	SN		BAY, STAR, LR,RR-PASTERN									
USGM4691	120	F	SN		BLACK, LR,RR-SOCK, RF-FETLOCK									
USGM4692	120	N	SN		BAY, STAR, RR-SOCK									
USGM4693	120	F	SN		BLACK, LR,RR-SOCK									

1) THE ANIMALS WERE INSPECTED WITHIN 30 DAYS PRIOR TO EXPORT AND FOUND TO BE HEALTHY AND FREE FROM EVIDENCE OF COMMUNICABLE DISEASE.
2) THE ANIMAL WAS, TO THE BEST OF THE KNOWLEDGE AND BELIEF OF THE ISSUING VETERINARIAN, NOT EXPOSED TO ANY COMMUNICABLE DISEASE WITHIN 60 DAYS PRECEDING THE DATE OF INSPECTION.
3) THE ANIMAL HAS RESIDED IN THE UNITED STATES OR CANADA SINCE BIRTH.
4) THE ANIMALS, AT THE TIME OF THE INSPECTION, WERE FOUND HEALTHY AND IN A PHYSICAL CONDITION FIT TO BE TRANSPORTED.
5) DURING THE PREVIOUS TWENTY ONE (21) DAYS, THE ANIMALS IN THIS SHIPMENT HAVE NOT BEEN IN THE STATE OF ARIZONA, NEW MEXICO OR TEXAS.
6) THE EXPORTER HAS BEEN ADVISED THAT ANY DETERIORATION IN HEALTH OR PHYSICAL CONDITION OF THE ANIMALS THAT MAY RENDER ANIMALS UNFIT FOR TRANSPORT MAY RESULT IN THE SHIPMENT TO BE REFUSED ENTRANCE TO CANADA. (FIT TO BE TRANSPORTED MEANS THAT, ON THE DAY OF INSPECTION NO ANIMAL HAS AN INFIRMITY, ILLNESS, INJURY OR ANY OTHER CONDITION THAT COULD BE AGGRAVATED WHEN THE ANIMAL IS BEING TRANSPORTED, CAUSING THE ANIMAL TO SUFFER.)

FOIA11F3JA000281

VS FORM 17-140a (MAR 2005) *Previous edition may be used.*

PART 2 – VS RIVERDALE, MARYLAND

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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 0579-0160. The time required to complete this information collection is estimated to average 5 min. 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.
0579-0160

TIME HORSES LOADED ON CONVEYANCE: 11:00 AM

DATE: 14-02-11

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Sugarcreek OHIO

VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6)

NAME OF AUCTION/MARKET: Sugarcreek Livestock Auct INC

CONSIGNOR (OWNER/SHIPPER) NAME: Leroy H. Baker

CONSIGNEE (RECEIVER/DESTINATION) NAME: Cavel Canada Exports

STREET ADDRESS: 102 Buckeye ST P.O Bx 452

STREET ADDRESS: 912 Second Ave West

CITY, STATE, ZIP CODE: Sugarcreek OHIO 44681

CITY, STATE, ZIP CODE: Owensound ONTARIO

AREA CODE & TELEPHONE NO.: 330-852-2832

AREA CODE & TELEPHONE NO.: 517 Rang ste jilnest jovlwo

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- [X] Pregnant mares are not likely to foal (give birth) during the trip.
- [X] Foals are older than 6 months of age.
- [X] Horses are able to bear weight on all 4 limbs.
- [X] Horses are not blind in both eyes.
- [X] Horses are able to walk unassisted.

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	2USGM	4518			X					X						X		
2	↑	4519						Sor		X				X				
3		4520						Dun					Donkey	X				
4		4521					X			X						X		
5		4522					X			X						X		
6		4523	X							X				X				
7		4524						Sor		X				X				
8		4525						Sor					TW	X				
9		4526					X						Hot Cross			X		
10		4527	X										HK			X		
11		4528	X										SN	X				
12		4529			X								SN			X		
13		4530						Sor		X				X				
14		4531	X										Mule	X				
15	↓	4532			X					X				X				

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

SIGNATURE (b)(6)

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. #505

DATE 15/02/011

TIME 8h00 AM

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

FOIA11FS01A000282

Previous editions are obsolete

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY
(CONTINUATION SHEET)

(Please type or print in ink)

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 0579-0160. The time required to complete this information collection is estimated to average 5 min. 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. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	21.56M	4533	X							X				X				
17	↑	4534		X									AB	X				
18		4535						Sor			BL					X		
19		4536	X							X						X		
20		4537						Sor		X				X				
21		4538			X					X						X		
22		4539	X										SN			X		
23		4540						Sor		X				X				
24		4541						Grey Roan					AP	X				
25		4542	X										AP	X				
26		4543					X						TW	X				
27		4544	X										SN			X		
28		4545	X										SN	X				
29		4546			X					X				X				
30	↓	4547	X										SN	X				
31																		
32																		
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SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6)

VS FORM 10-13A

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. 0579-0020 and 0101

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): SUGARCREEK LIVESTOCK AUCTION, INC.

2. CERTIFICATE NO.: 043793

3. PAGE NO.: 1 OF 2

APPROVED

4. DATE ISSUED: 2/11/11

5. U.S. PORT OF EMBARKATION (City and State): ALEXANDRA BAY, NY

6. STATE CODE: 36

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): 102 BUCKEYE ST.

8. CONSIGNOR'S CITY (or Town): SUGARCREEK

12. CONSIGNOR'S STATE: OHIO

13. STATE CODE: 39

14. ZIP CODE: 44681

9. SEMEN ("X" if yes): [ ]

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [X] 2 - Truck [ ] 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address): CAVEL CANADA EXPORTS, 912 SECOND AVENUE WEST, OWEN SOUND, ON

DESTINATION COUNTRY: CANADA

ENTER CODE: CA

15. SPECIES ("X" one - use VS Form 17-6 for Poultry): [ ] 01 BOVINE [ ] 02 PORCINE [ ] 03 OVINE [ ] 04 CAPRINE [X] 05 EQUINE [ ] 08 OTHER WILDLIFE - MAMMAL [ ] 09 OTHER (Specify)

NEGATIVE TUBERCULIN READING: [ ] 48 HRS [ ] 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS: DISEASE / TYPE TEST / DATE

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

SUGARCREEK LIVESTOCK AUCTION, INC.
102 BUCKEYE ST.
SUGARCREEK, OHIO 44681

MODIFIED ACCREDITED AREA (TB)

CERTIFIED BRUCELLOSIS FREE AREA

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	DISEASE / TYPE TEST / DATE M	DISEASE / TYPE TEST / DATE N	DISEASE / TYPE TEST / DATE O
USGM4518	96	N	QH		BLACK, STAR, SNIP									
USGM4519	60	F	QH		SORREL, STAR, STRIPE, SNIP									
USGM4520	84	F	DONKEY		DUN, DORSAL STRIPE									
USGM4521	180	N	QH		CHESTNUT, STAR									
USGM4522	300	N	QH		CHESTNUT, STAR, LR-SOCK, RR-CORONET									
USGM4523	48	F	QH		BAY, STAR, LR-PASTERN									
USGM4524	84	F	QH		SORREL, NO MARKINGS									
USGM4525	12	F	TW		SORREL, BLAZE, LR-FETLOCK									
USGM4526	72	N	HAFLINGER CROSS		CHESTNUT, STAR									
USGM4527	96	N	HK		BAY, LR,RR,LF,RF-SOCK									
USGM4528	84	F	SN		BAY, STAR, BRAND ON RIGHT SIDE OF NECK									
USGM4529	108	N	SN		BLACK, BRAND ON RIGHT SIDE OF NECK									
USGM4530	168	F	QH		SORREL, LR-SOCK									
USGM4531	144	F	MULE		BAY, NO MARKINGS									
USGM4532	240	F	QH		BLACK, LR-PASTERN, RR-FETLOCK									
USGM4533	180	F	QH		BAY, STAR, STRIPE, SNIP									
USGM4534	240	F	AB		GREY, NO MARKINGS									
USGM4535	12	N	BL		SORREL, STAR, STRIPE,									

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: FEB 14 2011

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, - please print): HIRSCHBACH, BRYAN E. 9689

21. STATUS: [ ] 2 Federal [ ] 1 State [X] 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 30

23. Signature of Endorsing Federal Veterinarian

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): KELLIE A HOUGH, DVM, VETERINARY MEDICAL OFFICER

25. SIGNATURE OF ISSUING VETERINARIAN

FOIA11F3H000284

VS FORM 17-140 (MAR 98) Previous edition may be used.

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*): SUGARCREEK LIVESTOCK AUCTION, INC.

2. CERTIFICATE NO. FROM VS FORM 17-140: L043793

3. PAGE NO.: 2 OF 2

16. CONSIGNEE'S NAME: CAVEL CANADA EXPORTS

NEGATIVE TUBERCULIN READING: ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

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

~~UGARCREEK LIVESTOCK AUCTION, INC.~~
~~02 BUCKEYE ST.~~
UGARCREEK, OH 44681

MODIFIED ACCREDITED AREA (TB) — CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION

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	DISEASE / TYPE TEST / DATE M	DISEASE / TYPE TEST / DATE N	DISEASE / TYPE TEST / DATE O
USGM4536	108	N	OH		BAY, NO MARKINGS									
USGM4537	180	F	OH		SORREL, BLAZE, LR,RR,RF,LF-STOCKING									
USGM4538	72	N	OH		BLACK, STAR									
USGM4539	84	N	SN		BAY, STAR, SNIP, WHITE SPOT ON WITHERS									
USGM4540	60	F	OH		SORREL, STAR, STRIPE, SNIP, LR,RR-SOCK									
USGM4541	240	F	AP		GREY ROAN, NO MARKINGS									
USGM4542	36	F	AP		BAY, WHITE SPOTS ON NECK									
USGM4543	48	F	TW		CHESTNUT, STAR, STRIPE, SNIP									
USGM4544	168	N	SN		BAY, LF-CORONET, LR-SOCK									
USGM4545	108	F	SN		BAY, NO MARKINGS									
USGM4546	132	F	OH		BLACK, LR-SOCK									
USGM4547	144	F	SN		BAY, NO MARKINGS									

) THE ANIMALS WERE INSPECTED WITHIN 30 DAYS PRIOR TO EXPORT AND FOUND TO BE HEALTHY AND FREE FROM EVIDENCE OF COMMUNICABLE DISEASE.

) THE ANIMAL WAS, TO THE BEST OF THE KNOWLEDGE AND BELIEF OF THE ISSUING VETERINARIAN, NOT EXPOSED TO ANY COMMUNICABLE DISEASE WITHIN 60 DAYS PRECEDING THE DATE OF INSPECTION.

) THE ANIMAL HAS RESIDED IN THE UNITED STATES OR CANADA SINCE BIRTH.

) THE ANIMALS, AT THE TIME OF THE INSPECTION, WERE FOUND HEALTHY AND IN A PHYSICAL CONDITION FIT TO BE TRANSPORTED.

) DURING THE PREVIOUS TWENTY ONE (21) DAYS, THE ANIMALS IN THIS SHIPMENT HAVE NOT BEEN IN THE STATE OF ARIZONA, NEW MEXICO OR TEXAS.

) THE EXPORTER HAS BEEN ADVISED THAT ANY DETERIORATION IN HEALTH OR PHYSICAL CONDITION OF THE ANIMALS THAT MAY RENDER ANIMALS UNFIT FOR TRANSPORT MAY RESULT IN THE SHIPMENT TO BE REFUSED ENTRANCE TO CANADA. (FIT TO BE TRANSPORTED MEANS THAT, ON THE DAY OF INSPECTION NO ANIMAL HAS AN INFIRMITY, ILLNESS, INJURY OR ANY OTHER CONDITION THAT COULD BE AGGRAVATED WHEN THE ANIMAL IS BEING TRANSPORTED, CAUSING THE ANIMAL TO SUFFER.)

Roswell, NM

FOIA11FSIA000285

VS FORM 17-140a (MAR 2005) *Previous edition may be used.*

PART 3 – PORT VETERINARIAN

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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 0579-0160. The time required to complete this information collection is estimated to average 5 min. 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. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 8:30 A.M

DATE: 8/02/11

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: SUGARCREEK OHIO

VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6)

NAME OF AUCTION/MARKET: SUGARCREEK LIVESTOCK AUCT INC

CONSIGNOR (OWNER/SHIPPER) NAME: LEROY L. BAKER

CONSIGNEE (RECEIVER/DESTINATION) NAME: Cavel Canada EXPORTS

STREET ADDRESS: 102 Buckeye ST P.O Bx 452

STREET ADDRESS: 912 Second ave.

CITY, STATE, ZIP CODE: SUGARCREEK OHIO 44681

CITY, STATE, ZIP CODE: OWENSOUND ONTARIO 517 Rangste julnest jovlwo

AREA CODE & TELEPHONE NO.: 330-852-2832

AREA CODE & TELEPHONE NO.:

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- [X] Pregnant mares are not likely to foal (give birth) during the trip.
- [X] Foals are older than 6 months of age.
- [X] Horses are able to bear weight on all 4 limbs.
- [X] Horses are not blind in both eyes.
- [X] Horses are able to walk unassisted.

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	2KSGM	4498			X					X					X			
2	↑	4499						Tri					Paint			X		
3		4500		X					TH							X		
4		4501	X						TH					X				
5	→	4502						Sor			BL			X				
6		4503						Sor			BL			X				
7		4504			X						PE			X				
8		4505						Sor			BL			X				
9		4506						Sor			BL					X		
10		4507						Sor			BL					X		
11		4508						Sor			BL			X				
12		4509						Sor			BL					X		
13		4510						Sor			BL					X		
14		4511						Sor			BL					X		
15	↓	4512						Sor			BL			X				

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

SIGNATURE: (b)(6)

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. # 505

DATE 09/02/2011

TIME 8h30 A.M

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

FOIA11F31A000286

Previous editions are obslete

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY
(CONTINUATION SHEET)

(Please type or print in ink)

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 0579-0160. The time required to complete this information collection is estimated to average 5 min. 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. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	215GM	4513						Sor			BL			X				
17	↑	4514						Sor			BL			X				
18		4515						Sor			BL			X				
19		4516	X							X						X		
20	↓	4517			X					X						X		
21																		
22																		
23																		
24																		
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26																		
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I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6)

VS FORM 10-13A

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. 0579-0020 and 0101

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): SUGARCREEK LIVESTOCK AUCTION, INC.

2. CERTIFICATE NO.: L043792

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 2/4/11

5. U.S. PORT OF EMBARKATION (City and State): ALEXANDRA BAY, NY

6. STATE CODE: 36

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): 102 BUCKEYE ST.

8. CONSIGNOR'S CITY (or Town): SUGARCREEK

12. CONSIGNOR'S STATE: OHIO

13. STATE CODE: 39

14. ZIP CODE: 44681

9. SEMEN ("X" if yes): [ ]

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [ ] 2 - Truck [X] 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address): CAVEL CANADA EXPORTS
912 SECOND AVENUE WEST
OWEN SOUND, ON

DESTINATION COUNTRY: CANADA

ENTER CODE: CA

15. SPECIES ("X" one - use VS Form 17-6 for Poultry): [ ] 01 BOVINE [ ] 02 PORCINE [ ] 03 OVINE [ ] 04 CAPRINE [X] 05 EQUINE [ ] 08 OTHER WILDLIFE - MAMMAL [ ] 09 OTHER (Specify)

NEGATIVE TUBERCULIN READING: [ ] 48 HRS [ ] 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

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

MODIFIED ACCREDITED AREA (TB)

CERTIFIED BRUCELLOSIS FREE AREA

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)

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

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	DISEASE M	DISEASE N	DISEASE O
SUGARCREEK LIVESTOCK AUCTION, INC.	USGM4498	96	M	QH	BLACK, BLAZE, LR-SOCK									
102 BUCKEYE ST.	USGM4499	216	N	PAINT	TRICOLOR, BLAZE, PAINTED BODY									
SUGARCREEK, OHIO 44681	USGM4500	84	N	TH	GREY, BLAZE, LR-SOCK, RF-FETLOCK									
	USGM4501	84	F	TH	BAY, STAR, LR,RF-SOCK									
dead →	USGM4502	300	F	BL	SORREL, BLAZE									
	USGM4503	84	F	BL	SORREL, STRIPE									
	USGM4504	240	F	PE	BLACK, STAR, RR-CORONET									
	USGM4505	120	F	BL	SORREL, BLAZE									
	USGM4506	240	N	BL	SORREL, BLAZE									
	USGM4507	180	N	BL	SORREL, BLAZE									
	USGM4508	156	F	BL	SORREL, BLAZE									
	USGM4509	240	N	BL	SORREL, BLAZE, LR-SOCK									
	USGM4510	300	N	BL	SORREL, BLAZE									
	USGM4511	300	N	BL	SORREL, STAR									
	USGM4512	300	F	BL	SORREL, BLAZE									
	USGM4513	240	F	BL	SORREL, BLAZE									
	USGM4514	180	F	BL	SORREL, BLAZE, LR,RR-SOCK									
	USGM4515	300	F	BL	SORREL, BLAZE									

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: FEB 07 2011

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, - please print): HIRSCHBACH, BRYAN E. 9689

21. STATUS: [ ] 2 Federal [ ] 1 State [X] 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 20

23. Signature of Endorsing Federal Veterinarian

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): KELLIE A HOUGH, DVM
VETERINARY MEDICAL OFFICER

25. SIGNATURE OF ISSUING VETERINARIAN

FOIA11F01000288

VS FORM 17-140 (MAR 98). Previous edition may be used.

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)*
SUGARCREEK LIVESTOCK AUCTION, INC.

2. CERTIFICATE NO. (COMMA FORM 2)
L043792

3. PAGE NO.
2 OF 2

16. CONSIGNEE'S NAME
CAVEL CANADA EXPORTS

NEGATIVE TUBERCULIN READING
☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OTHER TESTS

DISEASE	DISEASE	DISEASE
TYPE TEST	TYPE TEST	TYPE TEST

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

~~SUGARCREEK LIVESTOCK AUCTION, INC.~~
~~102 BUCKEYE ST.~~
~~SUGARCREEK, OH 44681~~

MODIFIED ACCREDITED AREA (TB) ✔ — CERTIFIED BRUCELLOSIS FREE AREA ✔

18. INDIVIDUAL IDENTIFICATION

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	DATE M	DATE N	DATE O
USGM4516	132	N	OH		BAY, BLAZE, LR,RR-SOCK									
USGM4517	156	N	OH		BLACK, STAR, STRIPE, SNIP, LR,RR-SOCK									

1) THE ANIMALS WERE INSPECTED WITHIN 30 DAYS PRIOR TO EXPORT AND FOUND TO BE HEALTHY AND FREE FROM EVIDENCE OF COMMUNICABLE DISEASE.
2) THE ANIMAL WAS, TO THE BEST OF THE KNOWLEDGE AND BELIEF OF THE ISSUING VETERINARIAN, NOT EXPOSED TO ANY COMMUNICABLE DISEASE WITHIN 60 DAYS PRECEDING THE DATE OF INSPECTION.
3) THE ANIMAL HAS RESIDED IN THE UNITED STATES OR CANADA SINCE BIRTH.
4) THE ANIMALS, AT THE TIME OF THE INSPECTION, WERE FOUND HEALTHY AND IN A PHYSICAL CONDITION FIT TO BE TRANSPORTED.
5) DURING THE PREVIOUS TWENTY ONE (21) DAYS, THE ANIMALS IN THIS SHIPMENT HAVE NOT BEEN IN THE STATE OF ARIZONA, NEW MEXICO OR TEXAS.
6) THE EXPORTER HAS BEEN ADVISED THAT ANY DETERIORATION IN HEALTH OR PHYSICAL CONDITION OF THE ANIMALS THAT MAY RENDER ANIMALS UNFIT FOR TRANSPORT MAY RESULT IN THE SHIPMENT TO BE REFUSED ENTRANCE TO CANADA. (FIT TO BE TRANSPORTED MEANS THAT, ON THE DAY OF INSPECTION NO ANIMAL HAS AN INFIRMITY, ILLNESS, INJURY OR ANY OTHER CONDITION THAT COULD BE AGGRAVATED WHEN THE ANIMAL IS BEING TRANSPORTED, CAUSING THE ANIMAL TO SUFFER.)

FOIA11F3[illegible]0009289

VS FORM 17-140a
(MAR 2005)

Previous edition may be used.

PART 2 – VS RIVERDALE, MARYLAND

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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 0579-0160. The time required to complete this information collection is estimated to average 5 min. 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. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 8:00 AM

DATE: 8-2-11

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: SUGARCREEK OHIO

VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6)

NAME OF AUCTION/MARKET: SUGARCREEK LIVESTOCK AUCT INC

CONSIGNOR (OWNER/SHIPPER) NAME: LEROY H. BAKER

CONSIGNEE (RECEIVER/DESTINATION) NAME: Cavel Canada EXPORTS

STREET ADDRESS: 102 Buckeye ST P.O Box 452

STREET ADDRESS: 912 Second Ave West

CITY, STATE, ZIP CODE: SUGARCREEK OHIO 44681

CITY, STATE, ZIP CODE: OWENSOUND ONTARIO 517 Rang ste juliest jovlwo

AREA CODE & TELEPHONE NO.: 330-852-2832

AREA CODE & TELEPHONE NO.:

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- [X] Pregnant mares are not likely to foal (give birth) during the trip.
- [X] Foals are older than 6 months of age.
- [X] Horses are able to bear weight on all 4 limbs.
- [X] Horses are not blind in both eyes.
- [X] Horses are able to walk unassisted.

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	21SGM	4381		X						X				X				
2	↑	4382	X							X						X		
3		4383						Chst wht					Paint	X				
4		4384						Red Dun wht					Paint	X				
5		4385	X										AB	X				
6		4386	X							X						X		
7		4387						Sor		X						X		
8		4388						Palo		X						X		
9		4389	X										SW	X				
10		4390			X								SW			X		
11		4391						Sor		X				X				
12		4392	X							X						X		
13		4393						Dun					Donkey			X		
14		4394						Tri					Paint			X		
15	↓	4395	X							X						X		

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

SIGNATURE (b)(6)

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. #505

DATE 09/02/2011

TIME 12h30

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

FOIA11F0170000290

Previous editions are obsolete

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY
(CONTINUATION SHEET)

(Please type or print in ink)

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 0579-0160. The time required to complete this information collection is estimated to average 5 min. 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. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	216EM	4396						Sor					TW	X				
17	↑	4397	X										Sr			X		
18		4398						Sor		X				X				
19		4399						Sor wht					Paint			X		
20		4400			X					X				X				
21		4401						Sor					Heifer			X		
22		4402					X						TW			X		
23		4403						wht		X						X		
24		4404						Sor		X				X				
25		4405	X								Draft Cross					X		
26		4406	X										Mule	X				
27		4407					X			X				X				
28		4408			X					X						X		
29		4409					X			X				X				
30	↓	4410						Sor Roan					AP	X				
31																		
32																		
33																		
34																		
35																		
36																		
37																		
38																		
39																		
40																		
41																		
42																		
43																		
44																		
45																		

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6)

FOIA11F3011A0010291

VS FORM 10-13A

icate 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. 0579-0020 and 0101

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*): SUGARCREEK LIVESTOCK AUCTION, INC.

2. CERTIFICATE NO.: AP043791

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 2/4/11

5. U.S. PORT OF EMBARKATION (*City and State*): ALEXANDRA BAY, NY

6. STATE CODE: 36

7. CONSIGNOR'S STREET ADDRESS (*Mailing Address*): 102 BUCKEYE ST.

8. CONSIGNOR'S CITY (*or Town*): SUGARCREEK

12. CONSIGNOR'S STATE: OHIO

13. STATE CODE: 39

14. ZIP CODE: 44681

9. SEMEN (*"X" if yes*): [ ]

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [X] 2 - Truck [ ] 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (*Mailing Address*):
CAVEL CANADA EXPORTS
912 SECOND AVENUE WEST
OWEN SOUND, ON

DESTINATION COUNTRY: CANADA

ENTER CODE: CA

15. SPECIES (*"X" one - use VS Form 17-6 for Poultry*)
[ ] 01 BOVINE [ ] 02 PORCINE [ ] 03 OVINE [ ] 04 CAPRINE
[X] 05 EQUINE [ ] 08 OTHER WILDLIFE - MAMMAL
[ ] 09 OTHER (*Specify*)

NEGATIVE TUBERCULIN READING: [ ] 48 HRS [ ] 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS: DISEASE / TYPE TEST / DISEASE / TYPE TEST / DISEASE / TYPE TEST

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*)

MODIFIED ACCREDITED AREA (TB)

CERTIFIED BRUCELLOSIS FREE AREA

17. FARM ORIGIN	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	DATE M	DATE N	DATE O
SUGARCREEK LIVESTOCK AUCTION, INC.	USGM4381	60	F	QH		GREY, NO MARKINGS									
102 BUCKEYE ST.	USGM4382	36	N	QH		BAY, STAR, SNIP, LR,RR-SOCK									
SUGARCREEK, OHIO 44681	USGM4383	144	F	PAINT		CHESTNUT, WHITE, BLAZE, PAINTED BODY									
	USGM4384	240	F	PAINT		RED DUN, WHITE, BLAZE, LF,RF,RR-STOCKING, PAINTED BODY									
	USGM4385	60	F	AB		BAY, STAR,									
	USGM4386	60	N	QH		BAY, STAR, LR-CORONET									
	USGM4387	48	N	QH		SORREL, NO MARKINGS									
	USGM4388	144	N	QH		PALOMINO, BLAZE									
	USGM4389	180	F	SN		BAY, NO MARKINGS									
	USGM4390	120	N	SN		BLACK, STAR, LR-PASTERN, RR-CORONET									
	USGM4391	72	F	QH		SORREL, DORSAL STRIPE									
	USGM4392	108	N	QH		BAY, BLAZE, LR-PASTERN, RF,RR-SOCK									
	USGM4393	84	N	DONKEY		DORSAL STRIPE, DUN									
	USGM4394	84	N	PAINT		TRICOLOR, RF,RR-STOCKING, PAINTED BODY									
	USGM4395	48	N	QH		BAY, NO MARKINGS									
	USGM4396	84	F	TW		SORREL, STAR,									
	USGM4397	120	N	SN		BAY, LR-CORONET									
	USGM4398	132	F	QH		SORREL, STAR, STRIPE, SNIP									

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: FEB 07 2011

20. NAME OF ISSUING VETERINARIAN (*Last name, first name, middle initial, - please print*): HIRSCHBACH, BRYAN E. 9689

21. STATUS: [ ] 2 Federal [ ] 1 State [X] 3 Accredited

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

23. Signature of Endorsing Federal Veterinarian

24. NAME OF ENDORSING FEDERAL VET (*Type, print, or stamp*): KELLIE A HOUGH, DVM
VETERINARY MEDICAL OFFICER

25. SIGNATURE OF ISSUING VETERINARIAN

FOIA11F0100292

VS FORM 17-140 (MAR 98) Previous edition may be used.

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)*: SUGARCREEK LIVESTOCK AUCTION, INC.

2. CERTIFICATE NO. FROM VS FORM 17-140: 0104379

3. PAGE NO.: 2 OF 2

16. CONSIGNEE'S NAME: CAVEL CANADA EXPORTS

NEGATIVE TUBERCULIN READING: ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

DISEASE	TYPE TEST	DATE

17. FARM ORIGIN

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

~~SUGARCREEK LIVESTOCK AUCTION, INC.~~
~~102 BUCKEYE ST.~~
SUGARCREEK, OH 44681

MODIFIED ACCREDITED AREA (TB) ✓ — CERTIFIED BRUCELLOSIS FREE AREA ✓

18. INDIVIDUAL IDENTIFICATION

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	DATE M	DATE N	DATE O
USGM4399	36	N	PAINT		SORREL, WHITE, BLAZE, RR-STOCKING, PAINTED BODY									
USGM4400	216	F	QH		BLACK, STAR									
USGM4401	120	N	HAFLINGER		SORREL, BLAZE									
USGM4402	96	N	TW		CHESTNUT, STAR, SNIP, LR,RR-SOCK									
USGM4403	144	N	QH		WHITE, NO MARKINGS									
USGM4404	24	F	QH		SORREL, LR-CORONET									
USGM4405	36	N	DRAFT CROSS		BAY, STAR, STRIPE, SNIP									
USGM4406	84	F	MULE		BAY, NO MARKINGS									
USGM4407	48	F	QH		CHESTNUT, NO MARKINGS									
USGM4408	72	N	QH		BLACK, STAR, LR-CORONET									
USGM4409	300	F	QH		CHESTNUT, STAR, STRIPE, SNIP, LR-SOCK, RR-PASTERN									
USGM4410	36	F	AP		SORREL ROAN, BLAZE									

1) THE ANIMALS WERE INSPECTED WITHIN 30 DAYS PRIOR TO EXPORT AND FOUND TO BE HEALTHY AND FREE FROM EVIDENCE OF COMMUNICABLE DISEASE.
2) THE ANIMAL WAS, TO THE BEST OF THE KNOWLEDGE AND BELIEF OF THE ISSUING VETERINARIAN, NOT EXPOSED TO ANY COMMUNICABLE DISEASE WITHIN 60 DAYS PRECEDING THE DATE OF INSPECTION.
3) THE ANIMAL HAS RESIDED IN THE UNITED STATES OR CANADA SINCE BIRTH.
4) THE ANIMALS, AT THE TIME OF THE INSPECTION, WERE FOUND HEALTHY AND IN A PHYSICAL CONDITION FIT TO BE TRANSPORTED.
5) DURING THE PREVIOUS TWENTY ONE (21) DAYS, THE ANIMALS IN THIS SHIPMENT HAVE NOT BEEN IN THE STATE OF ARIZONA, NEW MEXICO OR TEXAS.
6) THE EXPORTER HAS BEEN ADVISED THAT ANY DETERIORATION IN HEALTH OR PHYSICAL CONDITION OF THE ANIMALS THAT MAY RENDER ANIMALS UNFIT FOR TRANSPORT MAY RESULT IN THE SHIPMENT TO BE REFUSED ENTRANCE TO CANADA. (FIT TO BE TRANSPORTED MEANS THAT, ON THE DAY OF INSPECTION NO ANIMAL HAS AN INFIRMITY, ILLNESS, INJURY OR ANY OTHER CONDITION THAT COULD BE AGGRAVATED WHEN THE ANIMAL IS BEING TRANSPORTED, CAUSING THE ANIMAL TO SUFFER.)

Kelly L. Edwards DVM

FOIA11F0100293

VS FORM 17-140a (MAR 2005) *Previous edition may be used.*

PART 2 – VS RIVERDALE, MARYLAND

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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 0579-0160. The time required to complete this information collection is estimated to average 5 min. 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. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 12:00 PM

DATE: 02-07-11

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: SUGARCREEK OHIO

VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6)

NAME OF AUCTION/MARKET: SUGARCREEK LIVESTOCK AUCT INC

CONSIGNOR (OWNER/SHIPPER) NAME: LEROY N. BAKER

CONSIGNEE (RECEIVER/DESTINATION) NAME: Cavel Canada EXPORTS

STREET ADDRESS: 102 Buckeye ST P.O Bx 152

STREET ADDRESS: OWENSOUND ONTARIO 912 Second ave wes

CITY, STATE, ZIP CODE: SUGARCREEK OHIO 44681

CITY, STATE, ZIP CODE: 517 Rang ste juliet jovlxo

AREA CODE & TELEPHONE NO.: 330-852-2832

AREA CODE & TELEPHONE NO.:

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- [x] Pregnant mares are not likely to foal (give birth) during the trip.
- [x] Foals are older than 6 months of age.
- [x] Horses are able to bear weight on all 4 limbs.
- [x] Horses are not blind in both eyes.
- [x] Horses are able to walk unassisted.

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	2166M	4471		X						X				X				
2	↑	4472		X						X						X		
3		4473			X								TW	X				
4		4474						Sor		X						X		
5		4475						Pib		X				X				
6		4476						Rw wht					Paint			X		
7		4477			X								SV			X		
8		4478	X										SV	X				
9		4479	X										SV	X				
10		4480					X			X						X		
11		4481	X										SV	X				
12		4482	X							X				X				
13		4483	X							X				X				
14		4484						Sor		X						X		
15	↓	4485	X										Paint			X		

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

SIGNATURE (b)(6)

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. # 505

DATE 08/02/2011

TIME 13:30

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

FOIA11FSIA000294

Previous editions are obsolete

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY
(CONTINUATION SHEET)

(Please type or print in ink)

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 0579-0160. The time required to complete this information collection is estimated to average 5 min. 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. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	216SGM	4486	X										SN			X		
17	↑	4487	X							X						X		
18		4488			X								Paint			X		
19		4489	X										TW			X		
20		4490	X							X				X				
21		4491	X										SN			X		
22		4492	X										SN			X		
23		4493					X			X				X				
24		4494						Sr Roan					AP			X		
25		4495						Brn Roan				X				X		
26		4496						Blk Paint					Paint			X		
27	✓	4497						Red Roan		X					X			
28																		
29																		
30																		
31																		
32																		
33																		
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SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6)

FOIA11F3011A000295

VS FORM 10-13A

This 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. 0579-0020 and 0101

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): SUGARCREEK LIVESTOCK AUCTION, INC.

2. CERTIFICATE NO.: L043785

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 2/4/11

5. U.S. PORT OF EMBARKATION (City and State): ALEXANDRA BAY, NY

6. STATE CODE: 36

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): 102 BUCKEYE ST.

8. CONSIGNOR'S CITY (or Town): SUGARCREEK

12. CONSIGNOR'S STATE: OHIO

13. STATE CODE: 39

14. ZIP CODE: 44681

9. SEMEN ("X" if yes): [ ]

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [X] 2 - Truck [ ] 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address): CAVEL CANADA EXPORTS
912 SECOND AVENUE WEST
OWEN SOUND, ON

DESTINATION COUNTRY: CANADA

ENTER CODE: CA

15. SPECIES ("X" one - use VS Form 17-6 for Poultry): [ ] 01 BOVINE [ ] 02 PORCINE [ ] 03 OVINE [ ] 04 CAPRINE [X] 05 EQUINE [ ] 08 OTHER WILDLIFE - MAMMAL [ ] 09 OTHER (Specify)

NEGATIVE TUBERCULIN READING: [ ] 48 HRS [ ] 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

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

MODIFIED ACCREDITED AREA (TB)

CERTIFIED BRUCELLOSIS FREE AREA

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)

17. FARM ORIGIN	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	DISEASE / TYPE TEST / DATE M	DISEASE / TYPE TEST / DATE N	DISEASE / TYPE TEST / DATE O
SUGARCREEK LIVESTOCK AUCTION, INC.	USGM4471	84	F	QH		GREY, NO MARKINGS									
102 BUCKEYE ST.	USGM4472	300	N	QH		GREY, NO MARKINGS									
SUGARCREEK, OHIO 44681	USGM4473	132	F	TW		BLACK, NO MARKINGS									
	USGM4474	180	N	QH		SORREL, BLAZE									
	USGM4475	192	F	QH		PALOMINO, BLAZE									
	USGM4476	144	N	PAINT		DUN, WHITE, BLAZE, LF,LR,RR-STOCKING, PAINTED BODY									
	USGM4477	72	N	SN		BLACK, LR-CORONET, RR-PASTERN, BRAND ON RIGHT SIDE OF NECK									
	USGM4478	120	F	SN		BAY, STAR, LR,RR-SOCK, BRAND ON RIGHT SIDE OF NECK									
	USGM4479	180	F	SN		BAY, BRAND ON RIGHT SIDE OF NECK									
	USGM4480	180	N	QH		CHESTNUT, STAR, STRIPE, WHITE SPOT ON LEFT SHOULDER									
	USGM4481	300	F	SN		BAY, STAR, LR,RR-SOCK									
	USGM4482	240	F	QH		BAY, NO MARKINGS									
	USGM4483	120	F	QH		BAY, BLAZE, RF-FETLOCK									
	USGM4484	156	N	QH		SORREL, STAR, STRIPE, SNIP, LR,RR-SOCK									
	USGM4485	156	N	PAINT		BAY, SNIP, WHITE SPOT ON RIGHT RIBS									
	USGM4486	96	N	SN		BAY, BRAND ON RIGHTSIDE OF NECK									
	USGM4487	168	N	QH		BAY, NO MARKINGS									
	USGM4488	120	N	PAINT		BLACK, SNIP, LF,LR,RF,RR-STOCKING									

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: FEB 07 2011

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, - please print): HIRSCHBACH, BRYAN E. 9689

21. STATUS: [ ] 2 Federal [ ] 1 State [X] 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 27

23. Signature of Endorsing Federal Veterinarian

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): KELLIE A HOUGH, DVM
VETERINARY MEDICAL OFFICER

25. SIGNATURE OF ISSUING VETERINARIAN

FOIA11F0110000296

VS FORM 17-140 (MAR 98) Previous edition may be used.

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)*: SUGARCREEK LIVESTOCK AUCTION, INC.

2. CERTIFICATE NO. FROM VS FORM 17-140: USDA 1-0143785

3. PAGE NO. 2 OF 2

16. CONSIGNEE'S NAME: CAVEL CANADA EXPORTS

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

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

~~SUGARCREEK LIVESTOCK AUCTION, INC.~~
~~102 BUCKEYE ST.~~
~~SUGARCREEK, OH 44681~~

MODIFIED ACCREDITED AREA (TB) ——

CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION

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	DATE M	DATE N	DATE O
USGM4489	144	N	TW		BAY, BLAZE, LR,RR-SOCK, RF-FETLOCK									
USGM4490	240	F	QH		BAY, STAR									
USGM4491	108	N	SN		BAY, STAR, LR,RR-PASTERN, BRAND ON RIGHT SIDE OF NECK									
USGM4492	180	N	SN		BAY, BRAND ON RIGHT SIDE OF NECK									
USGM4493	144	F	QH		CHESTNUT, STAR, STRIPE, SNIP, LF-PASTERN									
USGM4494	108	N	AP		SORREL ROAN, BLAZE, RF-FETLOCK									
USGM4495	48	N	PONY		BAY ROAN, NO MARKINGS									
USGM4496	120	N	PAINT		BLACK, WHITE, BLAZE, PAINTED BODY									
USGM4497	120	M	QH		RED DUN, STAR, STRIPE									

~~1) THE ANIMALS WERE INSPECTED WITHIN 30 DAYS PRIOR TO EXPORT AND FOUND TO BE HEALTHY AND FREE FROM EVIDENCE OF COMMUNICABLE DISEASE.~~

~~2) THE ANIMAL WAS, TO THE BEST OF THE KNOWLEDGE AND BELIEF OF THE ISSUING VETERINARIAN, NOT EXPOSED TO ANY COMMUNICABLE DISEASE WITHIN 60 DAYS PRECEDING THE DATE OF INSPECTION.~~

~~3) THE ANIMAL HAS RESIDED IN THE UNITED STATES OR CANADA SINCE BIRTH.~~

~~4) THE ANIMALS, AT THE TIME OF THE INSPECTION, WERE FOUND HEALTHY AND IN A PHYSICAL CONDITION FIT TO BE TRANSPORTED.~~

~~5) DURING THE PREVIOUS TWENTY ONE (21) DAYS, THE ANIMALS IN THIS SHIPMENT HAVE NOT BEEN IN THE STATE OF ARIZONA, NEW MEXICO OR TEXAS.~~

~~6) THE EXPORTER HAS BEEN ADVISED THAT ANY DETERIORATION IN HEALTH OR PHYSICAL CONDITION OF THE ANIMALS THAT MAY RENDER ANIMALS UNFIT FOR TRANSPORT MAY RESULT IN THE SHIPMENT TO BE REFUSED ENTRANCE TO CANADA. (FIT TO BE TRANSPORTED MEANS THAT, ON THE DAY OF INSPECTION NO ANIMAL HAS AN INFIRMITY, ILLNESS, INJURY OR ANY OTHER CONDITION THAT COULD BE AGGRAVATED WHEN THE ANIMAL IS BEING TRANSPORTED, CAUSING THE ANIMAL TO SUFFER.)~~

FOIA11F0000297

'S FORM 17-140a
(MAR 2005)

Previous edition may be used.

PART 2 – VS RIVERDALE, MARYLAND

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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 0579-0160. The time required to complete this information collection is estimated to average 5 min. 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. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 8:00 pm

DATE: 02-07-2011

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: SUGARCREEK OHIO

VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6)

NAME OF AUCTION/MARKET: SUGARCREEK LIVESTOCK AUCT INC

CONSIGNOR (OWNER/SHIPPER) NAME: Leroy N. Baker

CONSIGNEE (RECEIVER/DESTINATION) NAME: Carol Canada Exports

STREET ADDRESS: 102 Buckeye St P.O Bx 452

STREET ADDRESS: 912 Second Ave West

CITY, STATE, ZIP CODE: SUGARCREEK OHIO 44681

CITY, STATE, ZIP CODE: OWENSOUND ONTARIO 517 Rang ste juliest jovlwo

AREA CODE & TELEPHONE NO.: 330-852-2832

AREA CODE & TELEPHONE NO.:

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- [X] Pregnant mares are not likely to foal (give birth) during the trip.
- [X] Foals are older than 6 months of age.
- [X] Horses are able to bear weight on all 4 limbs.
- [X] Horses are not blind in both eyes.
- [X] Horses are able to walk unassisted.

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USEM	4441					X			X						X		
2	↑	4442						Sor					Hollinger	X				
3		4443						Sor wht					Paint			X		
4		4444						Sor Roan					AP			X		
5		4445						Sor Roan					AP			X		
6		4446	X										SW			X		
7		4447					X			X						X		
8		4448			X								TW	X				
9		4449						Roan					AP	X				
10		4450	X										SW			X		
11		4451						Blk wht					Paint	X				
12		4452						Tri					Paint	X				
13		4453						Sor wht					Paint	X				
14		4454	X							X				X				
15	↓	4455			X								SW			X		

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

SIGNATURE (b)(6)

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. # 505

DATE 08/02/2011

TIME 14h00

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

FOIA11F31A000298

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY
(CONTINUATION SHEET)

(Please type or print in ink)

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 0579-0160. The time required to complete this information collection is estimated to average 5 min. 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. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	21SEN9	4456			X								TW			X		
17	↑	4457			X								TW			X		
18		4458			X								SW			X		
19		4459						Sor		X				X				
20		4460	X										SW			X		
21		4461	X										SW	X				
22		4462			X								SW	X				
23		4463						Grey Roan					AP	X				
24		4464					X			X				X				
25		4465						Sor		X				X				
26		4466			X					X						X		
27		4467					X			X				X				
28		4468						TRI					Paint	X				
29		4469						TRI					Paint	X				
30	↓	4470					X			X				X				
31																		
32																		
33																		
34																		
35																		
36																		
37																		
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45																		

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6)

VS FORM 10-13A

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. 0579-0020 and 0101

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): SUGARCREEK LIVESTOCK AUCTION, INC.

2. CERTIFICATE NO.: L043783

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 2/4/11

5. U.S. PORT OF EMBARKATION (City and State): ALEXANDRA BAY, NY

6. STATE CODE: 36

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): 102 BUCKEYE ST.

8. CONSIGNOR'S CITY (or Town): SUGARCREEK

12. CONSIGNOR'S STATE: OHIO

13. STATE CODE: 39

14. ZIP CODE: 44681

9. SEMEN ("X" if yes): [ ]

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [X] 2 - Truck [ ] 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address): CAVEL CANADA EXPORTS
912 SECOND AVENUE WEST
OWEN SOUND, ON

DESTINATION COUNTRY: CANADA

ENTER CODE: CA

15. SPECIES ("X" one - use VS Form 17-6 for Poultry): [ ] 01 BOVINE [ ] 02 PORCINE [ ] 03 OVINE [ ] 04 CAPRINE [X] 05 EQUINE [ ] 08 OTHER WILDLIFE - MAMMAL [ ] 09 OTHER (Specify)

NEGATIVE TUBERCULIN READING: [ ] 48 HRS [ ] 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS: DISEASE / TYPE TEST / DATE; DISEASE / TYPE TEST / DATE; DISEASE / TYPE TEST / DATE

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)

MODIFIED ACCREDITED AREA (TB)

CERTIFIED BRUCELLOSIS FREE AREA

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	DISEASE / TYPE TEST / DATE M	DISEASE / TYPE TEST / DATE N	DISEASE / TYPE TEST / DATE O
SUGARCREEK LIVESTOCK AUCTION, INC. 102 BUCKEYE ST. SUGARCREEK, OHIO 44681														
USGM4441	240	N	QH		CHESTNUT, STAR, SNIP, RR-CORONET									
USGM4442	180	F	HAFLINGER		SORREL, STAR, STRIPE, SNIP									
USGM4443	84	N	PAINT		SORREL, WHITE, PAINTED BODY									
USGM4444	300	N	AP		SORREL ROAN, RR-SOCK									
USGM4445	108	N	AP		SORREL ROAN, BLAZE									
USGM4446	132	N	SN		BAY, STAR									
USGM4447	300	N	QH		CHESTNUT, STAR, LR,RR-SOCK									
USGM4448	132	F	TW		BLACK, STAR, STRIPE, SNIP									
USGM4449	120	F	AP		ROAN, STAR, RR-SOCK									
USGM4450	96	N	SN		BAY, NO MARKINGS									
USGM4451	156	F	PAINT		BLACK, WHITE, STAR, SNIP, LR-STOCKING, RF,RR-SOCK,PAINTED BODY									
USGM4452	204	F	PAINT		TRICOLOR, BLAZE, RR-SOCK, PAINTED BODY									
USGM4453	180	F	PAINT		SORREL, WHITE, BLAZE, PAINTED BODY									
USGM4454	180	F	QH		BAY, STAR									
USGM4455	240	N	SN		BLACK, LR-FETLOCK									
USGM4456	96	N	TW		BLACK, NO MARKINGS									
USGM4457	144	N	TW		BLACK, NO MARKINGS									
USGM4458	180	N	SN		BLACK, STAR									

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: FEB 07 2011

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, - please print): HIRSCHBACH, BRYAN E. 9689

21. STATUS: [ ] 2 Federal [ ] 1 State [X] 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 30

23. Signature of Endorsing Federal Veterinarian

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): KELLIE A HOUGH, DVM
VETERINARY MEDICAL OFFICER

25. SIGNATURE OF ISSUING VETERINARIAN

FOIA11F0170000300

VS FORM 17-140 (MAR 98) Previous edition may be used.

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)*: SUGARCREEK LIVESTOCK AUCTION, INC.

2. CERTIFICATE NO. FROM VS FORM 17-140: L043783

3. PAGE NO.: 2 OF 2

16. CONSIGNEE'S NAME: CAVEL CANADA EXPORTS

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 / DATE / DATE

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

~~SUGARCREEK LIVESTOCK AUCTION, INC.~~
~~102 BUCKEYE ST.~~
~~SUGARCREEK, OH 44681~~

MODIFIED ACCREDITED AREA (TB) — CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION

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	DATE M	DATE N	DATE O
USGM4459	156	F	OH		SORREL, BLAZE, RR-SOCK									
USGM4460	108	N	SN		BAY, STAR, RF,RR-SOCK									
USGM4461	72	F	SN		BAY, STAR, LR,RR-SOCK									
USGM4462	72	F	SN		BLACK, BRAND ON RIGHT SIDE OF NECK									
USGM4463	240	F	AP		GREY, ROAN, NO MARKINGS									
USGM4464	300	F	OH		CHESTNUT, STAR, SNIP									
USGM4465	240	F	OH		SORREL, STAR, STRIPE, WHITE SPOT ON LEFT SHOULDER									
USGM4466	180	N	OH		BLACK, LR-CORONET, RR-SOCK									
USGM4467	240	F	OH		CHESTNUT, STAR, STRIPE, SNIP, LR,RR-SOCK									
USGM4468	300	F	PAINT		TRICOLOR, BLAZE, RR-STOCKING, PAINTED BODY									
USGM4469	240	F	PAINT		TRICOLOR, STAR, SNIP, LR,RR-SOCK, PAINTED BODY									
USGM4470	156	F	OH		CHESTNUT, STAR, RR-SOCK									

1) THE ANIMALS WERE INSPECTED WITHIN 30 DAYS PRIOR TO EXPORT AND FOUND TO BE HEALTHY AND FREE FROM EVIDENCE OF COMMUNICABLE DISEASE.
2) THE ANIMAL WAS, TO THE BEST OF THE KNOWLEDGE AND BELIEF OF THE ISSUING VETERINARIAN, NOT EXPOSED TO ANY COMMUNICABLE DISEASE WITHIN 60 DAYS PRECEDING THE DATE OF INSPECTION.
3) THE ANIMAL HAS RESIDED IN THE UNITED STATES OR CANADA SINCE BIRTH.
4) THE ANIMALS, AT THE TIME OF THE INSPECTION, WERE FOUND HEALTHY AND IN A PHYSICAL CONDITION FIT TO BE TRANSPORTED.
5) DURING THE PREVIOUS TWENTY ONE (21) DAYS, THE ANIMALS IN THIS SHIPMENT HAVE NOT BEEN IN THE STATE OF ARIZONA, NEW MEXICO OR TEXAS.
6) THE EXPORTER HAS BEEN ADVISED THAT ANY DETERIORATION IN HEALTH OR PHYSICAL CONDITION OF THE ANIMALS THAT MAY RENDER ANIMALS UNFIT FOR TRANSPORT MAY RESULT IN THE SHIPMENT TO BE REFUSED ENTRANCE TO CANADA. (FIT TO BE TRANSPORTED MEANS THAT, ON THE DAY OF INSPECTION, NO ANIMAL HAS AN INFIRMITY, ILLNESS, INJURY OR ANY OTHER CONDITION THAT COULD BE AGGRAVATED WHEN THE ANIMAL IS BEING TRANSPORTED, CAUSING THE ANIMAL TO SUFFER.)

FOIA11F3[illegible]A000301

VS FORM 17-140a (MAR 2005) *Previous edition may be used.*

PART 3 – PORT VETERINARIAN

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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 0579-0160. The time required to complete this information collection is estimated to average 5 min. 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. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 5:00 PM

DATE: 11-2-2011

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: SUGARCREEK OHIO

VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6)

NAME OF AUCTION/MARKET: SUGARCREEK LIVESTOCK AUCT INC

CONSIGNOR (OWNER/SHIPPER) NAME: LEROY N. BAKER

CONSIGNEE (RECEIVER/DESTINATION) NAME: CAVEC CANADA EXPORTS

STREET ADDRESS: 102 BUCKEYE ST P.O.BX 452

STREET ADDRESS: 912, SECOND AVE WEST

CITY, STATE, ZIP CODE: SUGARCREEK OHIO 44681

CITY, STATE, ZIP CODE: OWENSOUND ONTARIO

AREA CODE & TELEPHONE NO.: 330-852-2832

AREA CODE & TELEPHONE NO.: 517 Rang ste juliest jovlwo

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- [X] Pregnant mares are not likely to foal (give birth) during the trip.
- [X] Foals are older than 6 months of age.
- [X] Horses are able to bear weight on all 4 limbs.
- [X] Horses are not blind in both eyes.
- [X] Horses are able to walk unassisted.

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USGM	4411		X						X				X				
2	↑	4412						Sor		X						X		
3		4413		X						X				X				
4		4414						OK/wht					Paint	X				
5		4415						Chest wht					Paint			X		
6		4416						Roan					AP	X				
7		4417	X							X						X		
8		4418					X						TW			X		
9		4419					X			X				X				
10		4420						Sor					Hallinger	X				
11		4421						Sor					Hallinger			X		
12		4422			X					X				X				
13		4423			X					X				X				
14		4424						Chest Roan		X						X		
15	↓	4425					X			X				X				

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

SIGNATURE (b)(6)

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. #505

DATE 13/02/2011

TIME 10h00 A.M

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

FOIA11F0170000302

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

OWNER/SHIPPER CERTIFICATE FITNESS TO TRAVEL TO A SLAUGHTER FACILITY (CONTINUATION SHEET)

(Please type or print in ink)

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 0579-0160. The time required to complete this information collection is estimated to average 5 min. 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. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	2USGM	4426						Sor		X						X		
17	↑	4427						Roan					AP	X				
18		4428	X										SN	X				
19		4429	X										SN	X				
20		4430					X			X				X				
21		4431						Sor		X						X		
22		4432	X										SN	X				
23		4433			X					X				X				
24		4434						Gray Roan		X						X		
25		4435						Sor					Hoffinger	X				
26		4436	X							X						X		
27		4437					X			X				X				
28		4438					X			X				X				
29		4439	X										SN	X				
30	↓	4440						Sor					Hoffinger			X		
31																		
32																		
33																		
34																		
35																		
36																		
37																		
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I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6)

FOIA11F0110303

VS FORM 10-13A

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): SUGARCREEK LIVESTOCK AUCTION, INC.

2. CERTIFICATE NO.: L043788

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 2/4/11

5. U.S. PORT OF EMBARKATION (City and State): ALEXANDRA BAY, NY

6. STATE CODE: 36

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): 102 BUCKEYE ST.

8. CONSIGNOR'S CITY (or Town): SUGARCREEK

12. CONSIGNOR'S STATE: OHIO

13. STATE CODE: 39

14. ZIP CODE: 44681

9. SEMEN ("X" if yes): [ ]

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [X] 2 - Truck [ ] 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address):
CAVEL CANADA EXPORTS
912 SECOND AVENUE WEST
OWEN SOUND, ON

DESTINATION COUNTRY: CANADA

ENTER CODE: CA

15. SPECIES ("X" one - use VS Form 17-6 for Poultry): [ ] 01 BOVINE [ ] 02 PORCINE [ ] 03 OVINE [ ] 04 CAPRINE [X] 05 EQUINE [ ] 08 OTHER WILDLIFE - MAMMAL [ ] 09 OTHER (Specify)

NEGATIVE TUBERCULIN READING: [ ] 48 HRS [ ] 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

CERTIFIED BRUCELLOSIS FREE AREA

NEGATIVE RESULTS OF OTHER TESTS: DISEASE / TYPE TEST / DATE; DISEASE / TYPE TEST / DATE; DISEASE / TYPE TEST / DATE

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

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

17. FARM ORIGIN	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	DATE M	DATE N	DATE O
SUGARCREEK LIVESTOCK AUCTION, INC.	USGM4411	60	F	QH		GREY, NO MARKINGS									
102 BUCKEYE ST.	USGM4412	60	N	QH		SORREL, STAR, STRIPE, LR-SOCK									
SUGARCREEK, OHIO 44681	USGM4413	96	F	QH		GREY, NO MARKINGS									
	USGM4414	144	F	PAINT		BLACK, WHITE, BLAZE, LR-STOCKING, PAINTED BODY									
	USGM4415	24	N	PAINT		CHESTNUT, WHITE, BLAZE, PAINTED BODY									
	USGM4416	300	F	AP		ROAN, NO MARKINGS									
	USGM4417	180	N	QH		BAY, STAR, LR-CORONET									
	USGM4418	108	N	TW		CHESTNUT, BLAZE									
	USGM4419	168	F	QH		CHESTNUT, STAR, STRIPE, SNIP									
	USGM4420	240	F	HAFLINGER		SORREL, BLAZE									
	USGM4421	156	N	HAFLINGER		SORREL, BLAZE									
	USGM4422	156	F	QH		BLACK, STAR, SNIP									
	USGM4423	60	F	QH		BLACK, STAR, SNIP, LR,RR-FETLOCK									
	USGM4424	36	N	QH		CHESTNUT, ROAN, STAR, RR-PASTERN									
	USGM4425	156	F	QH		CHESTNUT, STAR, LR,RR-SOCK									
	USGM4426	24	N	QH		SORREL, BLAZE, LR,RF-SOCK, RR-PASTERN									
	USGM4427	240	F	AP		ROAN, NO MARKINGS									
	USGM4428	180	F	SN		BAY, STAR, BRAND ON RIGHT SIDE OF NECK									

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: FEB 07 2011

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, - please print): HIRSCHBACH, BRYAN E. 9689

21. STATUS: [ ] 2 Federal [ ] 1 State [X] 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 30

23. Signature of Endorsing Federal Veterinarian

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): KELLIE A HOUGH, DVM
VETERINARY MEDICAL OFFICER

25. SIGNATURE OF ISSUING VETERINARIAN

FOIA11F01000304

VS FORM 17-140 (MAR 98) Previous edition may be used.

PART 2- VS RIVERDALE, MARYLAND

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)*: SUGARCREEK LIVESTOCK AUCTION, INC.

2. CERTIFICATE NO. FROM VS FORM 17-140: 10437388

3. PAGE NO.: 2 OF 2

16. CONSIGNEE'S NAME: CAVEL CANADA EXPORST

NEGATIVE TUBERCULIN READING: ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OFFICIAL TESTS

DISEASE	DISEASE	DISEASE
TYPE TEST	TYPE TEST	TYPE TEST

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

~~SUGARCREEK LIVESTOCK AUCTION, INC.~~
~~102 BUCKEYE ST.~~
~~SUGARCREEK, OH 44681~~

MODIFIED ACCREDITED AREA (TB) — CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION

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	DATE M	DATE N	DATE O
USGM4429	84	F	SN		BAY, BRAND ON RIGHT SIDE OF NECK									
USGM4430	24	F	QH		CHESTNUT, STAR									
USGM4431	36	N	QH		SORREL, STAR, LR,RR-SOCK									
USGM4432	84	F	SN		BAY, RR-PASTERN									
USGM4433	240	F	QH		BLACK, NO MARKINGS									
USGM4434	120	N	QH		BAY ROAN, LR-CORONET, RR-FETLOCK									
USGM4435	60	F	HAFLINGER		SORREL, STAR, LR,RR-SOCK									
USGM4436	240	N	QH		BAY, NO MARKINGS									
USGM4437	120	F	QH		CHESTNUT, STAR, LF,RF-FETLOCK									
USGM4438	240	F	QH		CHESTNUT, STAR									
USGM4439	96	F	SN		BAY, NO MARKINGS									
USGM4440	24	N	HAFLINGER		SORREL, BLAZE, LR,RR-SOCK									

1) THE ANIMALS WERE INSPECTED WITHIN 30 DAYS PRIOR TO EXPORT AND FOUND TO BE HEALTHY AND FREE FROM EVIDENCE OF COMMUNICABLE DISEASE.
2) THE ANIMAL WAS, TO THE BEST OF THE KNOWLEDGE AND BELIEF OF THE ISSUING VETERINARIAN, NOT EXPOSED TO ANY COMMUNICABLE DISEASE WITHIN 60 DAYS PRECEDING THE DATE OF INSPECTION.
3) THE ANIMAL HAS RESIDED IN THE UNITED STATES OR CANADA SINCE BIRTH.
4) THE ANIMALS, AT THE TIME OF THE INSPECTION, WERE FOUND HEALTHY AND IN A PHYSICAL CONDITION FIT TO BE TRANSPORTED.
5) DURING THE PREVIOUS TWENTY ONE (21) DAYS, THE ANIMALS IN THIS SHIPMENT HAVE NOT BEEN IN THE STATE OF ARIZONA, NEW MEXICO OR TEXAS.
6) THE EXPORTER HAS BEEN ADVISED THAT ANY DETERIORATION IN HEALTH OR PHYSICAL CONDITION OF THE ANIMALS THAT MAY RENDER ANIMALS UNFIT FOR TRANSPORT MAY RESULT IN THE SHIPMENT TO BE REFUSED ENTRANCE TO CANADA. (FIT TO BE TRANSPORTED MEANS THAT, ON THE DAY OF INSPECTION NO ANIMAL HAS AN INFIRMITY, ILLNESS, INJURY OR ANY OTHER CONDITION THAT COULD BE AGGRAVATED WHEN THE ANIMAL IS BEING TRANSPORTED, CAUSING THE ANIMAL TO SUFFER.)

Kimberly Hurst, DVM

FOIA11E01A000305

VS FORM 17-140a (MAR 2005) *Previous edition may be used.*

PART 2 – VS RIVERDALE, MARYLAND

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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 0579-0160. The time required to complete this information collection is estimated to average 5 min. 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. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 10:30 Am

DATE: 02-24-2011

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: SUGARCREEK OHIO

VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6)

NAME OF AUCTION/MARKET: SUGARCREEK LIVESTOCK AUCT INC

CONSIGNOR (OWNER/SHIPPER) NAME: Leroy H. Baker

CONSIGNEE (RECEIVER/DESTINATION) NAME: Cavel Canada EXPORTS

STREET ADDRESS: 102 Buckeye ST P.O Bx 452

STREET ADDRESS: 912 Second Ave West

CITY, STATE, ZIP CODE: SUGARCREEK OHIO 44681

CITY, STATE, ZIP CODE: 517 Bang Ste Julrest Jovlwo

AREA CODE & TELEPHONE NO.: 330-852-2832

AREA CODE & TELEPHONE NO.:

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- [X] Pregnant mares are not likely to foal (give birth) during the trip.
- [X] Foals are older than 6 months of age.
- [X] Horses are able to bear weight on all 4 limbs.
- [X] Horses are not blind in both eyes.
- [X] Horses are able to walk unassisted.

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	215GM	4724						Sor wht					Paint	X				
2	↑	4725			X								TW	X				
3		4726	X										SW			X		
4		4727						Palo wht					Paint	X				
5		4728					X						TW	X				
6		4729	X							X				X				
7		4730			X					X				X				
8		4731						Sor		X						X		
9		4732						Palo		X						X		
10		4733	X										SW			X		
11		4734	X										SW			X		
12		4735	X										SW			X		
13		4736						Sor		X				X				
14		4737		X						X				X				
15	↓	4738						Blk wht					Paint	X				

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

SIGNATURE (b)(6)

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. 505

DATE 25/02/2011

TIME 9h00 A.M

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

FOIA11F0170000306

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY
(CONTINUATION SHEET)

(Please type or print in ink)

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 0579-0160. The time required to complete this information collection is estimated to average 5 min. 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. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	21SGM	4739						TRI					Paint	X				
17	↑	4740	X							X						X		
18		4741			X								SW			X		
19		4742			X								TW			X		
20		4743		X						X						X		
21		4744					X			X				X				
22		4745						Sor wht					Paint	X				
23		4746						TRI					Paint	X				
24		4747						TRI					Paint			X		
25		4748						Blue Roan		X						X		
26		4749					X			X						X		
27		4750					X						Mustang			X		
28		4751	X							X				X				
29		4752	X										SW			X		
30	↓	4753					X			X					X			
31																		
32																		
33																		
34																		
35																		
36																		
37																		
38																		
39																		
40																		
41																		
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45																		

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6)

VS FORM 10-13A

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. 0579-0029 and 0101

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): SUGARCREEK LIVESTOCK AUCTION, INC.

2. CERTIFICATE NO.: L043946

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 2/18/11

5. U.S. PORT OF EMBARKATION (City and State): ALEXANDRIA BAY, NY

6. STATE CODE: 36

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): 102 BUCKEYE ST.

8. CONSIGNOR'S CITY (or Town): SUGARCREEK

12. CONSIGNOR'S STATE: OHIO

13. STATE CODE: 39

14. ZIP CODE: 44681

9. SEMEN ("X" if yes): [ ]

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [X] 2 - Truck [ ] 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address): CAVEL CANADA EXPORTS
912 SECOND AVENUE WEST
OWEN SOUND, ON

DESTINATION COUNTRY: CANADA

ENTER CODE: CA

15. SPECIES ("X" one - use VS Form 17-6 for Poultry): [ ] 01 BOVINE [ ] 02 PORCINE [ ] 03 OVINE [ ] 04 CAPRINE [X] 05 EQUINE [ ] 08 OTHER WILDLIFE - MAMMAL [ ] 09 OTHER (Specify)

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
DATE M	DATE N	DATE O

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

MODIFIED ACCREDITED AREA (TB)

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	DATE M	DATE N	DATE O
SUGARCREEK LIVESTOCK AUCTION, INC.	USGM4724	108	F	PAINT	SORREL, WHITE, BLAZE, LR,RR-STOCKING, PAINTED BODY									
102 BUCKEYE ST.	USGM4725	180	F	TW	BLACK, STAR, SNIP, LR,RR-SOCK, RF-PASTERN									
SUGARCREEK, OHIO 44681	USGM4726	108	N	SN	BAY, LR-PASTERN, BRAND ON RIGHT SIDE OF NECK									
	USGM4727	240	F	PAINT	PALOMINO, WHITE, BLAZE, RF-STOCKING, PAINTED BODY									
	USGM4728	180	F	TW	CHESTNUT, STAR									
	USGM4729	84	F	QH	BAY, STAR									
	USGM4730	24	F	QH	BLACK, LF-CORONET, LR,RR-SOCK									
	USGM4731	156	N	QH	SORREL, BLAZE, LR,RR-SOCK									
	USGM4732	180	N	QH	PALOMINO, BLAZE									
	USGM4733	300	N	SN	BAY, LR-PASTERN									
	USGM4734	300	N	SN	BAY, LR-SOCK, RR-PASTERN									
	USGM4735	144	N	SN	BAY, LR-PASTERN, RR-CORONET									
	USGM4736	144	F	QH	SORREL, STAR, STRIPE, SNIP, LR-SOCK, RR-FETLOCK									
	USGM4737	156	F	QH	GREY, NO MARKINGS									
	USGM4738	48	F	PAINT	BLACK, WHITE, BLAZE, PAINTED BODY									
	USGM4739	48	F	PAINT	TRICOLOR, BLAZE, PAINTED BODY									
	USGM4740	84	N	QH	BAY, STAR									
	USGM4741	168	N	SN	BLACK, LR-SOCK, BRAND ON RIGHT SIDE OF NECK									

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: FEB 22 2011

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, - please print): HIRSCHBACH, BRYAN E. 9689

21. STATUS: [ ] 2 Federal [ ] 1 State [X] 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 30

23. Signature of Endorsing Federal Veterinarian: Kellie A Hough DVM

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): KELLIE A HOUGH, DVM
VETERINARY MEDICAL OFFICER

25. SIGNATURE OF ISSUING VETERINARIAN

FOIA11-FSIA000308

VS FORM 17-140 (MAR 98) Previous edition may be used.

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*): SUGARCREEK LIVESTOCK AUCTION, INC.

2. CERTIFICATE NO. FROM VS FORM 17-140: 10043946

3. PAGE NO.: 2 OF 2

16. CONSIGNEE'S NAME: CAVEL CANADA EXPORTS

NEGATIVE TUBERCULIN READING: ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS: DISEASE / TYPE TEST / DATE

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

~~SUGARCREEK LIVESTOCK AUCTION, INC.~~
~~102 BUCKEYE ST.~~
SUGARCREEK, OH 44681

MODIFIED ACCREDITED AREA (TB) ____ CERTIFIED BRUCELLOSIS FREE AREA ____

18. INDIVIDUAL IDENTIFICATION

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	DATE M	DATE N	DATE O
USGM4742	144	N	TW		BLACK, STAR									
USGM4743	120	N	QH		GREY, NO MARKINGS									
USGM4744	180	F	QH		CHESTNUT, STAR, STRIPE, SNIP, LR-SOCK									
USGM4745	72	F	PAINT		SORREL, WHITE, BLAZE, PAINTED BODY									
USGM4746	60	F	PAINT		TRICOLOR, BLAZE, LR-STOCKING, PAINTED BODY									
USGM4747	48	N	PAINT		TRICOLOR, STAR, SNIP, PAINTED BODY									
USGM4748	108	N	QH		BLUE ROAN, STAR									
USGM4749	144	N	QH		CHESTNUT, BLAZE, RR-SOCK									
USGM4750	96	N	MUSTANG		CHESTNUT, STAR, STRIPE, SNIP, RR-PASTERN, BRAND ON LEFT SIDE OF NEC									
USGM4751	72	F	QH		BAY, LR-PASTERN, RR-CORONET									
USGM4752	300	N	SN		BAY, STAR, LR-SOCK									
USGM4753	96	M	QH		CHESTNUT, STAR									

1) THE ANIMALS WERE INSPECTED WITHIN 30 DAYS PRIOR TO EXPORT AND FOUND TO BE HEALTHY AND FREE FROM EVIDENCE OF COMMUNICABLE ~~DISEASE.~~
2) THE ANIMAL WAS, TO THE BEST OF THE KNOWLEDGE AND BELIEF OF THE ISSUING VETERINARIAN, NOT EXPOSED TO ANY COMMUNICABLE DISEASE WITHIN 60 DAYS PRECEDING THE DATE OF INSPECTION.
3) THE ANIMAL HAS RESIDED IN THE UNITED STATES OR CANADA SINCE BIRTH.
4) THE ANIMALS, AT THE TIME OF THE INSPECTION, WERE FOUND HEALTHY AND IN A PHYSICAL CONDITION FIT TO BE TRANSPORTED.
5) DURING THE PREVIOUS TWENTY ONE (21) DAYS, THE ANIMALS IN THIS SHIPMENT HAVE NOT BEEN ~~IN THE STATE OF ARIZONA,~~ NEW MEXICO OR TEXAS.
6) ~~THE EXPORTER HAS BEEN ADVISED THAT ANY DETERIORATION IN HEALTH OR PHYSICAL CONDITION OF THE ANIMALS THAT MAY RENDER~~ ANIMALS UNFIT FOR TRANSPORT MAY RESULT IN THE SHIPMENT TO BE REFUSED ENTRANCE TO CANADA. (FIT TO BE TRANSPORTED MEANS THAT, ON THE DAY OF INSPECTION NO ANIMAL HAS AN INFIRMITY, ILLNESS, INJURY OR ANY OTHER CONDITION THAT COULD BE AGGRAVATED WHEN THE ANIMAL IS BEING TRANSPORTED, CAUSING THE ANIMAL TO SUFFER.)

FOIA11F0170309

VS FORM 17-140a (11-8-2005) *Previous edition may be used.*

PART 2 – VS RIVERDALE, MARYLAND

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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 0579-0160. The time required to complete this information collection is estimated to average 5 min. 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. 0579-0160

TIME HORSES LOADED ON CONVEYANCE

DATE 02-22-11

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: SUGARCREEK OHIO

VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6)

NAME OF AUCTION/MARKET: SUGARCREEK LIVESTOCK AUCT INC.

CONSIGNOR (OWNER/SHIPPER) NAME: Leroy H. Baker

CONSIGNEE (RECEIVER/DESTINATION) NAME: Carel Canada Exports

STREET ADDRESS: 102 Buckeye ST P.O Bx 452

STREET ADDRESS: 912 Second ave West

CITY, STATE, ZIP CODE: SUGARCREEK OHIO 44681

CITY, STATE, ZIP CODE: OWENSBURG ONTARIO 519 Rang ste juliest juvlaw

AREA CODE & TELEPHONE NO.: 330-852-2832

AREA CODE & TELEPHONE NO.:

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- [X] Pregnant mares are not likely to foal (give birth) during the trip.
- [X] Foals are older than 6 months of age.
- [X] Horses are able to bear weight on all 4 limbs.
- [X] Horses are not blind in both eyes.
- [X] Horses are able to walk unassisted.

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USGM	4754			X								SV		X			
2	↑	4755	X										SV	X				
3		4756	X										SV			X		
4		4757	X										SV	X				
5		4758		X					TH							X		
6		4759		X						X						X		
7	—	4760					X			X				X				
8	—	4761			X								SV	X				
9		4762	X										SV			X		
10		4763	X										SV			X		
11		4764						Sor		X				X				
12		4765						Sor wht					Paint	X				
13		4766						Sor paint					Paint	X				
14		4767					X		TH					X				
15	↓	4768	X										SV			X		

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

SIGNATURE (b)(6)

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. #505

DATE 23/02/2011

TIME 17h15 P.M

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY
(CONTINUATION SHEET)

(Please type or print in ink)

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 0579-0160. The time required to complete this information collection is estimated to average 5 min. 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. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	815GM	4769					X			X						X		
17	↑	4770						Sor					SV			X		
18		4771			X								SV			X		
19		4772	X										SV			X		
20		4773			X								SV	X				
21		4774	X						TH							X		
22		4775	X						TH							X		
23		4776					X		TH							X		
24		4777	X						TH							X		
25		4778	X						TH					X				
26		4779	X							X						X		
27		4780						Sor		X				X				
28	↓	4781	X										SV			X		
29																		
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I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6)

FOIA11F301A000311

VS FORM 10-13A

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. 0579-0220 and 0579-

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): SUGARCREEK LIVESTOCK AUCTION, INC.

2. CERTIFICATE NO.: L043940

3. PAGE NO. 2 OF 2

4. DATE ISSUED: 2/18/11

5. U.S. PORT OF EMBARKATION (City and State): ALEXANDRIA BAY, NY

6. STATE CODE: 36

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): 102 BUCKEYE ST.

8. CONSIGNOR'S CITY (or Town): SUGARCREEK

12. CONSIGNOR'S STATE: OHIO

13. STATE CODE: 39

14. ZIP CODE: 44681

9. SEMEN ("X" if yes): [ ]

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [X] 2 - Truck [ ] 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address): CAVEL CANADA EXPORTS
912 SECOND AVENUE WEST
OWEN SOUND, ON

DESTINATION COUNTRY: CANADA

ENTER CODE: CA

15. SPECIES ("X" one - use VS Form 17-6 for Poultry): [ ] 01 BOVINE [ ] 02 PORCINE [ ] 03 OVINE [ ] 04 CAPRINE [X] 05 EQUINE [ ] 08 OTHER WILDLIFE - MAMMAL [ ] 09 OTHER (Specify)

NEGATIVE TUBERCULIN READING: [ ] 48 HRS [ ] 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS: DISEASE / TYPE TEST / DATE

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

MODIFIED ACCREDITED AREA (TB)

CERTIFIED BRUCELLOSIS FREE AREA

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	DISEASE / TYPE TEST / DATE M	DISEASE / TYPE TEST / DATE N	DISEASE / TYPE TEST / DATE O
SUGARCREEK LIVESTOCK AUCTION, INC.														
102 BUCKEYE ST.														
SUGARCREEK, OHIO 44681														
USGM4754	72	M	SN		BLACK, STAR, BRAND ON RIGHT SIDE OF NECK									
USGM4755	108	F	SN		BAY, STAR, SNIP, LR-SOCK									
USGM4756	132	N	SN		BAY, BRAND ON RIGHT SIDE OF NECK									
USGM4757	240	F	SN		BAY, NO MARKINGS									
USGM4758	84	N	TH		GREY, NO MARKINGS									
USGM4759	144	N	QH		GREY, NO MARKINGS									
USGM4760	72	F	QH		CHESTNUT, STAR, RR-FETLOCK									
USGM4761	96	F	SN		BLACK, BRAND ON RIGHT SIDE OF NECK									
USGM4762	132	N	SN		BAY, LR-CORONET									
USGM4763	120	N	SN		BAY, NO MARKINGS									
USGM4764	180	F	QH		SORREL, STAR, STRIPE, BRAND ON RIGHT SHOULDER									
USGM4765	156	F	PAINT		SORREL, WHITE, BALD FACE, LR,RR-SOCK, PAINTED BODY									
USGM4766	72	F	PAINT		SORREL, WHITE, BLAZE, RR-STOCKING, PAINTED BODY									
USGM4767	72	F	TH		CHESTNUT, STAR, STRIPE									
USGM4768	120	N	SN		BAY, NO MARKINGS									
USGM4769	36	N	QH		CHESTNUT, BLAZE, LR-SOCK									
USGM4770	180	N	SN		SORREL, STAR, STRIPE, SNIP, LR,RR-SOCK									
USGM4771	180	N	SN		BLACK, STAR, STRIPE, LR,LF-SOCK,RF-PASTERN, BRAND ON RIGHT SIDE OF NECK									

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: FEB 22 2011

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, - please print): HIRSCHBACH, BRYAN E. 9689

21. STATUS: [ ] 2 Federal [ ] 1 State [X] 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 28

23. Signature of Endorsing Federal Veterinarian

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): KELLIE A HOUGH, DVM
VETERINARY MEDICAL OFFICER

25. SIGNATURE OF ISSUING VETERINARIAN

FOIA11-~~FSIA~~000312

VS FORM 17-140 (MAR 98) Previous edition may be used.

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)*: SUGARCREEK LIVESTOCK AUCTION, INC.

2. CERTIFICATE NO. FROM VS FORM 17-140: L043940

3. PAGE NO.: 2 OF 2

16. CONSIGNEE'S NAME: CAVEL CANADA EXPORTS

NEGATIVE TUBERCULIN READING: ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS: DISEASE / TYPE TEST / DISEASE / TYPE TEST / DISEASE / TYPE TEST

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

~~SUGARCREEK LIVESTOCK AUCTION, INC.~~
~~102 BUCKEYE ST.~~
SUGARCREEK, OH 44681

MODIFIED ACCREDITED AREA (TB) — CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION

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	DATE M	DATE N	DATE O
USGM4772	240	N	SN		BAY, BRAND ON RIGHT SIDE OF NECK									
USGM4773	180	F	SN		BLACK, NO MARKINGS									
USGM4774	108	N	TH		BAY, STAR									
USGM4775	84	N	TH		BAY, STAR, LR-SOCK									
USGM4776	84	N	TH		CHESTNUT, STAR, LF-FETLOCK, LR,RR-SOCK									
USGM4777	120	N	TH		BAY, STAR, STRIPE, SNIP, LF,LR,RF,RR-SOCK									
USGM4778	120	F	TH		BAY, STAR									
USGM4779	144	N	QH		BAY, NO MARKINGS									
USGM4780	144	F	QH		SORREL, BLAZE									
USGM4781	120	N	SN		BAY, RR-FETLOCK									

1) THE ANIMALS WERE INSPECTED WITHIN 30 DAYS PRIOR TO EXPORT AND FOUND TO BE HEALTHY AND FREE FROM EVIDENCE OF COMMUNICABLE ~~DISEASE.~~
2) THE ANIMAL WAS, TO THE BEST OF THE KNOWLEDGE AND BELIEF OF THE ISSUING VETERINARIAN, NOT EXPOSED TO ANY COMMUNICABLE DISEASE WITHIN 60 DAYS PRECEDING THE DATE OF INSPECTION.
3) THE ANIMAL HAS RESIDED IN THE UNITED STATES OR CANADA SINCE BIRTH.
4) THE ANIMALS, AT THE TIME OF THE INSPECTION, WERE FOUND HEALTHY AND IN A PHYSICAL CONDITION FIT TO BE TRANSPORTED.
5) DURING THE PREVIOUS TWENTY ONE (21) DAYS, THE ANIMALS IN THIS SHIPMENT HAVE NOT BEEN ~~IN THE STATE OF ARIZONA,~~ NEW MEXICO OR TEXAS.
6) ~~THE EXPORTER HAS BEEN ADVISED THAT ANY DETERIORATION IN HEALTH OR PHYSICAL CONDITION OF THE ANIMALS THAT MAY RENDER~~ ANIMALS UNFIT FOR TRANSPORT MAY RESULT IN THE SHIPMENT TO BE REFUSED ENTRANCE TO CANADA. (FIT TO BE TRANSPORTED MEANS ~~THAT, ON THE DAY OF INSPECTION NO ANIMAL HAS AN INFIRMITY, ILLNESS, INJURY OR ANY OTHER CONDITION THAT COULD BE~~ AGGRAVATED WHEN THE ANIMAL IS BEING TRANSPORTED, CAUSING THE ANIMAL TO SUFFER.)

NVM

FOIA11F0170003 13

VS FORM 17-140a (MAR 2005) *Previous edition may be used.*

PART 3 – PORT VETERINARIAN

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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 0579-0160. The time required to complete this information collection is estimated to average 5 min. 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. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 11:30 am

DATE: 02-22-2011

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: SugarCreek OHIO

VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6)

NAME OF AUCTION/MARKET: SugarCreek Livestock Auct Inc

CONSIGNOR (OWNER/SHIPPER) NAME: Leroy N. Baker

CONSIGNEE (RECEIVER/DESTINATION) NAME: Carel Canada Exports

STREET ADDRESS: 102 Buckeye ST P.O.Bx 452

STREET ADDRESS: 912 Second Ave. West

CITY, STATE, ZIP CODE: SugarCreek OHIO 44681

CITY, STATE, ZIP CODE: Owensound Ontario

AREA CODE & TELEPHONE NO.: 330-852-2832

AREA CODE & TELEPHONE NO.: 519 Rang Ste Julie ST Jovlico

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- [x] Pregnant mares are not likely to foal (give birth) during the trip.
- [x] Foals are older than 6 months of age.
- [x] Horses are able to bear weight on all 4 limbs.
- [x] Horses are not blind in both eyes.
- [x] Horses are able to walk unassisted.

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	2156M	4782	X							X						X		
2	↑	4783			X						PE			X				
3		4784						Sor			BL					X		
4		4785						Sor			BL			X				
5		4786	X										SV			X		
6		4787		X							PE			X				
7		4788		X							PE			X				
8		4789			X						PE			X				
9		4790	X							X				X				
10		4791		X							PE					X		
11		4792						Tri					Paint			X		
12		4793	X										SV			X		
13		4794						Sor			BL					X		
14		4795						Sor			BL					X		
15	↓	4796	X										SV	X				

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

SIGNATURE (b)(6)

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. #505

DATE 23/02/2011

TIME 8h 15 A.M.

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

FOIA11F0110314

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY
(CONTINUATION SHEET)

(Please type or print in ink)

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 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM APPROVED OMB NO. 0579-0160

#	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	2166M	4797						Sor					Paint	X				
17	↑	4798			X						DE					X		
18		4799	X										AB	X				
19		4800	X										SV			X		
20		4801	X										SV	X				
21		4802					X						SV			X		
22		4803	X										SV			X		
23		4804	X										SV			X		
24		4805					X			X				X				
25	↓	4806	X										SV			X		
26																		
27																		
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SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6)

FOIA11F3011A0010315

VS FORM 10-13A

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. 0579-0026

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): SUGARCREEK LIVESTOCK AUCTION, INC.

2. CERTIFICATE NO.: 1043043

3. PAGE NO. 2 OF 2

4. DATE ISSUED: 2/18/11

5. U.S. PORT OF EMBARKATION (City and State): ALEXANDRIA BAY, NY

6. STATE CODE: 36

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): 102 BUCKEYE ST.

8. CONSIGNOR'S CITY (or Town): SUGARCREEK

12. CONSIGNOR'S STATE: OHIO

13. STATE CODE: 39

14. ZIP CODE: 44681

9. SEMEN ("X" if yes): [ ]

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [X] 2 - Truck [ ] 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address): CAVEL CANADA EXPORTS, 912 SECOND AVENUE WEST, OWEN SOUND, ON

DESTINATION COUNTRY: CANADA

ENTER CODE: CA

15. SPECIES ("X" one - use VS Form 17-6 for Poultry): [ ] 01 BOVINE [ ] 02 PORCINE [ ] 03 OVINE [ ] 04 CAPRINE [X] 05 EQUINE [ ] 08 OTHER WILDLIFE - MAMMAL [ ] 09 OTHER (Specify)

NEGATIVE TUBERCULIN READING: [ ] 48 HRS [ ] 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

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

MODIFIED ACCREDITED AREA (TB)

CERTIFIED BRUCELLOSIS FREE AREA

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)

17. FARM ORIGIN	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	DISEASE / TYPE TEST / DATE M	DISEASE / TYPE TEST / DATE N	DISEASE / TYPE TEST / DATE O
SUGARCREEK LIVESTOCK AUCTION, INC.	USGM4782	300	N	QH		BAY, NO MARKINGS									
102 BUCKEYE ST.	USGM4783	240	F	PE		BLACK, STAR									
SUGARCREEK, OHIO 44681	USGM4784	240	N	BL		SORREL, BLAZE									
	USGM4785	300	F	BL		SORREL, BLAZE									
	USGM4786	300	N	SN		BAY, STAR, STRIPE, SNIP, LF-SOCK									
	USGM4787	240	F	PE		GREY, NO MARKINGS									
	USGM4788	240	F	PE		GREY, NO MARKINGS									
	USGM4789	36	F	PE		BLACK, STAR									
	USGM4790	156	F	QH		BAY, NO MARKINGS									
	USGM4791	300	N	PE		GREY, NO MARKINGS									
	USGM4792	216	N	PAINT		TRICOLOR, BLAZE, LF,LR,RF,RR-STOCKING, PAINTED BODY									
	USGM4793	240	N	SN		BAY, STAR, LR-PASTERN									
	USGM4794	180	N	BL		SORREL, BLAZE									
	USGM4795	300	N	BL		SORREL, BLAZE									
	USGM4796	180	F	SN		BAY, LR-PASTERN, BRAND ON RIGHT SIDE OF NECK									
	USGM4797	180	F	PAINT		SORREL, BLAZE, LF,LR,RF,RR-SOCK									
	USGM4798	36	N	PE		BLACK, STAR, SNIP, LR-PASTERN, RR-CORONET									
	USGM4799	240	F	AB		BAY, STAR, STRIPE, SNIP, LR,RF,RR-SOCK									

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: FEB 22 2011

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, - please print): HIRSCHBACH, BRYAN E. 9689

21. STATUS: [ ] 2 Federal [ ] 1 State [X] 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 25

23. Signature of Endorsing Federal Veterinarian

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): KELLIE A HOUGH, DVM, VETERINARY MEDICAL OFFICER

25. SIGNATURE OF ISSUING VETERINARIAN

FOIA11F0117000316

VS FORM 17-140 (MAR 98) Previous edition may be used.

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)*: SUGARCREEK LIVESTOCK AUCTION, INC.

2. CERTIFICATE NO. FROM VS FORM 17-140: L043943

3. PAGE NO.: 2 OF 2

16. CONSIGNEE'S NAME: CAVEL CANADA EXPORTS

NEGATIVE TUBERCULIN READING: ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

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

MODIFIED ACCREDITED AREA (TB) — CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION

	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	DISEASE / TYPE TEST / DATE M	DISEASE / TYPE TEST / DATE N	DISEASE / TYPE TEST / DATE O
SUGARCREEK LIVESTOCK AUCTION, INC.	USGM4800	180	N	SN		BAY, NO MARKINGS									
102 BUCKEYE ST.	USGM4801	180	F	SN		BAY, NO MARKINGS									
SUGARCREEK, OH 44681	USGM4802	96	N	SN		CHESTNUT, NO MARKINGS									
	USGM4803	180	N	SN		BAY, STAR, RF-PASTERN									
	USGM4804	60	N	SN		BAY, LR,RR-SOCK									
	USGM4805	84	F	OH		CHESTNUT, BLAZE, RF-STOCKING, LF,LR,RR-SOCK									
	USGM4806	156	N	SN		BAY, STAR, LF,RR-SOCK									

1) THE ANIMALS WERE INSPECTED WITHIN 30 DAYS PRIOR TO EXPORT AND FOUND TO BE HEALTHY AND FREE FROM EVIDENCE OF COMMUNICABLE DISEASE.
2) THE ANIMAL WAS, TO THE BEST OF THE KNOWLEDGE AND BELIEF OF THE ISSUING VETERINARIAN, NOT EXPOSED TO ANY COMMUNICABLE DISEASE WITHIN 60 DAYS PRECEDING THE DATE OF INSPECTION.
3) THE ANIMAL HAS RESIDED IN THE UNITED STATES OR CANADA SINCE BIRTH.
4) THE ANIMALS, AT THE TIME OF THE INSPECTION, WERE FOUND HEALTHY AND IN A PHYSICAL CONDITION FIT TO BE TRANSPORTED.
5) DURING THE PREVIOUS TWENTY-ONE (21) DAYS, THE ANIMALS IN THIS SHIPMENT HAVE NOT BEEN IN THE STATE OF ARIZONA, NEW MEXICO OR TEXAS.
6) THE EXPORTER HAS BEEN ADVISED THAT ANY DETERIORATION IN HEALTH OR PHYSICAL CONDITION OF THE ANIMALS THAT MAY RENDER ANIMALS UNFIT FOR TRANSPORT MAY RESULT IN THE SHIPMENT TO BE REFUSED ENTRANCE TO CANADA. (FIT TO BE TRANSPORTED MEANS THAT, ON THE DAY OF INSPECTION, NO ANIMAL HAS AN INFIRMITY, ILLNESS, INJURY OR ANY OTHER CONDITION THAT COULD BE AGGRAVATED WHEN THE ANIMAL IS BEING TRANSPORTED, CAUSING THE ANIMAL TO SUFFER.)

FOIA11FS01A000317

VS FORM 17-140a (MAR 2005) *Previous edition may be used.*

PART 3 – PORT VETERINARIAN

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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 0579-0160. The time required to complete this information collection is estimated to average 5 min. 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. 0579-0160

TIME HORSES LOADED ON CONVEYANCE:
DATE:
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: SugarCreek Ohio

VEHICLE LICENSE NO. AND DRIVER'S NAME:
NAME OF AUCTION/MARKET: SugarCreek Livestock Auct Inc

CONSIGNOR (OWNER/SHIPPER) NAME: Leroy L. Baker
CONSIGNEE (RECEIVER/DESTINATION) NAME: Cavel Canada Exports

STREET ADDRESS: 102 Buckeye St PO Bx 452
STREET ADDRESS: 912 Second Ave West Owen Sound Ontario

CITY, STATE, ZIP CODE: SugarCreek Ohio 44681
CITY, STATE, ZIP CODE: 517 Rang ste Juliest Jovlood

AREA CODE & TELEPHONE NO.: 330-852-2832
AREA CODE & TELEPHONE NO.:

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- [x] Pregnant mares are not likely to foal (give birth) during the trip.
- [x] Foals are older than 6 months of age.
- [x] Horses are able to bear weight on all 4 limbs.
- [x] Horses are not blind in both eyes.
- [x] Horses are able to walk unassisted.

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USGM	4694			X					X						X		
2	↑	4695			X					X				X				
3		4696						Sor		X				X				
4		4697						Sor		X						X		
5		4698	X										Sr	X				
6		4699	X							X						X		
7		4700					X			X				X				
8		4701					X			X				X				
9		4702						Palo		X						X		
10		4703					X			X				X				
11		4704						Sor		X				X				
12		4705					X						Tw	X				
13		4706						Sor		X				X				
14		4707						Sor					Heffinger			X		
15	↓	4708	X										Sr	X				

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

SIGNATURE (b)(6)

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. #5205
DATE 23/02/2011
TIME 13h00 P.m.

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.
DATE
TIME

FOIA11FSCIA000318

Previous editions are obslete

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

OWNER/SHIPPER CERTIFICATE FITNESS TO TRAVEL TO A SLAUGHTER FACILITY (CONTINUATION SHEET)

(Please type or print in ink)

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 0579-0160. The time required to complete this information collection is estimated to average 5 min. 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. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	215GM	4709						Sor		X						X		
17	↑	4710						Chst Leopard					AP	X				
18		4711	X										Sr			X		
19		4712						Sor		X						X		
20		4713					X			X				X				
21		4714	X							X				X				
22		4715	X							X				X				
23		4716						Sor				X				X		
24		4717						Sor Roan					AP	X				
25		4718	X							X				X				
26		4719						Sor Wht					Paint			X		
27		4720	X										Sr	X				
28		4721			X								TW			X		
29		4722	X							X				X				
30	↓	4723	X							X						X		
31																		
32																		
33																		
34																		
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I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6)

FOIA11F3011A000319

VS FORM 10-13A

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. 0579-0020 and 0101

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): SUGARCREEK LIVESTOCK AUCTION, INC.

2. CERTIFICATE NO.: L043942

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 2/18/11

5. U.S. PORT OF EMBARKATION (City and State): ALEXANDRIA BAY, NY

6. STATE CODE: 36

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): 102 BUCKEYE ST.

8. CONSIGNOR'S CITY (or Town): SUGARCREEK

12. CONSIGNOR'S STATE: OHIO

13. STATE CODE: 39

14. ZIP CODE: 44681

9. SEMEN ("X" if yes): [ ]

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [X] 2 - Truck [ ] 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address):
CAVEL CANADA EXPORTS
912 SECOND AVENUE WEST
OWEN SOUND, ON

DESTINATION COUNTRY: CANADA

ENTER CODE: CA

15. SPECIES ("X" one - use VS Form 17-6 for Poultry)
[ ] 01 BOVINE [ ] 02 PORCINE [ ] 03 OVINE [ ] 04 CAPRINE
[X] 05 EQUINE [ ] 08 OTHER WILDLIFE - MAMMAL
[ ] 09 OTHER (Specify)

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

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

MODIFIED ACCREDITED AREA (TB)

CERTIFIED BRUCELLOSIS FREE AREA

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

SUGARCREEK LIVESTOCK AUCTION, INC.
102 BUCKEYE ST.
SUGARCREEK, OHIO 44681

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
USGM4694	12	N	QH		BLACK, NO MARKINGS						
USGM4695	12	F	QH		BLACK, NO MARKINGS						
USGM4696	300	F	QH		SORREL, STAR						
USGM4697	300	N	QH		SORREL, STAR, STRIPE, SNIP						
USGM4698	300	F	SN		BAY, NO MARKINGS						
USGM4699	180	N	QH		BAY, STAR, STRIPE, SNIP, LF,LR,RR-SOCK						
USGM4700	72	F	QH		CHESTNUT, STAR						
USGM4701	84	F	QH		CHESTNUT, STAR						
USGM4702	48	N	QH		PALOMINO, STAR, STRIPE, SNIP, LF,RF-SOCK, LR-PASTERN						
USGM4703	72	F	QH		CHESTNUT, STAR, RR-PASTERN						
USGM4704	24	F	QH		SORREL, BLAZE, LR,RR-SOCK						
USGM4705	48	F	TW		CHESTNUT, BLAZE, LF,LR,RR-STOCKING						
USGM4706	120	F	QH		SORREL, STAR						
USGM4707	60	N	HAFLINGER		SORREL, BLAZE, WHITE MARKINGS ON RUMP						
USGM4708	300	F	SN		BAY, STAR, LR-FETLOCK						
USGM4709	60	N	QH		SORREL, STAR, STRIPE, SNIP						
USGM4710	48	F	AP		CHESTNUT LEOPARD SPOTS OVER BODY						
USGM4711	48	N	SN		BAY, STAR, SNIP, LF,LR-SOCK, RR-PASTERN						

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: FEB 22 2011

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, - please print): HIRSCHBACH, BRYAN E. 9689

21. STATUS: [ ] 2 Federal [ ] 1 State [X] 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 30

23. Signature of Endorsing Federal Veterinarian

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): KELLIE A HOUGH, DVM
VETERINARY MEDICAL OFFICER

25. SIGNATURE OF ISSUING VETERINARIAN

FOIA11F3IA000320

VS FORM 17-140 (MAR 98) Previous edition may be used.

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): SUGARCREEK LIVESTOCK AUCTION, INC.

2. CERTIFICATE NO.: L043942

3. PAGE NO.: 2 OF 2

16. CONSIGNEE'S NAME: CAVEL CANADA EXPORTS

NEGATIVE TUBERCULIN READING: ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS: DISEASE / TYPE TEST

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

~~SUGARCREEK LIVESTOCK AUCTION, INC.~~
~~102 BUCKEYE ST.~~
~~SUGARCREEK, OH 44681~~

MODIFIED ACCREDITED AREA (TB) — CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION

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	DATE M	DATE N	DATE O
USGM4712	72	N	QH		SORREL, BLAZE									
USGM4713	24	F	QH		CHESTNUT, BLAZE, LF,LR,RR-SOCK									
USGM4714	180	F	QH		BAY, STAR, SNIP									
USGM4715	120	F	QH		BAY, NO MARKINGS									
USGM4716	180	N	PONY		SORREL, BLAZE									
USGM4717	300	F	AP		SORREL ROAN, NO MARKINGS									
USGM4718	120	F	QH		BAY, STAR									
USGM4719	180	N	PAINT		SORREL, WHITE, BLAZE, PAINTED BODY									
USGM4720	180	F	SN		BAY, LR-PASTERN									
USGM4721	168	N	TW		BLACK, STAR, RR-PASTERN									
USGM4722	12	F	QH		BAY, STAR, STRIPE, SNIP, LR-SOCK									
USGM4723	96	N	QH		BAY, STAR, STRIPE, SNIP									

1) ~~THE ANIMALS WERE INSPECTED WITHIN 30 DAYS PRIOR TO EXPORT AND FOUND TO BE HEALTHY AND FREE FROM EVIDENCE OF COMMUNICABLE DISEASE.~~
2) THE ANIMAL WAS, TO THE BEST OF THE KNOWLEDGE AND BELIEF OF THE ISSUING VETERINARIAN, NOT EXPOSED TO ANY COMMUNICABLE ~~DISEASE WITHIN 60 DAYS PRECEDING THE DATE OF INSPECTION.~~
3) ~~THE ANIMAL HAS RESIDED IN THE UNITED STATES OR CANADA SINCE BIRTH.~~
4) THE ANIMALS, AT THE TIME OF THE INSPECTION, WERE FOUND HEALTHY AND IN A PHYSICAL CONDITION FIT TO BE TRANSPORTED.
5) ~~DURING THE PREVIOUS TWENTY ONE (21) DAYS, THE ANIMALS IN THIS SHIPMENT HAVE NOT BEEN IN THE STATE OF ARIZONA,~~ NEW MEXICO OR TEXAS.
6) ~~THE EXPORTER HAS BEEN ADVISED THAT ANY DETERIORATION IN HEALTH OR PHYSICAL CONDITION OF THE ANIMALS THAT MAY RENDER~~ ANIMALS UNFIT FOR TRANSPORT MAY RESULT IN THE SHIPMENT TO BE REFUSED ENTRANCE TO CANADA. (FIT TO BE TRANSPORTED MEANS ~~THAT, ON THE DAY OF INSPECTION NO ANIMAL HAS AN INFIRMITY, ILLNESS, INJURY OR ANY OTHER CONDITION THAT COULD BE~~ AGGRAVATED WHEN THE ANIMAL IS BEING TRANSPORTED, CAUSING THE ANIMAL TO SUFFER.)

FOIA11F3TA000321

VS FORM 17-140a
(MAR 2005)

Previous edition may be used.

PART 2 – VS RIVERDALE, MARYLAND

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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 0579-0160. The time required to complete this information collection is estimated to average 5 min. 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. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 4:00 A.M

DATE: 18/02/11

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: SUGARCREEK OHIO

VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6)redacted

NAME OF AUCTION/MARKET: SUGARCREEK LIVESTOCK AUCT INC

CONSIGNOR (OWNER/SHIPPER) NAME: LEROY H. BAKER

CONSIGNEE (RECEIVER/DESTINATION) NAME: CAVEL Canada EXPORTS

STREET ADDRESS: 102 Buckeye ST P.O BX 452

STREET ADDRESS: 912 Second Ave West

CITY, STATE, ZIP CODE: SUGARCREEK OHIO 44681

CITY, STATE, ZIP CODE: OWENSOUND ONTARIO 517 Rang ste jul/REST jov/100

AREA CODE & TELEPHONE NO.: 330-852-2832

AREA CODE & TELEPHONE NO.:

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- [X] Pregnant mares are not likely to foal (give birth) during the trip.
- [X] Foals are older than 6 months of age.
- [X] Horses are able to bear weight on all 4 limbs.
- [X] Horses are not blind in both eyes.
- [X] Horses are able to walk unassisted.

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	26GM	4578						Sor					AP	X				
2	↑	4579						Sor		X						X		
3		4580						Tri					Paint	X				
4		4581	X									X				X		
5		4582						Sor wht					Paint	X				
6		4583						Sor		X				X				
7		4584	X										SW	X				
8		4585	X										SW	X				
9		4586	X										SW	X				
10		4587						Sor		X				X				
11		4588	X										SW	X				
12		4589		X						X						X		
13		4590						Wht					Paint			X		
14		4591	X										SW	X				
15	↓	4592			X					X				X				

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

SIGNATURE: (b)(6)redacted

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6)redacted

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. 505

DATE 19/02/2011

TIME 10h15 A.M

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

FOIA11F0110322

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY
(CONTINUATION SHEET)

(Please type or print in ink)

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 0579-0160. The time required to complete this information collection is estimated to average 5 min. 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. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	26SGM	4593					X			X				X				
17	↑	4594						Bk wht					Paint			X		
18		4595						Sor			BL					X		
19		4596	X							X				X				
20		4597	X						TH					X				
21		4598						Tri					Paint			X		
22		4599						Sor		X						X		
23		4600	X							X				X				
24		4601	X							X				X				
25		4602			X					X				X				
26		4603	X							X				X				
27		4604	X										SN	X				
28		4605						Dun		X				X				
29		4606						Dun		X						X		
30	↓	4607						Buck wht					Paint	X				
31																		
32																		
33																		
34																		
35																		
36																		
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I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6)

FOIA11F3011A0010323

VS FORM 10-13A

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. 0579-0020 and 0101

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): SUGARCREEK LIVESTOCK AUCTION, INC.

2. CERTIFICATE NO.: L043906

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 2/11/11

5. U.S. PORT OF EMBARKATION (City and State): ALEXANDRA BAY, NY

6. STATE CODE: 36

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): 102 BUCKEYE ST.

8. CONSIGNOR'S CITY (town): SUGARCREEK

12. CONSIGNOR'S STATE: OHIO

13. STATE CODE: 39

14. ZIP CODE: 44681

9. SEMEN ("X" if yes): [ ]

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [X] 2 - Truck [ ] 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address): CAVEL CANADA EXPORTS, 912 SECOND AVENUE WEST, OWEN SOUND, ON

DESTINATION COUNTRY: CANADA

ENTER CODE: CA

15. SPECIES ("X" one - use VS Form 17-6 for Poultry): [ ] 01 BOVINE [ ] 02 PORCINE [ ] 03 OVINE [ ] 04 CAPRINE [X] 05 EQUINE [ ] 08 OTHER WILDLIFE - MAMMAL [ ] 09 OTHER (Specify)

NEGATIVE TUBERCULIN READING: [ ] 48 HRS [ ] 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

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

MODIFIED ACCREDITED AREA (TB)

CERTIFIED BRUCELLOSIS FREE AREA

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)

17. FARM ORIGIN	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	DISEASE / TYPE TEST / DATE M	DISEASE / TYPE TEST / DATE N	DISEASE / TYPE TEST / DATE O
SUGARCREEK LIVESTOCK AUCTION, INC.	USGM4578	216	F	AP		SORREL, STAR, STRIPE, SNIP, WHITE OVER RUMP									
102 BUCKEYE ST.	USGM4579	84	N	QH		SORREL, STAR									
SUGARCREEK, OHIO 44681	USGM4580	144	F	PAINT		TRICOLOR, BLAZE, LF,LR-STOCKING									
	USGM4581	156	N	PONY		BAY, STAR									
	USGM4582	180	F	PAINT		SORREL, WHITE, BLAZE, LR,RR-FETLOCK, PAINTED BODY									
	USGM4583	156	F	QH		SORREL, STAR, STRIPE, SNIP, LR,RR-SOCK									
	USGM4584	96	F	SN		BAY, BRAND ON RIGHT SIDE OF NECK									
	USGM4585	180	F	SN		BAY, NO MARKINGS									
	USGM4586	300	F	SN		BAY, LR-PASTERN, RR-SOCK									
	USGM4587	180	F	QH		SORREL, STAR, STRIPE, SNIP, LR-FETLOCK									
	USGM4588	108	F	SN		BAY, LR-SOCK, BRAND ON BOTH HIPS, BRAND ON RIGHT SIDE OF NECK									
	USGM4589	180	N	QH		GREY, NO MARKINGS									
	USGM4590	96	N	PAINT		WHITE, NO MARKINGS									
	USGM4591	108	F	SN		BAY, BRAND ON RIGHT SIDE OF NECK									
	USGM4592	180	F	QH		BLACK,SNIP, STAR, STRIPE, RR-SOCK									
	USGM4593	168	F	QH		CHESTNUT, STAR									
	USGM4594	120	N	PAINT		BLACK, WHITE, BLAZE, LF,RF,RR-STOCKING, PAINTED BODY									
	USGM4595	36	N	BL		SORREL, BLAZE									

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

23. Signature of Endorsing Federal Veterinarian

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: FEB 14 2011

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, - please print): HIRSCHBACH, BRYAN E. 9689

21. STATUS: [ ] 2 Federal [ ] 1 State [X] 3 Accredited

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

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): KELLIE A HOUGH, DVM, VETERINARY MEDICAL OFFICER

25. SIGNATURE OF ISSUING VETERINARIAN

FOIA11F3140003 24

VS FORM 17-140 (MAR 98) Previous edition may be used.

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)*: SUGARCREEK LIVESTOCK AUCTION, INC.

2. CERTIFICATE NO. FROM VS FORM 17-140: L043906

3. PAGE NO.: 2 OF 2

16. CONSIGNEE'S NAME: CAVEL CANADA EXPORTS

NEGATIVE TUBERCULIN READING: ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

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

~~SUGARCREEK LIVESTOCK AUCTION, INC.~~
~~102 BUCKEYE ST.~~
SUGARCREEK, OH 44681

MODIFIED ACCREDITED AREA (TB) — CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION

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	DISEASE / TYPE TEST / DATE M	DISEASE / TYPE TEST / DATE N	DISEASE / TYPE TEST / DATE O
USGM4596	156	F	QH		BAY, STAR, SNIP, LR,RR-SOCK									
USGM4597	36	F	TH		BAY, STAR LR,RR-SOCK									
USGM4598	180	N	PAINT		TRICOLOR, STAR, STRIPE, SNIP, RF-STOCKING, PAINTED BODY									
USGM4599	216	N	QH		SORREL, BLAZE									
USGM4600	156	F	QH		BAY, STAR, STRIPE, SNIP, LR-SOCK, RR-CORONET									
USGM4601	180	F	QH		BAY, RR-PASTERN									
USGM4602	180	F	QH		BLACK, STAR, SNIP, LR-SOCK, RR-CORONET									
USGM4603	240	F	QH		STAR, LF,LR,RF,RR-SOCK bay									
USGM4604	108	F	SN		BAY, RR-PASTERN									
USGM4605	180	F	QH		DUN, BRAND ON LEFT HIP									
USGM4606	96	N	QH		DUN, LF-CORONET									
USGM4607	156	F	PAINT		BUCKSKIN, WHITE, BALD FACE									

1) THE ANIMALS WERE INSPECTED WITHIN 30 DAYS PRIOR TO EXPORT AND FOUND TO BE HEALTHY AND FREE FROM EVIDENCE OF COMMUNICABLE DISEASE.
2) THE ANIMAL WAS, TO THE BEST OF THE KNOWLEDGE AND BELIEF OF THE ISSUING VETERINARIAN, NOT EXPOSED TO ANY COMMUNICABLE DISEASE WITHIN 60 DAYS PRECEDING THE DATE OF INSPECTION.
3) THE ANIMAL HAS RESIDED IN THE UNITED STATES OR CANADA SINCE BIRTH.
4) THE ANIMALS, AT THE TIME OF THE INSPECTION, WERE FOUND HEALTHY AND IN A PHYSICAL CONDITION FIT TO BE TRANSPORTED.
5) DURING THE PREVIOUS TWENTY ONE (21) DAYS, THE ANIMALS IN THIS SHIPMENT HAVE NOT BEEN IN THE STATE OF ARIZONA, NEW MEXICO OR TEXAS.
6) THE EXPORTER HAS BEEN ADVISED THAT ANY DETERIORATION IN HEALTH OR PHYSICAL CONDITION OF THE ANIMALS THAT MAY RENDER ANIMALS UNFIT FOR TRANSPORT MAY RESULT IN THE SHIPMENT TO BE REFUSED ENTRANCE TO CANADA. (FIT TO BE TRANSPORTED MEANS THAT, ON THE DAY OF INSPECTION NO ANIMAL HAS AN INFIRMITY, ILLNESS, INJURY OR ANY OTHER CONDITION THAT COULD BE AGGRAVATED WHEN THE ANIMAL IS BEING TRANSPORTED, CAUSING THE ANIMAL TO SUFFER.)

FOIA11F0000325

VS FORM 17-140a (MAR 2005) *Previous edition may be used.*

PART 3 – PORT VETERINARIAN

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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 0579-0160. The time required to complete this information collection is estimated to average 5 min. 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. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 6:00 AM

DATE: 17-02-11

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: SUGARCREEK OHIO

VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6)

NAME OF AUCTION/MARKET: SUGARCREEK LIVESTOCK AUCT INC

CONSIGNOR (OWNER/SHIPPER) NAME: LEROY H. BAKER

CONSIGNEE (RECEIVER/DESTINATION) NAME: CAVEL CANADA EXPORTS

STREET ADDRESS: 102 BUCKEYE ST P.O BX 452

STREET ADDRESS: 912 SECOND AVE WEST OWENSOUND ONTARIO

CITY, STATE, ZIP CODE: SUGARCREEK OHIO 44681

CITY, STATE, ZIP CODE: 517 RANG STE JULIEST J0V1W0

AREA CODE & TELEPHONE NO.: 330-852-2832

AREA CODE & TELEPHONE NO.:

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- [X] Pregnant mares are not likely to foal (give birth) during the trip.
- [X] Foals are older than 6 months of age.
- [X] Horses are able to bear weight on all 4 limbs.
- [X] Horses are not blind in both eyes.
- [X] Horses are able to walk unassisted.

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	DLSCM	4548						Sor					AS	X				
2	↑	4549	X										SN			X		
3		4550						Sor					AB	X				
4		4551					X						AS	X				
5		4552			X					X						X		
6		4553					X			X						X		
7		4554					X			X						X		
8		4555	X							X				X				
9		4556	X							X				X				
10		4557	X							X				X				
11		4558						Sor wht					Paint	X				
12		4559						Chst Roan					AP	X				
13		4560						Blk/wht					Paint			X		
14		4561	X							X						X		
15	↓	4562						Chst Roan					AP	X				

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

SIGNATURE (b)(6)

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. #505

DATE 18/02/2011

TIME 8h30 A.M

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

FOIA11F0110003 26

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY
(CONTINUATION SHEET)

(Please type or print in ink)

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 0579-0160. The time required to complete this information collection is estimated to average 5 min. 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. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	215GM	4563	X										Mule			X		
17	↑	4564	X							X				X				
18		4565						Chst wht					Paint			X		
19		4566						Bay Roan		X				X				
20		4567						Sor wht					Paint			X		
21		4568						Sor		X						X		
22		4569						Red Dun wht					Paint	X				
23		4570		X						X				X				
24		4571					X			X				X				
25		4572						Tri					Paint	X				
26		4573	X							X						X		
27		4574	X							X						X		
28		4575			X					X				X				
29		4576						Sor		X				X				
30	↓	4577						Sor		X						X		
31																		
32																		
33																		
34																		
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I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6)

VS FORM 10-13A

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. 0579-0020 and 0101

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): SUGARCREEK LIVESTOCK AUCTION, INC.

2. CERTIFICATE NO.: L043902

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 2/11/11

5. U.S. PORT OF EMBARKATION (City and State): ALEXANDRA BAY, NY

6. STATE CODE: 36

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): 102 BUCKEYE ST.

8. CONSIGNOR'S CITY (or Town): SUGARCREEK

12. CONSIGNOR'S STATE: OHIO

13. STATE CODE: 39

14. ZIP CODE: 44681

9. SEMEN ("X" if yes): [ ]

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [X] 2 - Truck [ ] 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address): CAVEL CANADA EXPORTS, 912 SECOND AVENUE WEST, OWEN SOUND, ON

DESTINATION COUNTRY: CANADA

CENTER CODE: CA

15. SPECIES ("X" one - use VS Form 17-6 for Poultry): [ ] 01 BOVINE [ ] 02 PORCINE [ ] 03 OVINE [ ] 04 CAPRINE [X] 05 EQUINE [ ] 08 OTHER WILDLIFE - MAMMAL [ ] 09 OTHER (Specify)

NEGATIVE TUBERCULIN READING: [ ] 48 HRS [ ] 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

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

MODIFIED ACCREDITED AREA (TB)

CERTIFIED BRUCELLOSIS FREE AREA

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

SUGARCREEK LIVESTOCK AUCTION, INC.
102 BUCKEYE ST.
SUGARCREEK, OHIO 44681

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	DISEASE / TYPE TEST / DATE M	DISEASE / TYPE TEST / DATE N	DISEASE / TYPE TEST / DATE O
USGM4548	300	F	AS		SORREL, STAR, STRIPE, SNIP, LR,LF,RR-SOCK									
USGM4549	300	N	SN		BAY, BRAND ON RIGHT SIDE OF NECK									
USGM4550	48	F	AB		SORREL, STAR									
USGM4551	240	F	AS		CHESTNUT, STAR, RR-SOCK									
USGM4552	48	N	QH		BLACK, NO MARKINGS									
USGM4553	180	N	QH		CHESTNUT, BLAZE, LR,LF,RF,RR-SOCK									
USGM4554	108	N	QH		CHESTNUT, STAR, STRIPE, SNIP, LR-SOCK									
USGM4555	132	F	QH		BAY, STAR, LR-SOCK									
USGM4556	156	F	QH		BAY, STAR, STRIPE, SNIP									
USGM4557	168	F	QH		BAY, STAR, SNIP, RR-SOCK									
USGM4558	168	F	PAINT		SORREL, WHITE, BALD FACE, PAINTED BODY									
USGM4559	156	F	AP		CHESTNUT ROAN, STAR									
USGM4560	72	N	PAINT		BLACK, WHITE, STAR, LF,RF-STOCKING, RR-SOCK									
USGM4561	120	N	QH		BAY, STAR, RR-SOCK									
USGM4562	48	F	AP		CHESTNUT ROAN, STAR, LR,RR-PASTERN									
USGM4563	180	N	MULE		BAY, NO MARKINGS									
USGM4564	156	F	QH		BAY, LR-PASTERN									
USGM4565	108	N	PAINT		CHESTNUT, WHITE, BLAZE, LF-SOCK, RF-STOCKING, PAINTED BODY									

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: FEB 14 2011

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, - please print): HIRSCHBACH, BRYAN E. 9689

21. STATUS: [ ] 2 Federal [ ] 1 State [X] 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 30

23. Signature of Endorsing Federal Veterinarian

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): KELLIE A HOUGH, DVM, VETERINARY MEDICAL OFFICER

25. SIGNATURE OF ISSUING VETERINARIAN

FOTA11F3014000328

VS FORM 17-140 (MAR 98) Previous edition may be used.

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*): SUGARCREEK LIVESTOCK AUCTION, INC.

2. CERTIFICATE NO. FROM VS FORM 17-140: L043902

3. PAGE NO.: 2 OF 2

16. CONSIGNEE'S NAME: CAVEL CANADA EXPORTS

NEGATIVE TUBERCULIN READING: ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

DISEASE / TYPE TEST / DISEASE / TYPE TEST / DISEASE / TYPE TEST

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

MODIFIED ACCREDITED AREA (TB) ——— CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION

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	DATE M	DATE N	DATE O
SUGARCREEK LIVESTOCK AUCTION, INC. 102 BUCKEYE ST. SUGARCREEK, OH 44681														
USGM4566	84	F	OH		BAY ROAN, BLAZE									
USGM4567	72	N	PAINT		SOREEL, WHITE, BLAZE, LR-STOCKING, RR-SOCK, PAINTED BODY									
USGM4568	240	N	OH		SOREEL, STAR									
USGM4569	24	F	PAINT		RED DUN, WHITE, BLAZE, LF,RF-STOCKING, PAINTED BODY									
USGM4570	180	F	OH		GREY, STAR, SNIP, LR,LF,RR-SOCK									
USGM4571	96	F	OH		CHESTNUT, NO MARKINGS									
USGM4572	108	F	PAINT		TRICOLOR, STAR, LF,RF-SOCK, LR-STOCKING, PAINTED BODY									
USGM4573	240	N	OH		BAY, RR-SOCK									
USGM4574	24	N	OH		BAY, NO MARKINGS									
USGM4575	192	F	OH		BLACK, NO MARKINGS									
USGM4576	84	F	OH		SOREEL, STAR, STRIPE									
USGM4577	48	N	OH		SOREEL, BLAZE, LR,RF-STOCKING, LR,RR-SOCK									

1) THE ANIMALS WERE INSPECTED WITHIN 30 DAYS PRIOR TO EXPORT AND FOUND TO BE HEALTHY AND FREE FROM EVIDENCE OF COMMUNICABLE DISEASE.
2) THE ANIMAL WAS, TO THE BEST OF THE KNOWLEDGE AND BELIEF OF THE ISSUING VETERINARIAN, NOT EXPOSED TO ANY COMMUNICABLE DISEASE WITHIN 60 DAYS PRECEDING THE DATE OF INSPECTION.
3) THE ANIMAL HAS RESIDED IN THE UNITED STATES OR CANADA SINCE BIRTH.
4) THE ANIMALS, AT THE TIME OF THE INSPECTION, WERE FOUND HEALTHY AND IN A PHYSICAL CONDITION FIT TO BE TRANSPORTED.
5) DURING THE PREVIOUS TWENTY ONE (21) DAYS, THE ANIMALS IN THIS SHIPMENT HAVE NOT BEEN IN THE STATE OF ARIZONA, NEW MEXICO OR TEXAS.
6) THE EXPORTER HAS BEEN ADVISED THAT ANY DETERIORATION IN HEALTH OR PHYSICAL CONDITION OF THE ANIMALS THAT MAY RENDER ANIMALS UNFIT FOR TRANSPORT MAY RESULT IN THE SHIPMENT TO BE REFUSED ENTRANCE TO CANADA. (FIT TO BE TRANSPORTED MEANS THAT, ON THE DAY OF INSPECTION NO ANIMAL HAS AN INFIRMITY, ILLNESS, INJURY OR ANY OTHER CONDITION THAT COULD BE AGGRAVATED WHEN THE ANIMAL IS BEING TRANSPORTED, CAUSING THE ANIMAL TO SUFFER.)

FOIA11F0IP000329

VS FORM 17-140a (MAR 2005) *Previous edition may be used.*

PART 5 – ISSUING VETERINARIAN

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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 0579-0160. The time required to complete this information collection is estimated to average 5 min. 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. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 8:00 pm

DATE: 02-16-2011

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: SUGARCREEK OHIO

VEHICLE LICENSE NO. (AND DRIVER'S NAME): (b)(6)

NAME OF AUCTION/MARKET: SUGARCREEK LIVESTOCK AUCT INC

CONSIGNOR (OWNER/SHIPPER) NAME: Leroy H. Baker

CONSIGNEE (RECEIVER/DESTINATION) NAME: Carel Canada EXPORT

STREET ADDRESS: 102 Buckeye ST P.O BX 452

STREET ADDRESS: 912 Second Ave. WEST

CITY, STATE, ZIP CODE: SUGARCREEK OHIO 44681

CITY, STATE, ZIP CODE: OWENSOUND ONTARIO 517 Ramp. Ste juliest jo/1w0

AREA CODE & TELEPHONE NO.: 330-852-2832

AREA CODE & TELEPHONE NO.:

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- [X] Pregnant mares are not likely to foal (give birth) during the trip.
- [X] Foals are older than 6 months of age.
- [X] Horses are able to bear weight on all 4 limbs.
- [X] Horses are not blind in both eyes.
- [X] Horses are able to walk unassisted.

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	26SGM	4608						Sor					SN			X		
2	↑	4609		X						X						X		
3		4610						Sor		X				X				
4		4611						BK/light					Paint			X		
5		4612						TRI					Paint			X		
6		4613			X								SN	X				
7		4614			X					X				X				
8		4615						Bay Edan					AP			X		
9		4616			X					X				X				
10		4617						DUN		X				X				
11		4618						Sor		X						X		
12		4619						Sor/wht					Paint	X				
13		4620						BK/light					Paint			X		
14		4621						TRI					Paint	X				
15	↓	4622						BK/light					Paint	X				

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

SIGNATURE: (b)(6)

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. # 505

DATE 17/02/2011

TIME 15h30 P.M.

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

FOIA11F3110000330

VS FORM 10-13 (AUG 2004) Previous editions are obslete

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY
(CONTINUATION SHEET)

(Please type or print in ink)

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 0579-0160. The time required to complete this information collection is estimated to average 5 min. 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. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	215CM	4623						Blwht					Paint			X		
17	↑	4624						Blwht					Paint			X		
18		4625	X							X				X				
19		4626	X										SN	X				
20		4627		X						X						X		
21		4628	X										SN			X		
22		4629	X										SN			X		
23		4630	X										SN	X				
24		4631	X							X				X				
25		4632						Buck		X				X				
26		4633	X										SN	X				
27		4634					X			X						X		
28		4635	X							X				X				
29		4636	X										SN			X		
30	✓	4637						Sor Roan					AP		X			
31																		
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I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6)

FOIA11F3011A000331

VS FORM 10-13A

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): SUGARCREEK LIVESTOCK AUCTION, INC.

2. CERTIFICATE NO.: L043905

APPROVED

4. DATE ISSUED	5. U.S. PORT OF EMBARKATION (City and State)	6. STATE CODE	7. CONSIGNOR'S STREET ADDRESS (Mailing Address)	8. CONSIGNOR'S CITY (or Town)
2/11/11	ALEXANDRA BAY, NY	36	102 BUCKEYE ST.	SUGARCREEK

12. CONSIGNOR'S STATE	13. STATE CODE	14. ZIP CODE
OHIO	39	44681

9. SEMEN ("X" if yes)	10. NO. DOSES OF SEMEN	11. TRANSPORTATION CLASS
[ ]		[ ] 1 - Rail [ ] 3 - Air [X] 2 - Truck [ ] 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address): CAVEL CANADA EXPORTS, 912 SECOND AVENUE WEST, OWEN SOUND, ON

DESTINATION COUNTRY	ENTER CODE
CANADA	CA

15. SPECIES ("X" one - use VS Form 17-6 for Poultry)
[ ] 01 BOVINE [ ] 02 PORCINE [ ] 03 OVINE [ ] 04 CAPRINE
[X] 05 EQUINE [ ] 08 OTHER WILDLIFE - MAMMAL
[ ] 09 OTHER (Specify)

NEGATIVE TUBERCULIN READING	BRUCELLOSIS BLOOD SAMPLE COLLECTED	NEGATIVE RESULTS OF OTHER TESTS		
[ ] 48 HRS [ ] 72 HRS	CERTIFIED BRUCELLOSIS FREE AREA	DISEASE / TYPE TEST	DISEASE / TYPE TEST	DISEASE / TYPE TEST

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

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	DATE M	DATE N	DATE O
SUGARCREEK LIVESTOCK AUCTION, INC.	USGM4608	156	N	SN	SORREL, STAR, LR-SOCK									
102 BUCKEYE ST.	USGM4609	132	N	QH	GREY, NO MARKINGS									
SUGARCREEK, OHIO 44681	USGM4610	48	F	QH	SORREL, BLAZE, LF-PASTERN, LR-SOCK									
	USGM4611	48	N	PAINT	BLACK, WHITE, BALD FACE, PAINTED BODY									
	USGM4612	48	N	PAINT	TRICOLOR, BLAZE, RR-SOCK, PAINTED BODY									
	USGM4613	84	F	SN	BLACK, NO MARKINGS									
	USGM4614	96	F	QH	BLACK, STAR									
	USGM4615	240	N	AP	BAY, ROAN, STAR, SNIP, RR-FETLOCK									
	USGM4616	120	F	QH	BLACK, STAR, RR-FETLOCK									
	USGM4617	132	F	QH	DUN, BLAZE, RF,RR-SOCK									
	USGM4618	60	N	QH	SORREL, STAR, STRIPE, SNIP									
	USGM4619	168	F	PAINT	SORREL, WHITE, BALD FACE, PAINTED BODY									
	USGM4620	36	N	PAINT	BLACK, WHITE, BALD FACE, BLACK EARS AND RUMP									
	USGM4621	72	F	PAINT	TRICOLOR, BLAZE, RR-STOCKING									
	USGM4622	84	F	PAINT	BLACK, WHITE, STAR, SNIP, PAINTED BODY									
	USGM4623	240	N	PAINT	BLACK, WHITE, SNIP, LF,LR,RR-STOCKING, PAINTED BODY									
	USGM4624	84	N	PAINT	BLACK, WHITE, STAR, STRIPE, SNIP, LR,RR-SOCK									
	USGM4625	84	F	QH	BAY, STAR									

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	20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, - please print)	21. STATUS	22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A)
FEB 14 2011	HIRSCHBACH, BRYAN E. 9689	[ ] 2 Federal [ ] 1 State [X] 3 Accredited	30

23. Signature of Endorsing Federal Veterinarian: Kellie A Hough, DVM

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): KELLIE A HOUGH, DVM, VETERINARY MEDICAL OFFICER

25. SIGNATURE OF ISSUING VETERINARIAN

FOIA11PSIA000332

VS FORM 17-140 (MAR 98) Previous edition may be used.

PART 2- VS RIVERDALE, MARYLAND

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. 0579-0141

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)*: SUGARCREEK LIVESTOCK AUCTION, INC.

16. CONSIGNEE'S NAME: CAVEL CANADA EXPORTS

CERTIFICATE NO. (COMPLETE FORM 17-140): L043905

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, & business name)*
Owner's street address
Owner's city/town, state code & zip code

MODIFIED ACCREDITED AREA (TB) ✓ | CERTIFIED BRUCELLOSIS FREE AREA ✓

18. INDIVIDUAL IDENTIFICATION

	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	DATE M	DATE N	DATE O
SUGARCREEK LIVESTOCK AUCTION, INC.	USGM4626	108	F	SN		BAY, STAR, LR-SOCK									
102 BUCKEYE ST.	USGM4627	180	N	OH		GREY, NO MARKINGS									
SUGARCREEK, OH 44681	USGM4628	156	N	SN		BAY, STAR, LR,RR-FETLOCK									
	USGM4629	180	N	SN		BAY, LR-CORONET									
	USGM4630	132	F	SN		BAY, STAR, LR,RR-SOCK									
	USGM4631	120	F	OH		BAY, STAR, STRPE, SNIP, LR-PASTERN, RR-CORONET									
	USGM4632	240	F	OH		BUCKSKIN, BLAZE									
	USGM4633	120	F	SN		BAY, RR-CORONET, BRAND ON RIGHT SIDE OF NECK									
	USGM4634	120	N	OH		CHESTNUT, STAR, STRIPE, SNIP, LR,RR-SOCK									
	USGM4635	120	F	OH		BAY, STAR, LR-SOCK									
	USGM4636	120	N	SN		BAY, STAR, STRIPE, SNIP, RF-FETLOCK									
	USGM4637	48	M	AP		SORREL ROAN, BLAZE, LR-SOCK									

1) THE ANIMALS WERE INSPECTED WITHIN 30 DAYS PRIOR TO EXPORT AND FOUND TO BE HEALTHY AND FREE FROM EVIDENCE OF COMMUNICABLE DISEASE.
2) THE ANIMAL WAS, TO THE BEST OF THE KNOWLEDGE AND BELIEF OF THE ISSUING VETERINARIAN, NOT EXPOSED TO ANY COMMUNICABLE DISEASE WITHIN 60 DAYS PRECEDING THE DATE OF INSPECTION.
3) THE ANIMAL HAS RESIDED IN THE UNITED STATES OR CANADA SINCE BIRTH.
4) THE ANIMALS, AT THE TIME OF THE INSPECTION, WERE FOUND HEALTHY AND IN A PHYSICAL CONDITION FIT TO BE TRANSPORTED.
5) DURING THE PREVIOUS TWENTY ONE (21) DAYS, THE ANIMALS IN THIS SHIPMENT HAVE NOT BEEN IN THE STATE OF ARIZONA, NEW MEXICO OR TEXAS.
6) THE EXPORTER HAS BEEN ADVISED THAT ANY DETERIORATION IN HEALTH OR PHYSICAL CONDITION OF THE ANIMALS THAT MAY RENDER ANIMALS UNFIT FOR TRANSPORT MAY RESULT IN THE SHIPMENT TO BE REFUSED ENTRANCE TO CANADA. (FIT TO BE TRANSPORTED MEANS THAT, ON THE DAY OF INSPECTION, NO ANIMAL HAS AN INFIRMITY, ILLNESS, INJURY OR ANY OTHER CONDITION THAT COULD BE AGGRAVATED WHEN THE ANIMAL IS BEING TRANSPORTED, CAUSING THE ANIMAL TO SUFFER.)

Kevin A. Whitaker, DVM

FOIA11-F01A000383

VS FORM 17-140a (MAR 2005) *Previous edition may be used.*

PART 2 – VS RIVERDALE, MARYLAND

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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 0579-0160. The time required to complete this information collection is estimated to average 5 min. 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. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 930 PM

DATE: 2/17/11

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: SUGARCREEK OHIO

VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6)

NAME OF AUCTION/MARKET: SUGARCREEK LIVESTOCK AUCT INC

CONSIGNOR (OWNER/SHIPPER) NAME: Leroy L. Baker

CONSIGNEE (RECEIVER/DESTINATION) NAME: Cavel Canada EXPORTS

STREET ADDRESS: 102 Buckeye ST P.O. BX 452

STREET ADDRESS: 912 Second Ave West

CITY, STATE, ZIP CODE: SUGARCREEK OHIO 44681

CITY, STATE, ZIP CODE: OWENSOUND ONTARIO 517 Rangste julwest jovlwo

AREA CODE & TELEPHONE NO.: 330-852-2832

AREA CODE & TELEPHONE NO.:

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- [X] Pregnant mares are not likely to foal (give birth) during the trip.
- [X] Foals are older than 6 months of age.
- [X] Horses are able to bear weight on all 4 limbs.
- [X] Horses are not blind in both eyes.
- [X] Horses are able to walk unassisted.

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	21SGM	4638	X										SN			X		
2	↑	4639					X						AS	X				
3		4640	X										SN			X		
4		4641	X										SN	X				
5		4642			X					X				X				
6		4643	X										SN	X				
7		4644						Bal/Wht					Paint	X				
8		4645			X								SN	X				
9		4646	X							X				X				
10		4647					X			X				X				
11		4648		X									Mule	X				
12		4649						Sor					TW			X		
13		4650	X										SN	X				
14		4651	X						TH							X		
15	↓	4652						Palo		X				X				

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

SIGNATURE (b)(6)

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. #505

DATE 18/02/2011

TIME 11 h 45 A.M.

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

FOIA11F0110334

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY
(CONTINUATION SHEET)

(Please type or print in ink)

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 0579-0160. The time required to complete this information collection is estimated to average 5 min. 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. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USM	4653	X							X				X				
17	↑	4654		X						X				X				
18		4655			X					X				X				
19		4656			X								Sr			X		
20		4657						Sor					AS	X				
21		4658		X						X				X				
22		4659						Sor		X						X		
23		4660			X								TW	X				
24		4661	X						TH							X		
25		4662					X			X						X		
26		4663	X						TH					X				
27		4664	X						TH					X				
28		4665	X						TH					X				
29	↓	4666						Sor	TH							X		
30		4667					X		TH							X		
31																		
32																		
33																		
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SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6)

VS FORM 10-13A

...health certificate can be validated unless the data requested is provided. FORM APPROVED - OMB NO. 0579-0020 and 0101

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): SUGARCREEK LIVESTOCK AUCTION, INC.

2. CERTIFICATE NO.: L043950

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 2/11/11

5. U.S. PORT OF EMBARKATION (City and State): ALEXANDRA BAY, NY

6. STATE CODE: 36

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): 102 BUCKEYE ST.

8. CONSIGNOR'S CITY (or Town): SUGARCREEK

12. CONSIGNOR'S STATE: OHIO

13. STATE CODE: 39

14. ZIP CODE: 44681

9. SEMEN ("X" if yes): [ ]

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [X] 2 - Truck [ ] 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address): CAVEL CANADA EXPORTS
912 SECOND AVENUE WEST
OWEN SOUND, ON

DESTINATION COUNTRY: CANADA

ENTER CODE: CA

15. SPECIES ("X" one - use VS Form 17-6 for Poultry): [ ] 01 BOVINE [ ] 02 PORCINE [ ] 03 OVINE [ ] 04 CAPRINE [X] 05 EQUINE [ ] 08 OTHER WILDLIFE - MAMMAL [ ] 09 OTHER (Specify)

NEGATIVE TUBERCULIN READING: [ ] 48 HRS [ ] 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

CERTIFIED BRUCELLOSIS FREE AREA

NEGATIVE RESULTS OF OTHER TESTS

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

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

17. FARM ORIGIN	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	DISEASE / TYPE TEST / DATE M	DISEASE / TYPE TEST / DATE N	DISEASE / TYPE TEST / DATE O
SUGARCREEK LIVESTOCK AUCTION, INC.	USGM4638	156	N	SN		BAY, STAR, LR-PASTERN									
102 BUCKEYE ST.	USGM4639	300	F	AS		CHESTNUT, BLAZE, LF,LR,RF,RR-SOCK									
SUGARCREEK, OHIO 44681	USGM4640	300	N	SN		BAY, STAR, LR,RR-FETLOCK									
	USGM4641	108	F	SN		BAY, NO MARKINGS									
	USGM4642	132	F	QH		BLACK, NO MARKINGS									
	USGM4643	180	F	SN		BAY, STAR,									
	USGM4644	156	F	PAINT		BLACK, WHITE, BALD FACE, PAINTED BODY									
	USGM4645	300	F	SN		BLACK, NO MARKINGS									
	USGM4646	120	F	QH		BAY, STAR									
	USGM4647	216	F	QH		CHESTNUT, STAR									
	USGM4648	120	F	MULE		GREY, NO MARKINGS									
	USGM4649	180	N	TW		SORREL, SNIP									
	USGM4650	156	F	SN		BAY, STAR, LR,RR-PASTERN, BRAND ON RIGHT SIDE OF NECK									
	USGM4651	84	N	TH		BAY, LR,RR-FETLOCK									
	USGM4652	96	F	QH		PALOMINO, STAR, STRIPE, SNIP									
	USGM4653	240	F	QH		BAY, STAR									
	USGM4654	108	F	QH		GREY, NO MARKINGS									
	USGM4655	96	F	QH		BLACK, STAR									

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

23. Signature of Endorsing Federal Veterinarian: Kellie A Hough DVM

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: FEB 14 2011

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, - please print): HIRSCHBACH, BRYAN E. 9689

21. STATUS: [ ] 2 Federal [ ] 1 State [X] 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 30

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): KELLIE A HOUGH, DVM
VETERINARY MEDICAL OFFICER

25. SIGNATURE OF ISSUING VETERINARIAN

FOIA11F0100336

VS FORM 17-140 (MAR 98) Previous edition may be used.

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)*: SUGARCREEK LIVESTOCK AUCTION, INC.

2. CERTIFICATE NO. FROM VS FORM: 1043950

3. PAGE NO.: 2 OF 2

16. CONSIGNEE'S NAME: CAVEL CANADA EXPORTS

NEGATIVE TUBERCULIN READING: ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

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

MODIFIED ACCREDITED AREA (TB) — CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION

	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	DISEASE / TYPE TEST / DATE M	DISEASE / TYPE TEST / DATE N	DISEASE / TYPE TEST / DATE O
SUGARCREEK LIVESTOCK AUCTION, INC.	USGM4656	120	N	SN		BLACK, BRAND ON RIGHT SIDE OF NECK									
102 BUCKEYE ST.	USGM4657	180	F	AS		SORREL, BLAZE, LR-SOCK									
SUGARCREEK, OH 44681	USGM4658	240	F	QH		GREY, NO MARKINGS									
	USGM4659	240	N	QH		SORREL, STAR									
	USGM4660	180	F	TW		BLACK, STAR									
	USGM4661	84	N	TH		BAY, STAR									
	USGM4662	240	N	QH		CHESTNUT, STAR, RR-CORONET									
	USGM4663	84	F	TH		BAY, NO MARKINGS									
	USGM4664	144	F	TH		BAY, NO MARKINGS									
	USGM4665	240	F	TH		BAY, NO MARKINGS									
	USGM4666	72	N	TH		SORREL, STAR, SNIP, RR-SOCK									
	USGM4667	96	N	TH		CHESTNUT, STAR, LF,LR-PASTERN, RR-SOCK									

1) THE ANIMALS WERE INSPECTED WITHIN 30 DAYS PRIOR TO EXPORT AND FOUND TO BE HEALTHY AND FREE FROM EVIDENCE OF COMMUNICABLE DISEASE.
2) THE ANIMAL WAS, TO THE BEST OF THE KNOWLEDGE AND BELIEF OF THE ISSUING VETERINARIAN, NOT EXPOSED TO ANY COMMUNICABLE DISEASE WITHIN 60 DAYS PRECEDING THE DATE OF INSPECTION.
3) THE ANIMAL HAS RESIDED IN THE UNITED STATES OR CANADA SINCE BIRTH.
4) THE ANIMALS, AT THE TIME OF THE INSPECTION, WERE FOUND HEALTHY AND IN A PHYSICAL CONDITION FIT TO BE TRANSPORTED.
5) DURING THE PREVIOUS TWENTY ONE (21) DAYS, THE ANIMALS IN THIS SHIPMENT HAVE NOT BEEN IN THE STATE OF ARIZONA, NEW MEXICO OR TEXAS.
6) THE EXPORTER HAS BEEN ADVISED THAT ANY DETERIORATION IN HEALTH OR PHYSICAL CONDITION OF THE ANIMALS THAT MAY RENDER ANIMALS UNFIT FOR TRANSPORT MAY RESULT IN THE SHIPMENT TO BE REFUSED ENTRANCE TO CANADA. (FIT TO BE TRANSPORTED MEANS THAT, ON THE DAY OF INSPECTION NO ANIMAL HAS AN INFIRMITY, ILLNESS, INJURY OR ANY OTHER CONDITION THAT COULD BE AGGRAVATED WHEN THE ANIMAL IS BEING TRANSPORTED, CAUSING THE ANIMAL TO SUFFER.)

FOIA11F01A000337

VS FORM 17-140a (MAR 2005) *Previous edition may be used.*

PART 2 – VS RIVERDALE, MARYLAND

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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 0579-0160. The time required to complete this information collection is estimated to average 5 min. 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. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 1:00

DATE: 2-24-10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Sugarcreek OHIO

VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6) (b)(6)

NAME OR AUCTION/MARKET: Sugarcreek Livestock Auct Inc

CONSIGNOR (OWNER/SHIPPER) NAME: Leroy H. Baker

CONSIGNEE (RECEIVER/DESTINATION) NAME: Cavel Canada Exports

STREET ADDRESS: 102 Buckeye ST P.O Bx 453

STREET ADDRESS: 912 Second Ave West

CITY, STATE, ZIP CODE: Sugarcreek OHIO 44681

CITY, STATE, ZIP CODE: Owensound Ontario 517 Bangste Julhest Jorhoo

AREA CODE & TELEPHONE NO.: 330-852-2832

AREA CODE & TELEPHONE NO.:

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- [X] Pregnant mares are not likely to foal (give birth) during the trip.
- [X] Foals are older than 6 months of age.
- [X] Horses are able to bear weight on all 4 limbs.
- [X] Horses are not blind in both eyes.
- [X] Horses are able to walk unassisted.

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USDA	7941						Red Sor			BL			X				
2		7942						Sor			BL			X				
3		7943						Sor			BL					X		
4		7944	X										AB	X				
5		7945	X										TW	X				
6		7946						Pal		X						X		
7		7947						Dunn		X						X		
8		7948	X										TW	X				
9		7949	X										SW	X				
10		7950	X										TW	X				
11		7951	X										TW	X				
12		7952					X						TW	X				
13		7953					Chest Sor						Paint	X				
14		7954	X							X				X				
15		7955					X						AS	X				

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

SIGNATURE (b)(6)

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. 505

DATE 2010-02-25

TIME 7:00

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

FOIA11F0110338

ANIMAL AND PLANT HEALTH INSPECTION SERVICE

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY
(CONTINUATION SHEET)

(Please type or print in ink)

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 0579-0160. The time required to complete this information collection is estimated to average 5 min. 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. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USDL	7956					X			X				X				
17	↑	7957					X						AS			X		
18		7958						PaC		X				X				
19		7959						Ch/wht					Paint			X		
20		7960						Dark Brick					AB	X				
21		7961					X			X						X		
22		7962					X						AS	X				
23		7963					Ch/Chest						Hat.	X				
24		7964		X									Paint	X				
25		7965					Chest			X				X				
26		7966						Gray/wht					Paint			X		
27		7967						Sor					Hat.	X				
28		7968	X										TW	X				
29		7969						Sor					Hat			X		
30		7970						Sor		X						X		
31		7971					X			X						X		
32		7972						Roan					AP			X		
33	↓	7973					X						AB	X				
34																		
35																		
36																		
37																		
38																		
39																		
40																		
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42																		
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44																		
45																		

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6)

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. 0579-0020

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): SUGARCREEK LIVESTOCK AUCTION, INC.

2. CERTIFICATE NO: J 3543

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 2-19-10

5. U.S. PORT OF EMBARKATION (City and State): PORT HURON, MICHIGAN

6. STATE CODE: 26

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): 102 BUCKEYE ST.

8. CONSIGNOR'S CITY (or Town): SUGARCREEK

12. CONSIGNOR'S STATE: OHIO

13. STATE CODE: 39

14. ZIP CODE: 44681

9. SEMEN (Check if yes): ☐

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: 1 - Rail, 2 - Truck, 3 - Air, 4 - Ocean: 2

16. CONSIGNEES NAME AND STREET ADDRESS (Mailing Address): CAVEL CANADA EXPORTS, 912 SECOND AVENUE WEST, OWEN SOUND, ON

DESTINATION COUNTRY: CANADA

ENTER CODE: CA

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)

NEGATIVE TUBERCULIN READING: ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS: DISEASE / TYPE TEST; DISEASE / TYPE TEST; DISEASE / TYPE TEST

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

MODIFIED ACCREDITED AREA (TB)

CERTIFIED BRUCELLOSIS FREE AREA

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	DATE M	DATE N	DATE O
SUGARCREEK LIVESTOCK AUCTION, INC. 102 BUCKEYE ST. SUGARCREEK, OH 44681														
USEU7941	300	F	BL		STAR, STRIP, SNIP									
USEU7942	300	F	BL		STAR, STRIP, SNIP		LF, RF-STOCKING							
USEU7943	360	N	BL		STAR, STRIP, SNIP									
USEU7944	156	F	AB		STAR		RR-SOCK							
USEU7945	96	F	TW		STAR, SNIP									
USEU7946	300	N	QH		STRIP, SNIP		LR, RF, RR-SOCK							
USEU7947	60	N	QH		STRIP, SNIP		LF-PASTERN				LR-SOCK			
USEU7948	60	F	TW		NO MARKS									
USEU7949	156	F	SN		STAR									
USEU7950	72	F	TW		STAR									
USEU7951	144	F	TW		NO MARKS									
USEU7952	108	F	TW		STAR, STRIP									
USEU7953	96	F	PAINT		BLAZE		PAINTED CHSTNUT AND WHITE							
USEU7954	60	F	QH		STAR		LR-SOCK							
USEU7955	96	F	AS		NO MARKS									
USEU7956	60	F	QH		STAR, SNIP									
USEU7957	36	N	AS		STAR		LR-STOCKING		RR-PASTERN					
USEU7958	36	F	QH		NO MARKS									

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: FEB 22 2010

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, - please print): SUMNERS, DENNIS M. 9130

21. STATUS: ☐ 2 Federal ☐ 1 State ☒ 3 Accredited

22. TOTAL NO OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 33

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): JILL M DUEL, DVM

25. SIGNATURE OF ISSUING VETERINARIAN

23. Signature of endorsing federal veterinarian

FOIA11F0110000340

VS FORM 17-140 (MAR 98) Previous edition may be used.

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)*: SUGARCREEK LIVESTOCK AUCTION, INC.

2. CERTIFICATE NO. FROM VS FORM 17-140: J 3543

3. PAGE NO.: 2 OF 2

16. CONSIGNEE'S NAME: CAVEL CANADA EXPORTS

NEGATIVE TUBERCULIN READING: ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

APPROVED

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

MODIFIED ACCREDITED AREA (TB) ___ CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION

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	DATE M	DATE N	DATE O
							DISEASE					DISEASE	DISEASE	DISEASE
							TYPE TEST					TYPE TEST	TYPE TEST	TYPE TEST
SUGARCREEK LIVESTOCK AUCTION, INC.	USEU7959	120	N	PAINT	PAINTED CHESTNUT AND WHITE									
102 BUCKEYE ST.	USEU7960	60	F	AB	STAR									
SUGARCREEK, OH 44681	USEU7961	180	N	OH	NO MARKS									
	USEU7962	36	F	AS	STAR									
	USEU7963	36	F	HARLINGER	BLAZE									
	USEU7964	156	F	PAINT	PAINTED GRAY AND WHITE									
	USEU7965	300	F	OH	BLAZE		LR-SOCK		RR-PASTERN					
	USEU7966	84	N	PAINT	STAR, STRIP, SNIP				PAINTED BAY AND WHITE					
	USEU7967	48	F	HARLINGER	STAR, STRIP									
	USEU7968	60	F	TW	BLAZE		LR, RR-SOCK							
	USEU7969	24	N	HARLINGER	STAR, STRIP, SNIP									
	USEU7970	144	N	OH	BLAZE		LF, RF, RR-SOCK				LR-STOCKING			
	USEU7971	144	N	OH	STAR, STRIP									
	USEU7972	24	N	AP	BLAZE		LR-PASTERN							
	USEU7973	24	F	AS	NO MARKS									

1. THE ANIMALS WERE INSPECTED WITHIN 30 DAYS PRIOR TO EXPORT AND FOUND TO BE HEALTHY AND FREE FROM EVIDENCE OF COMMUNICABLE DISEASE.
2. THE ANIMAL WAS , TO THE BEST OF THE KNOWLEDGE AND BELIEF OF THE ISSUING VETERINARIAN, NOT EXPOSED TO ANY COMMUNICABLE DISEASE WITHIN 60 DAYS PRECEDING THE DATE OF INSPECTION.
3. THE ANIMAL HAS RESIDED IN THE UNITED STATES OR CANADA SINCE BIRTH.
4. THE ANIMALS, AT THE TIME OF THE INSPECTION, WERE FOUND HEALTHY AND IN A PHYSICAL CONDITION FIT TO BE TRANSPORTED.
5. DURING THE PREVIOUS TWENTY ONE (21) DAYS, THE ANIMALS IN THIS SHIPMENT HAVE NOT BEEN IN THE STATE OF MISSOURI, NEW MEXICO, OR TEXAS.
6. THE EXPORTER HAS BEEN ADVISED THAT ANY DETERIORATION IN HEALTH OR PHYSICAL CONDITION OF THE ANIMALS THAT MAY RENDER ANIMALS UNFIT FOR TRANSPORT MAY RESULT IN THE SHIPMENT TO BE REFUSED ENTRANCE TO CANADA. (FIT TO BE TRANSPORTED MEANS THAT, ON THE DAY OF INSPECTION NO ANIMAL HAS AN INFIRMITY, ILLNESS, INJURY OR ANY OTHER CONDITION THAT COULD BE AGGRAVATED WHEN THE ANIMAL IS BEING TRANSPORTED, CAUSING THE ANIMAL TO SUFFER.)

FOIA11F3H000341

VS FORM 17-140a (MAR 2005) *Previous edition may be used.*

PART 5 – ISSUING VETERINARIAN

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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 0579-0160. The time required to complete this information collection is estimated to average 5 min. 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. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 2:00

DATE: 2-22-10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Sugarcreek OHIO

VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6) (b)(6)

NAME OF AUCTION/MARKET: Sugarcreek Livestock Auct Inc

CONSIGNOR (OWNER/SHIPPER) NAME: Leroy N. Baker

CONSIGNEE (RECEIVER/DESTINATION) NAME: Cavel Canada Exports

STREET ADDRESS: 102 Buckeye St P.O Box 452

STREET ADDRESS: 912 Second Ave. West

CITY, STATE, ZIP CODE: Sugarcreek OH 44681

CITY, STATE, ZIP CODE: Queensland Ontario 517 Bang Ste juliest j0v1w0

AREA CODE & TELEPHONE NO.: 330-852-2832

AREA CODE & TELEPHONE NO.:

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- [X] Pregnant mares are not likely to foal (give birth) during the trip.
- [X] Foals are older than 6 months of age.
- [X] Horses are able to bear weight on all 4 limbs.
- [X] Horses are not blind in both eyes.
- [X] Horses are able to walk unassisted.

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	26521	7974					X						TW	X				
2	↑	7975	X										TW	X				
3		7976	X										TW	X				
4		7977	X										TW	X				
5		7978	X										TW	X				
6		7979					X			X						X		
7		7980						Roan					AP			X		
8		7981		X									AP	X				
9		7982	X										TW	X				
10		7983	X										SV			X		
11		7984	X										SV	X				
12		7985	X							X						X		
13		7986					X			X				X				
14		7987	X										TW	X				
15	↓	7988	X										TW	X				

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

SIGNATURE (b)(6)

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. #505

DATE February, 23th, 2010

TIME 8:10 AM. a.m.

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

FOIA11F301A000342

ANIMAL AND PLANT HEALTH INSPECTION SERVICE

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY
(CONTINUATION SHEET)

(Please type or print in ink)

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 0579-0160. The time required to complete this information collection is estimated to average 5 min. 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. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	2USEDL	7989						Bay/Wht					PAINT	X				
17	↑	7990						Bay/Wht					PAINT	X				
18		7991					X			X				X				
19		7992	X										MISSING	X				
20		7993					X			X				X				
21		7994					X			X				X				
22		7995	X							X				X				
23		7996						Red Roan		X				X				
24		7997					X			X				X				
25		7998	X										PAINT	X				
26		7999					X			X						X		
27	↓	8000	X										SW	X				
28	2USEDL	5201					X			X				X				
29	↑	5202			X								TW	X				
30	↓	5203					X			X				X				
31																		
32																		
33																		
34																		
35																		
36																		
37																		
38																		
39																		
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45																		

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SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6)

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): SUGARCREEK LIVESTOCK AUCTION, INC.

2. CERTIFICATE NO: J 3544

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 2-19-10

5. U.S. PORT OF EMBARKATION (City and State): PORT HURON, MICHIGAN

6. STATE CODE: 26

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): 102 BUCKEYE ST.

8. CONSIGNOR'S CITY (or Town): SUGARCREEK

12. CONSIGNOR'S STATE: OHIO

13. STATE CODE: 39

14. ZIP CODE: 44681

9. SEMEN (Check if yes): ☐

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: 1 - Rail 3 - Air 2 - Truck 4 - Ocean: 2

16. CONSIGNEES NAME AND STREET ADDRESS (Mailing Address): GAVEL CANADA EXPORTS
912 SECOND AVENUE WEST
OWEN SOUND, ON

DESTINATION COUNTRY: CANADA

ENTER CODE: CA

15. SPECIES ("X" one - use VS Form 17-6 for Poultry)
☐ 01 BOVINE ☐ 02 PORCINE ☐ 03 OVINE ☐ 04 CAPRINE
X ☐ 05 EQUINE ☐ 08 OTHER WILDLIFE - MAMMAL
☐ 09 OTHER (Specify)

NEGATIVE TUBERCULIN READING: ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS: DISEASE / TYPE TEST / DISEASE / TYPE TEST / DISEASE / TYPE TEST

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

MODIFIED ACCREDITED AREA (TB)

CERTIFIED BRUCELLOSIS FREE AREA

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

17. FARM ORIGIN	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	DATE M	DATE N	DATE O
SUGARCREEK LIVESTOCK AUCTION, INC.	USEU7974	156	F	TW		STAR, STRIP, SNIP									
102 BUCKEYE ST.	USEU7975	156	F	TW		NO MARKS									
SUGARCREEK, OH 44681	USEU7976	84	F	TW		NO MARKS									
	USEU7977	60	F	TW		NO MARKS									
	USEU7978	96	F	TW		STAR, SNIP									
	USEU7979	36	N	QH		STAR, STRIP, SNIP RR-SOCK									
	USEU7980	144	N	AP		STAR, STRIP, SNIP									
	USEU7981	240	F	AP		SPOTTED									
	USEU7982	72	F	TW		NO MARKS									
	USEU7983	180	N	SN		LR, RR-SOCK									
	USEU7984	60	F	SN		STAR LR, RR-SOCK FREEZE BRAND									
	USEU7985	60	N	QH		STAR, STRIP, SNIP LF, LR, RR-SOCK LEFT AND RIGHT SHOULDER BRAND									
	USEU7986	72	F	QH		STAR, STRIP, SNIP LR-PASTERN RR-SOCK									
	USEU7987	60	F	TW		STAR, SNIP									
	USEU7988	36	F	TW		STAR, SNIP LF, LR-PASTERN RR-STOCKING									
	USEU7989	72	F	PAINT		STAR, SNIP PAINTED BAY AND WHITE									
	USEU7990	60	F	PAINT		SNIP PAINTED BAY AND WHITE									
	USEU7991	108	F	QH		BALD LF, LR, RF, RR-STOCKING									

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: FEB 22 2010

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, please print): SUMMERS, DENNIS M. 9130

21. STATUS: ☐ 2 Federal ☐ 1 State ☒ 3 Accredited

22. TOTAL NO OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 30

23. Signature of endorsing federal veterinarian

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): JILL M DUEL, DVM
VETERINARY MEDICAL OFFICER

25. SIGNATURE OF ISSUING VETERINARIAN

FOIA11F301A000344

VS FORM 17-140 (MAR 98) Previous edition may be used.

PART 5 - ISSUING VETERINARIAN

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)*: SUGARCREEK LIVESTOCK AUCTION, INC.

16. CONSIGNEE'S NAME: CAVEL CANADA EXPORTS

2. CERTIFICATE NO. FROM VS FORM 17-140: J [illegible]

3. PAGE NO.: 2 OF 2

NEGATIVE TUBERCULIN READING: ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

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

MODIFIED ACCREDITED AREA (TB) — CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION

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	DISEASE / TYPE TEST M	DISEASE / TYPE TEST / DATE N	DISEASE / TYPE TEST / DATE O
~~SUGARCREEK LIVESTOCK AUCTION, INC.~~	USEU7992	72	F	MUSTANG		STAR, STRIP, SNIP RR-STOCKING							MUSTANG BRAND	
~~102 BUCKEYE ST.~~	USEU7993	180	F	OH		LF, LR, RF, RR-SOCK								
~~SUGARCREEK, OH 44681~~	USEU7994	156	F	OH		BLAZE RF-SOCK RR-STOCKING								
	USEU7995	84	F	OH		NO MARKS								
	USEU7996	120	F	OH		STAR, STRIP, SNIP LF, LR, RR-SOCK								
	USEU7997	36	F	OH		STAR, STRIP, SNIP								
	USEU7998	144	F	PAINT		SNIP PAINTED BAY AND WHITE								
	USEU7999	96	N	OH		STAR								
	USEU8000	180	F	SN		LR-PASTERN								
	USEU5201	300	F	OH		STAR, SNIP LR, RF, RR-SOCK								
	USEU5202	156	F	TW		NO MARKS								
	USEU5203	300	F	OH		STAR, SNIP								

1. ~~THE ANIMALS WERE INSPECTED WITHIN 30 DAYS PRIOR TO EXPORT AND FOUND TO BE HEALTHY AND FREE FROM EVIDENCE OF COMMUNICABLE DISEASE.~~
2. ~~THE ANIMAL WAS , TO THE BEST OF THE KNOWLEDGE AND BELIEF OF THE ISSUING VETERINARIAN, NOT EXPOSED TO ANY COMMUNICABLE DISEASE WITHIN 60 DAYS PRECEDING THE DATE OF INSPECTION.~~
3. ~~THE ANIMAL HAS RESIDED IN THE UNITED STATES OR CANADA SINCE BIRTH.~~
4. ~~THE ANIMALS, AT THE TIME OF THE INSPECTION, WERE FOUND HEALTHY AND IN A PHYSICAL CONDITION FIT TO BE TRANSPORTED.~~
5. ~~DURING THE PREVIOUS TWENTY ONE (21) DAYS, THE ANIMALS IN THIS SHIPMENT HAVE NOT BEEN IN THE STATE OF MISSOURI, NEW MEXICO, OR TEXAS.~~
6. ~~THE EXPORTER HAS BEEN ADVISED THAT ANY DETERIORATION IN HEALTH OR PHYSICAL CONDITION OF THE ANIMALS THAT MAY RENDER ANIMALS UNFIT FOR TRANSPORT MAY RESULT IN THE SHIPMENT TO BE REFUSED ENTRANCE TO CANADA. (FIT TO BE TRANSPORTED MEANS THAT, ON THE DAY OF INSPECTION NO ANIMAL HAS AN INFIRMITY, ILLNESS, INJURY OR ANY OTHER CONDITION THAT COULD BE AGGRAVATED WHEN THE ANIMAL IS BEING TRANSPORTED, CAUSING THE ANIMAL TO SUFFER.)~~

FOIA 1FS11000345

VS FORM 17-140a (MAR 2005) *Previous edition may be used.*

PART 5 – ISSUING VETERINARIAN

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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 0579-0160. The time required to complete this information collection is estimated to average 5 min. 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. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 2:00

DATE: 2-18-10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: SUGARCREEK OHIO

VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6) (b)(6)

NAME OF AUCTION/MARKET: SUGARCREEK LIVESTOCK AUCT INC.

CONSIGNOR (OWNER/SHIPPER) NAME: LEROY N. BAKER

CONSIGNEE (RECEIVER/DESTINATION) NAME: CAVEL CANADA EXPORTS

STREET ADDRESS: 102 BUCKEYE ST P.O BX 452

STREET ADDRESS: 912 SECOND AVE WEST

CITY, STATE, ZIP CODE: SUGARCREEK OHIO 44681

CITY, STATE, ZIP CODE: OWENSOUND ONTARIO

AREA CODE & TELEPHONE NO.: 330-852-2832

CITY, STATE, ZIP CODE: 517 Rang Ste Julliest jov1w0

AREA CODE & TELEPHONE NO.:

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- [X] Pregnant mares are not likely to foal (give birth) during the trip.
- [X] Foals are older than 6 months of age.
- [X] Horses are able to bear weight on all 4 limbs.
- [X] Horses are not blind in both eyes.
- [X] Horses are able to walk unassisted.

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	21SEL	7877			X								TW	X				
2	↑	7878					X						SW	X				
3		7879	X										SW			X		
4		7880					DARK CHEST			X				X				
5		7881	X										SW			X		
6		7882					X						SW			X		
7		7883	X										SW	X				
8		7884	X										SW	X				
9		7885						BK/WHT					PAINT	X				
10		7886						BRY/WHT					PAINT	X				
11		7887					X						AS			X		
12		7888	X							X						X		
13		7889			X								TW	X				
14		7890	X							X				X				
15	↓	7891					X			X						X		

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

SIGNATURE (b)(6)

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. 505

DATE 2010-02-19

TIME 7:00

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

FOIA11FS01A000346

ANIMAL AND PLANT HEALTH INSPECTION SERVICE

OWNER/SHIPPER CERTIFICATE FITNESS TO TRAVEL TO A SLAUGHTER FACILITY (CONTINUATION SHEET)

(Please type or print in ink)

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 0579-0160. The time required to complete this information collection is estimated to average 5 min. 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. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	21GEU	7892					X						PAINT	X				
17	↑	7893	X							X				X				
18		7894						BLK		X				X				
19		7895						PAL		X				X				
20		7896	X										SV	X				
21		7897			X								SV	X				
22		7898			X					X				X				
23		7899			X					X				X				
24		7900	X								AE					X		
25		7901	X										SV			X		
26		7902	X										SV			X		
27		7903	X										SV			X		
28		7904						BK/WHT					PAINT	X				
29		7905						Red Roan		X				X				
30	↓	7906			X					X						X		
31																		
32																		
33																		
34																		
35																		
36																		
37																		
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39																		
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45																		

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6)

FORM APPROVED - OMB NO. 0579-0020

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 17-37).

1. CONSIGNOR'S NAME *(Last name, first name, middle initial or business name)*: SUGARCREEK LIVESTOCK AUCTION, INC.

2. CERTIFICATE NO.: D103900

3. PAGE NO.: 1 of 2

4. DATE ISSUED: 2-12-10

5. U.S. PORT OF EMBARKATION *(City & State)*: PORT HURON, MICHIGAN

6. STATE CODE: 26

7. CONSIGNOR'S STREET ADDRESS *(Mailing address)*: 102 BUCKEYE ST.

8. CONSIGNOR'S CITY *(or Town)*: SUGARCREEK

12. CONSIGNOR'S STATE: OHIO

13. STATE CODE: 39

14. ZIP CODE: 44681

9. SEMEN *(Check if yes)*: ☐

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: 1 - Rail, 2 - Truck, 3 - Air, 4 - Ocean: 2

16. CONSIGNEE'S NAME AND STREET ADDRESS *(Mailing address)*:
CAVEL CANADA EXPORTS
912 SECOND AVENUE WEST
OWEN SOUND, ON

DESTINATION COUNTRY: CANADA

ENTER CODE: CA

15. SPECIES *(Check one - use VS form 17-6 for Poultry)*
☐ 01 BOVINE ☐ 02 PORCINE ☐ 03 OVINE ☐ 04 CAPRINE
X ☐ 05 EQUINE ☐ 08 OTHER WILDLIFE - MAMMAL
☐ 09 OTHER *(Specify)*

NEGATIVE TUBERCULIN READING: 48 HRS. ☐ 72 HRS. ☐

BRUCELLOSIS BLOOD SAMPLE COLLECTED

CERTIFIED BRUCELLOSIS FREE AREA

NEGATIVE RESULTS OF OTHER TESTS: DISEASE / TYPE TEST; DISEASE / TYPE TEST; DISEASE / TYPE TEST

If more lines 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

MODIFIED ACCREDITED AREA (TB)

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

17. FARM ORIGIN	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	DATE M	DATE N	DATE O
SUGARCREEK LIVESTOCK AUCTION, INC.	USEU7877	120	F	TW		NO MARKS									
102 BUCKEYE ST.	USEU7878	144	F	SN		NO MARKS									
SUGARCREEK, OH 44681	USEU7879	180	N	SN		STAR, SNIP									
	USEU7880	60	F	QH		NO MARKS									
	USEU7881	120	N	SN		NO MARKS									
	USEU7882	108	N	SN		STAR LF, RF-PASTERN RR-SOCK FREEZE BRAND									
	USEU7883	72	F	SN		NO MARKS									
	USEU7884	144	F	SN		NECK BRAND									
	USEU7885	96	F	PAINT		STAR, SNIP PAINTED BLACK AND WHITE									
	USEU7886	84	F	PAINT		PAINTED BAY AND WHITE									
	USEU7887	240	N	AS		STAR, SNIP									
	USEU7888	72	N	QH		STAR, SNIP LF, RR-SOCK									
	USEU7889	72	F	TW		NO MARKS									
	USEU7890	36	F	QH		STAR, STRIP, SNIP									
	USEU7891	300	N	QH		NO MARKS									
	USEU7892	300	F	PAINT		BALD PAINTED CHESTNUT AND WHITE									
	USEU7893	96	F	QH		BLAZE LR-SOCK									
	USEU7894	96	F	QH		NO MARKS									

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: FEB. 16, 2010

20. NAME OF ISSUING VETERINARIAN *(Last name, first name, middle initial - please print)*: SUMMERS, DENNIS M. 9130

21. STATUS: ☐ 1 State ☐ 2 Federal ☒ 3 Accredited

22. TOTAL NO. ANIMALS *(Certified for export or donated semen)* *(Include No. from all attached VS Forms 17-140A)*: 30

23. Signature of endorsing federal veterinarian

24. NAME OF ENDORSING FEDERAL VET. *(Type, print or stamp)*: SUSAN M. SCHUBERT, DVM

25. SIGNATURE OF ISSUING VETERINARIAN

FOIA11F301A000348

VS FORM 17-140 (OCT 91) Previous editions may be used.

PORT VETERINARIAN

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)*: SUGARCREEK LIVESTOCK AUCTION, INC.

16. CONSIGNEE'S NAME: CAVEL CANADA EXPORTS

2. CERTIFICATE NO. FROM VS FORM 17-140: D103900

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
DATE M	DATE N	DATE O

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

MODIFIED ACCREDITED AREA (TB) — CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION

	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
SUGARCREEK LIVESTOCK AUCTION, INC.	USEU7895	144	F	OH		STAR, STRIP RR-SOCK						
102 BUCKEYE ST.	USEU7896	120	F	SN		NO MARKS						
SUGARCREEK, OH 44681	USEU7897	96	F	SN		NO MARKS						
	USEU7898	84	F	OH		STAR, SNIP						
	USEU7899	96	F	OH		NO MARKS						
	USEU7900	156	N	PE		STAR LR,RR-SOCK						
	USEU7901	108	N	SN		STAR LF, RF-PASTERN LR, RR-SOCK FREEZE BRAND						
	USEU7902	180	N	SN		STAR LR, RR-PASTERN						
	USEU7903	300	N	SN		STAR, SNIP						
	USEU7904	108	F	PAINT		PAINTED BLACK AND WHITE						
	USEU7905	72	F	OH		BALD						
	USEU7906	72	N	OH		LR-PASTERN						

1. THE ANIMALS WERE INSPECTED WITHIN 30 DAYS PRIOR TO EXPORT AND FOUND TO BE HEALTHY AND FREE FROM EVIDENCE OF COMMUNICABLE DISEASE.
2. THE ANIMAL WAS , TO THE BEST OF THE KNOWLEDGE AND BELIEF OF THE ISSUING VETERINARIAN, NOT EXPOSED TO ANY COMMUNICABLE DISEASE WITHIN 60 DAYS PRECEDING THE DATE OF INSPECTION.
3. THE ANIMAL HAS RESIDED IN THE UNITED STATES OR CANADA SINCE BIRTH.
4. THE ANIMALS, AT THE TIME OF THE INSPECTION, WERE FOUND HEALTHY AND IN A PHYSICAL CONDITION FIT TO BE TRANSPORTED.
5. DURING THE PREVIOUS TWENTY ONE (21) DAYS, THE ANIMALS IN THIS SHIPMENT HAVE NOT BEEN IN THE STATE OF MISSOURI, NEW MEXICO, OR TEXAS.
6. THE EXPORTER HAS BEEN ADVISED THAT ANY DETERIORATION IN HEALTH OR PHYSICAL CONDITION OF THE ANIMALS THAT MAY RENDER ANIMALS UNFIT FOR TRANSPORT MAY RESULT IN THE SHIPMENT TO BE REFUSED ENTRANCE TO CANADA. (FIT TO BE TRANSPORTED MEANS THAT, ON THE DAY OF INSPECTION NO ANIMAL HAS AN INFIRMITY, ILLNESS, INJURY OR ANY OTHER CONDITION THAT COULD BE AGGRAVATED WHEN THE ANIMAL IS BEING TRANSPORTED, CAUSING THE ANIMAL TO SUFFER.)

FOIA11F301A000349

VS FORM 17-140a (MAR 2005) *Previous edition may be used.*

PART 3 – PORT VETERINARIAN

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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 0579-0160. The time required to complete this information collection is estimated to average 5 min. 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. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 1:00

DATE: 2-16-10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Sugarcreek OHIO

VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6) (b)(6)

NAME OF AUCTION/MARKET: SUGARCREEK LIVESTOCK AUCT INC.

CONSIGNOR (OWNER/SHIPPER) NAME: LeRoy H. Baker

CONSIGNEE (RECEIVER/DESTINATION) NAME: Cavel Canada EXPORTS

STREET ADDRESS: 102 Buckeye ST P.O BX 452

STREET ADDRESS: 912 Second Ave WEST

CITY, STATE, ZIP CODE: SUGARCREEK OHIO 44681

CITY, STATE, ZIP CODE: OWENSOUND ONTARIO

AREA CODE & TELEPHONE NO.: 330-852-2832

AREA CODE & TELEPHONE NO.: 519 Bang ste jvl/est jvl/cvo

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- [X] Pregnant mares are not likely to foal (give birth) during the trip.
- [X] Foals are older than 6 months of age.
- [X] Horses are able to bear weight on all 4 limbs.
- [X] Horses are not blind in both eyes.
- [X] Horses are able to walk unassisted.

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	2USEX	7907						Sor			BL			X				
2	↑	7908					Chest Wht						PAINT	X				
3		7909					Chest Wht						PAINT			X		
4		7910						Br Wht					PAINT	X				
5		7911	X							X				X				
6		7912	X							X						X		
7		7913	X										SW	X				
8		7914						Sor		X				X				
9		7915	X							X						X		
10		7916	X										SW	X				
11		7917			X					X				X				
12		7918	X							X				X				
13		7919			X								TW	X				
14		7920						Red Roan		X				X				
15	↓	7921					X			X				X				

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

SIGNATURE (b)(6)

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. 565

DATE 2010-02-17

TIME 7:10

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

FOIA11F3110100350

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY
(CONTINUATION SHEET)

(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not 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 0579-0160. The time required to complete this information collection is estimated to average 5 min. 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. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	21SEQ	7922			X								TW	X				
17	↑	7923					X			X				X				
18		7924	X							X				X				
19		7925	X							X				X				
20		7926					X			X						X		
21		7927	X							X				X				
22		7928	X							X						X		
23		7929	X							X				X				
24		7930					X			X				X				
25		7931	X							X				X				
26		7932	X							X						X		
27		7933					X			X						X		
28		7934	X										AB	X				
29		7935					X			X						X		
30		7936			X								TW			X		
31		7937						Roan					AP	X				
32		7938	X										SV			X		
33	↓	7939					X			X					X			
34																		
35																		
36																		
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39																		
40																		
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42																		
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45																		

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6)

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)*: SUGARCREEK LIVESTOCK AUCTION, INC.

16. CONSIGNEE'S NAME: CAVEL CANADA EXPORTS

2. CERTIFICATE NO. FROM VS FORM 17-140: D103898

3. PAGE NO.: 2 OF2

NEGATIVE TUBERCULIN READING: ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

APPROVED

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

SUGARCREEK LIVESTOCK AUCTION, INC.
102 BUCKEYE ST.
SUGARCREEK, OH 44681

MODIFIED ACCREDITED AREA (TB) — CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION

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	DISEASE / TYPE TEST / DATE M	DISEASE / TYPE TEST / DATE N	DISEASE / TYPE TEST / DATE O
USEU7925	24	F	QH		STAR	LR-SOCK								
USEU7926	36	N	QH		STAR, STRIP, SNIP	RR-SOCK								
USEU7927	120	F	QH		NO MARKS									
USEU7928	180	N	QH		STAR, STRIP, SNIP	LR, RF, RR-SOCK								
USEU7929	60	F	QH		STAR, STRIP, SNIP	LR-SOCK								
USEU7930	36	F	QH		LF, LR-SOCK									
USEU7931	180	F	QH		BLAZE LF, LR, RF, RR-SOCK									
USEU7932	108	N	QH		LF-SOCK									
USEU7933	84	N	QH		STAR, STRIP, SNIP	LR-PASTERN								
USEU7934	60	F	AB		LR, RR-PASTERN									
USEU7935	48	N	QH		NO MARKS									
USEU7936	36	N	TW		STAR									
USEU7937	240	F	AP		LR-SOCK									
USEU7938	180	N	SN		RR-PASTERN									
USEU7939	120	M	QH		BLAZE RR-SOCK									

1. THE ANIMALS WERE INSPECTED WITHIN 30 DAYS PRIOR TO EXPORT AND FOUND TO BE HEALTHY AND FREE FROM EVIDENCE OF COMMUNICABLE DISEASE.
2. THE ANIMAL WAS , TO THE BEST OF THE KNOWLEDGE AND BELIEF OF THE ISSUING VETERINARIAN, NOT EXPOSED TO ANY COMMUNICABLE DISEASE WITHIN 60 DAYS PRECEDING THE DATE OF INSPECTION.
3. THE ANIMAL HAS RESIDED IN THE UNITED STATES OR CANADA SINCE BIRTH.
4. THE ANIMALS, AT THE TIME OF THE INSPECTION, WERE FOUND HEALTHY AND IN A PHYSICAL CONDITION FIT TO BE TRANSPORTED.
5. DURING THE PREVIOUS TWENTY ONE (21) DAYS, THE ANIMALS IN THIS SHIPMENT HAVE NOT BEEN IN THE STATE OF MISSOURI, NEW MEXICO, OR TEXAS.
6. THE EXPORTER HAS BEEN ADVISED THAT ANY DETERIORATION IN HEALTH OR PHYSICAL CONDITION OF THE ANIMALS THAT MAY RENDER ANIMALS UNFIT FOR TRANSPORT MAY RESULT IN THE SHIPMENT TO BE REFUSED ENTRANCE TO CANADA. (FIT TO BE TRANSPORTED MEANS THAT, ON THE DAY OF INSPECTION NO ANIMAL HAS AN INFIRMITY, ILLNESS, INJURY OR ANY OTHER CONDITION THAT COULD BE AGGRAVATED WHEN THE ANIMAL IS BEING TRANSPORTED, CAUSING THE ANIMAL TO SUFFER.)

FOIA11FOI000352

VS FORM 17-140a (MAR 2005) *Previous edition may be used.*

PART 5 – ISSUING VETERINARIAN

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-17-37).

1. CONSIGNOR'S NAME *(Last name, first name, middle initial or business name)*: SUGARCREEK LIVESTOCK AUCTION, INC.

2. CERTIFICATE NO.: D103898

3. PAGE NO.: 1 of 2

4. DATE ISSUED: 2-12-10

5. U.S. PORT OF EMBARKATION *(City & State)*: PORT HURON, MICHIGAN

6. STATE CODE: 26

7. CONSIGNOR'S STREET ADDRESS *(Mailing address)*: 102 BUCKEYE ST.

8. CONSIGNOR'S CITY *(or Town)*: SUGARCREEK

9. SEMEN *(Check if yes)*: N

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: 1 - Rail, 2 - Truck, 3 - Air, 4 - Ocean: 2

12. CONSIGNOR'S STATE: OHIO

13. STATE CODE: 39

14. ZIP CODE: 44681

16. CONSIGNEE'S NAME AND STREET ADDRESS *(Mailing address)*: CAVEL CANADA EXPORTS, 912 SECOND AVENUE, OWEN SOUND, ON

DESTINATION COUNTRY: CANADA

ENTER CODE: CA

15. SPECIES *(Check 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)*

NEGATIVE TUBERCULIN READING: 48 HRS. ☐ 72 HRS. ☐

BRUCELLOSIS BLOOD SAMPLE COLLECTED

CERTIFIED BRUCELLOSIS FREE AREA

NEGATIVE RESULTS OF OTHER TESTS: DISEASE / TYPE TEST / DISEASE / TYPE TEST / DISEASE / TYPE TEST

If more lines 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

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

Owner's name	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	DATE M	DATE N	DATE O
SUGARCREEK LIVESTOCK AUCTION, INC	USEU7907	240	F	BL		STAR, STRIP, SNIP									
102 BUCKEYE ST.	USEU7908	96	F	PAINT		BLAZE PAINTED CHESTNUT AND WHITE									
SUGARCREEK, OH 44681	USEU7909	60	N	PAINT		BALD PAINTED CHESTNUT AND WHITE									
	USEU7910	24	F	PAINT		PAINTED BROWN AND WHITE									
	USEU7911	156	F	QH		STAR, SNIP									
	USEU7912	108	N	QH		RR-SOCK									
	USEU7913	60	F	SN		NO MARKS									
	USEU7914	240	F	QH		LR-PASTERN									
	USEU7915	24	N	QH		BALD LF, RF, RR-SOCK LR-STOCKING									
	USEU7916	36	F	SN		LR-SOCK									
	USEU7917	108	F	QH		NO MARKS									
	USEU7918	96	F	QH		STAR, SNIP									
	USEU7919	180	F	TW		NO MARKS									
	USEU7920	60	F	QH		BALD									
	USEU7921	36	F	QH		STAR, SNIP LF, LR, RF, RR-SOCK									
	USEU7922	24	F	TW		STAR, SNIP LF-PASTERN LR-SOCK									
	USEU7923	24	F	QH		STAR									
	USEU7924	180	F	QH		STAR, STRIP, SNIP LF, LR, RF, RR-SOCK									

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: FEB 16 2010

20. NAME OF ISSUING VETERINARIAN *(Last name, first name, middle initial - please print)*: SUMMERS, DENNIS M. 9130

21. STATUS: ☐ 1 State ☐ 2 Federal ☒ 3 Accredited

22. TOTAL NO. ANIMALS *(Certified for export or donated semen)* *(Include No. from all attached VS Forms 17-140A)*: 33

23. Signature of endorsing federal veterinarian

24. NAME OF ENDORSING FEDERAL VET. *(Type, print or stamp)*

25. SIGNATURE OF ISSUING VETERINARIAN

FOA11F2014000353

VS FORM 17-140 (OCT 91) Previous editions may be used.

ISSUING VETERINARIAN

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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 0579-0160. The time required to complete this information collection is estimated to average 5 min. 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. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 3:30 PM

DATE: 2-12-10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: SUGARCREEK OHIO

VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6) (b)(6)

NAME OF AUCTION/MARKET: SUGARCREEK LIVESTOCK AUCT INC.

CONSIGNOR (OWNER/SHIPPER) NAME: LeRoy N. BAKER

CONSIGNEE (RECEIVER/DESTINATION) NAME: Carel Canada EXPORTS

STREET ADDRESS: 102 Buckeye St. P.O BX 452

STREET ADDRESS: 913 Second ave WEST OWENSOUND ONTARIO

CITY, STATE, ZIP CODE: SUGARCREEK OH 44681

CITY, STATE, ZIP CODE: 517 Rang Ste juliest jovlwo

AREA CODE & TELEPHONE NO.: 330-852-2832

AREA CODE & TELEPHONE NO.:

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- [X] Pregnant mares are not likely to foal (give birth) during the trip.
- [X] Foals are older than 6 months of age.
- [X] Horses are able to bear weight on all 4 limbs.
- [X] Horses are not blind in both eyes.
- [X] Horses are able to walk unassisted.

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	21SEZL	7846						Sor			BL					X		
2		7847						Sor			BL			X				
3		7848						Sor			BL			X				
4		7849		X									AP	X				
5		7850	X										SV	X				
6		7851	X							X				X				
7		7852					X			X				X				
8		7853					X			X				X				
9		7854			X								TW	X				
10		7855						Sor					TW	X				
11		7856	X							X				X				
12		7857	X							X				X				
13		7858					X			X				X				
14		7859						Roan					AP			X		
15		7860	X							X				X				

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

SIGNATURE (b)(6)

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. 505

DATE 2010-02-13

TIME 18:00

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

FOIA11F3IA000354

ANIMAL AND PLANT HEALTH INSPECTION SERVICE

OWNER/SHIPPER CERTIFICATE FITNESS TO TRAVEL TO A SLAUGHTER FACILITY (CONTINUATION SHEET)

(Please type or print in ink)

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 0579-0160. The time required to complete this information collection is estimated to average 5 min. 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. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USEU	7861			X								TW	X				
17		7862	X										Mole	X				
18		7863			X					X				X				
19		7864						Br/Wht					PAINT			X		
20		7865					X			X						X		
21		7866	X							X				X				
22		7867	X							X				X				
23		7868	X							X				X				
24		7869			X					X				X				
25		7870			X								TW	X				
26		7871					X						TW	X				
27		7872	X							X						X		
28		7873	X										AB			X		
29		7874						Br/Wht					PAINT	X				
30		7875					X			X				X				
31		7876	X										SN	X				
32																		
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SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6)

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. 0579-0020

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): SUGARCREEK LIVESTOCK AUCTION, INC.

2. CERTIFICATE NO: J 3517

3. PAGE NO.: 1 OF

4. DATE ISSUED: 2-5-10

5. U.S. PORT OF EMBARKATION (City and State): PORT HURON, MICHIGAN

6. STATE CODE: 26

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): 102 BUCKEYE ST.

8. CONSIGNOR'S CITY (or Town): SUGARCREEK

12. CONSIGNOR'S STATE: OHIO

13. STATE CODE: 39

14. ZIP CODE: 44681

9. SEMEN (Check if yes): ☐

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: 1 - Rail 3 - Air 2 - Truck 4 - Ocean: 2

16. CONSIGNEES NAME AND STREET ADDRESS (Mailing Address): CAVEL CANADA EXPORTS
912 SECOND AVENUE WEST
OWEN SOUND, ON

DESTINATION COUNTRY: CANADA

ENTER CODE: CA

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)

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

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

MODIFIED ACCREDITED AREA (TB)

CERTIFIED BRUCELLOSIS FREE AREA

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	DATE M	DATE N	DATE O
SUGARCREEK LIVESTOCK AUCTION, INC.	USEU7846	120	M	BL	BLAZE									
102 BUCKEYE ST.	USEU7847	144	F	BL	BLAZE									
SUGARCREEK, OH 44681	USEU7848	300	F	BL	STAR, STRIP, SNIP LF, RF-SOCK									
	USEU7849	84	F	AP	NO MARKS									
	USEU7850	60	F	SN	NO MARKS									
	USEU7851	120	F	QH	NO MARKS									
	USEU7852	240	F	QH	STAR, SNIP									
	USEU7853	36	F	QH	STAR RR-SOCK									
	USEU7854	180	F	TW	STAR									
	USEU7855	144	F	TW	STAR LF, LR, RF, RR-SOCK									
	USEU7856	180	F	QH	STAR, STRIP, SNIP LR-PASTERN									
	USEU7857	120	F	QH	STAR RF-SOCK									
	USEU7858	144	F	QH	STAR LR, RR-SOCK									
	USEU7859	84	N	AP	BALD									
	USEU7860	120	F	QH	NO MARKS									
	USEU7861	120	F	TW	STAR, SNIP LR, RR-SOCK									
	USEU7862	180	F	MULE	NO MARKS									
	USEU7863	72	F	QH	STAR, STRIP, SNIP LF, LR-SOCK									

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: FEB. 08, 2010

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, - please print): SPECHT, TERRI A. 9542

21. STATUS: ☐ 2 Federal ☐ 1 State ☒ 3 Accredited

22. TOTAL NO OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 31

23. Signature of endorsing federal veterinarian

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): NANCY L. HANNAWAY, DVM

25. SIGNATURE OF ISSUING VETERINARIAN

FOIA11F301A000356

VS FORM 17-140 (MAR 98) Previous edition may be used.

PART 5 - ISSUING VETERINARIAN

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)*: SUGARCREEK LIVESTOCK AUCTION, INC.

16. CONSIGNEE'S NAME: CAVEL CANADA EXPORTS

2. CERTIFICATE NO. FROM VS FORM 17-140: J 3517

3. PAGE NO.: 2 OF 2

NEGATIVE TUBERCULIN READING: ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

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

MODIFIED ACCREDITED AREA (TB) — CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION

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	DISEASE / TYPE TEST / DATE M	DISEASE / TYPE TEST / DATE N	DISEASE / TYPE TEST / DATE O
USEU7864	48	N	PAINT	BLAZE			PAINTED BROWN AND WHITE							
USEU7865	36	N	QH	STAR, STRIP, SNIP										
USEU7866	84	F	QH	STAR, SNIP			RR-SOCK							
USEU7867	36	F	QH	STAR, SNIP										
USEU7868	144	F	QH	LR-PASTERN										
USEU7869	72	F	QH	STAR, STRIP, SNIP										
USEU7870	36	F	TW	STAR										
USEU7871	180	F	TW	STAR										
USEU7872	48	N	QH	NO MARKS										
USEU7873	144	N	AB	SNIP LR-SOCK										
USEU7874	48	F	PAINT	BLAZE			PAINTED BLACK AND WHITE							
USEU7875	60	F	QH	STAR, STRIP, SNIP LF, RR-STOCKING										
USEU7876	12	F	SN	NO MARKS										

SUGARCREEK LIVESTOCK AUCTION, INC.
102 BUCKEYE ST.
SUGARCREEK, OH 44681

1. THE ANIMALS WERE INSPECTED WITHIN 30 DAYS PRIOR TO EXPORT AND FOUND TO BE HEALTHY AND FREE FROM EVIDENCE OF COMMUNICABLE DISEASE.
2. THE ANIMAL WAS , TO THE BEST OF THE KNOWLEDGE AND BELIEF OF THE ISSUING VETERINARIAN, NOT EXPOSED TO ANY COMMUNICABLE DISEASE WITHIN 60 DAYS PRECEDING THE DATE OF INSPECTION.
3. THE ANIMAL HAS RESIDED IN THE UNITED STATES OR CANADA SINCE BIRTH.
4. THE ANIMALS, AT THE TIME OF THE INSPECTION, WERE FOUND HEALTHY AND IN A PHYSICAL CONDITION FIT TO BE TRANSPORTED.
5. DURING THE PREVIOUS TWENTY ONE (21) DAYS, THE ANIMALS IN THIS SHIPMENT HAVE NOT BEEN IN THE STATE OF MISSOURI, NEW MEXICO, OR TEXAS.
6. THE EXPORTER HAS BEEN ADVISED THAT ANY DETERIORATION IN HEALTH OR PHYSICAL CONDITION OF THE ANIMALS THAT MAY RENDER ANIMALS UNFIT FOR TRANSPORT MAY RESULT IN THE SHIPMENT TO BE REFUSED ENTRANCE TO CANADA. (FIT TO BE TRANSPORTED MEANS THAT, ON THE DAY OF INSPECTION NO ANIMAL HAS AN INFIRMITY, ILLNESS, INJURY OR ANY OTHER CONDITION THAT COULD BE AGGRAVATED WHEN THE ANIMAL IS BEING TRANSPORTED, CAUSING THE ANIMAL TO SUFFER.)

FOIA11F0110009357

VS FORM 17-140a (MAR 2005) *Previous edition may be used.*

PART 5 – ISSUING VETERINARIAN

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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 0579-0160. The time required to complete this information collection is estimated to average 5 min. 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. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 12:00

DATE: 3-8-10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Sugarcreek OHIO

VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6) (b)(6)

NAME OF AUCTION/MARKET: Sugarcreek Livestock Auct Inc.

CONSIGNOR (OWNER/SHIPPER) NAME: Leroy N. Baker

CONSIGNEE (RECEIVER/DESTINATION) NAME: Cavel Canada Exports

STREET ADDRESS: 102 Buckeye St P.O Bx 452

STREET ADDRESS: 913 Second Ave West

CITY, STATE, ZIP CODE: Sugarcreek OH 44681

CITY, STATE, ZIP CODE: Owensound Ontario 517 Kang Ste juliest jovlwo

AREA CODE & TELEPHONE NO.: 330-852-2832

AREA CODE & TELEPHONE NO.:

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- [x] Pregnant mares are not likely to foal (give birth) during the trip.
- [x] Foals are older than 6 months of age.
- [x] Horses are able to bear weight on all 4 limbs.
- [x] Horses are not blind in both eyes.
- [x] Horses are able to walk unassisted.

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	21521	5237						Sor			BL			X				
2	↑	5238						Sor			BL			X				
3		5239						SOR			BL			X				
4		5240						SOR			BL			X				
5		5241						SOR			BL					X		
6		5242						SOR			BL					X		
7		5243			X						PE					X		
8		5244		X									AP	X				
9		5245						Sor		X						X		
10		5246					X			X				X				
11		5247			X								TW	X				
12		5248			X								TW			X		
13		5249					X						Paint	X				
14		5250						Red Roan		X				X				
15	↓	5251			X								TW			X		

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

SIGNATURE (b)(6)

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. #505

DATE March 9th, 2010

TIME 7:45 AM ONP

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

FOIA11F3IA000358

ANIMAL AND PLANT HEALTH INSPECTION SERVICE

OWNER/SHIPPER CERTIFICATE FITNESS TO TRAVEL TO A SLAUGHTER FACILITY (CONTINUATION SHEET)

(Please type or print in ink)

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 0579-0160. The time required to complete this information collection is estimated to average 5 min. 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. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	21SF21	5252					X			X				X				
17	↑	5253	X							X						X		
18		5254	X							X				X				
19		5255					X						AP	X				
20		5256	X							X				X				
21		5257	X										SN			X		
22		5258	X										SN			X		
23		5259						Buck					Paint	X				
24		5260			X								TW	X				
25		5261					X						Paint			X		
26		5262	X							X				X				
27		5263						Roan					AP	X				
28		5264			X								Paint	X				
29		5265					X						TW			X		
30	↓	5266			X								Paint	X				
31																		
32																		
33																		
34																		
35																		
36																		
37																		
38																		
39																		
40																		
41																		
42																		
43																		
44																		
45																		

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6)

VS FORM 10-13A
(SEP 2002)

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)*
SUGARCREEK LIVESTOCK AUCTION, INC.

16. CONSIGNEE'S NAME
CAVEL CANADA EXPORTS

2. CERTIFICATE NO. (FROM VS FORM 17-140)
J 3527

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, & business name)*
Owner's street address
Owner's city/town, state code & zip code

MODIFIED ACCREDITED AREA (TB) ——
—— CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION

	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	DATE M	DATE N	DATE O
SUGARCREEK LIVESTOCK AUCTION, INC.	USEU5255	108	F	AP		BALD LF, RF-SOCK LR, RR-STOCKING SPOTTED									
102 BUCKEYE ST.	USEU5256	84	F	QH		STAR RR-SOCK									
SUGARCREEK, OH 44681	USEU5257	84	N	SN		RF-PASTERN FREEZE BRAND									
	USEU5258	48	N	SN		LR-PASTERN FREEZE BRAND									
	USEU5259	144	F	PAINT		BALD PAINTED BUCKSKIN AND WHITE									
	USEU5260	48	F	TW		NO MARKS									
	USEU5261	108	N	PAINT		STAR, STRIP, SNIP PAINTED CHESTNUT AND WHITE									
	USEU5262	120	F	QH		STAR									
	USEU5263	72	F	AP		STAR									
	USEU5264	48	F	PAINT		STAR, SNIP PAINTED BLACK AND WHITE									
	USEU5265	108	N	TW		STAR									
	USEU5266	84	F	PAINT		STRIP PAINTED BLACK AND WHITE									

1. THE ANIMALS WERE INSPECTED WITHIN 30 DAYS PRIOR TO EXPORT AND FOUND TO BE HEALTHY AND FREE FROM EVIDENCE OF COMMUNICABLE DISEASE.
2. THE ANIMAL WAS , TO THE BEST OF THE KNOWLEDGE AND BELIEF OF THE ISSUING VETERINARIAN, NOT EXPOSED TO ANY COMMUNICABLE DISEASE WITHIN 60 DAYS PRECEDING THE DATE OF INSPECTION.
3. THE ANIMAL HAS RESIDED IN THE UNITED STATES OR CANADA SINCE BIRTH.
4. THE ANIMALS, AT THE TIME OF THE INSPECTION, WERE FOUND HEALTHY AND IN A PHYSICAL CONDITION FIT TO BE TRANSPORTED.
5. DURING THE PREVIOUS TWENTY ONE (21) DAYS, THE ANIMALS IN THIS SHIPMENT HAVE NOT BEEN IN THE STATE OF MISSOURI, NEW MEXICO, OR TEXAS.
6. THE EXPORTER HAS BEEN ADVISED THAT ANY DETERIORATION IN HEALTH OR PHYSICAL CONDITION OF THE ANIMALS THAT MAY RENDER ANIMALS UNFIT FOR TRANSPORT MAY RESULT IN THE SHIPMENT TO BE REFUSED ENTRANCE TO CANADA. (FIT TO BE TRANSPORTED MEANS THAT, ON THE DAY OF INSPECTION NO ANIMAL HAS AN INFIRMITY, ILLNESS, INJURY OR ANY OTHER CONDITION THAT COULD BE AGGRAVATED WHEN THE ANIMAL IS BEING TRANSPORTED, CAUSING THE ANIMAL TO SUFFER.)

FOIA11F301000360

VS FORM 17-140a (MAR 2005) *Previous edition may be used.*

PART 5 – ISSUING VETERINARIAN

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): SUGARCREEK LIVESTOCK AUCTION, INC.

2. CERTIFICATE NO: J 3527

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 3-5-10

5. U.S. PORT OF EMBARKATION (City and State): PORT HURON, MICHIGAN

6. STATE CODE: 26

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): 102 BUCKEYE ST.

8. CONSIGNOR'S CITY (or Town): SUGARCREEK

12. CONSIGNOR'S STATE: OHIO

13. STATE CODE: 39

14. ZIP CODE: 44681

9. SEMEN (Check if yes): ☐

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: 1 - Rail 3 - Air 2 - Truck 4 - Ocean [2]

16. CONSIGNEES NAME AND STREET ADDRESS (Mailing Address): CAVEL CANADA EXPORTS 912 SECOND AVENUE WEST OWEN SOUND, ON

DESTINATION COUNTRY: CANADA

ENTER CODE: CA

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

☐ 01 BOVINE ☐ 02 PORCINE ☐ 03 OVINE ☐ 04 CAPRINE
[X] 05 EQUINE ☐ 08 OTHER WILDLIFE - MAMMAL
☐ 09 OTHER (Specify)

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

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

MODIFIED ACCREDITED AREA (TB)

CERTIFIED BRUCELLOSIS FREE AREA

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)

17. FARM ORIGIN	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	DATE M	DATE N	DATE O
SUGARCREEK LIVESTOCK AUCTION, INC.	USEU5237	84	F	BL		STAR, STRIP, SNIP									
102 BUCKEYE ST.	USEU5238	144	F	BL		STAR, STRIP, SNIP LF, RF-PASTERN									
SUGARCREEK, OH 44681	USEU5239	96	F	BL		STRIP LF, RF-SOCK									
	USEU5240	180	F	BL		BLAZE LF, LR, RF-SOCK									
	USEU5241	300	N	BL		BLAZE									
	USEU5242	300	N	BL		STAR									
	USEU5243	108	N	PE		LR, RR-SOCK									
	USEU5244	180	F	AP		NO MARKS									
	USEU5245	300	N	QH		BLAZE LF, LR, RF, RR-SOCK									
	USEU5246	300	F	QH		STAR									
	USEU5247	108	F	TW		STAR, STRIP, SNIP									
	USEU5248	48	N	TW		LR, RR-SOCK									
	USEU5249	144	F	PAINT		STAR, STRIP, SNIP PAINTED CHESTNUT AND WHITE									
	USEU5250	180	F	QH		BALD									
	USEU5251	72	N	TW		STAR									
	USEU5252	96	F	QH		NO MARKS									
	USEU5253	108	N	QH		LR, RR-SOCK									
	USEU5254	96	F	QH		NO MARKS									

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. 08, 2010

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, - please print): SUMMERS, DENNIS M. 9130

21. STATUS: ☐ 2 Federal ☐ 1 State [X] 3 Accredited

22. TOTAL NO OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 30

23. Signature of endorsing federal veterinarian

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): THOMAS R HANS, DVM

25. SIGNATURE OF ISSUING VETERINARIAN

FOIA11F301A0009361

VS FORM 17-140 (MAR 98) Previous edition may be used.

PART 5 - ISSUING VETERINARIAN

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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 0579-0160. The time required to complete this information collection is estimated to average 5 min. 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. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 12:00

DATE: 3-1-10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: SUGARCREEK OHIO

VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6) (b)(6)

NAME OF AUCTION/MARKET: SUGARCREEK LIVESTOCK AUCT INC

CONSIGNOR (OWNER/SHIPPER) NAME: LeRoy N. Baker

CONSIGNEE (RECEIVER/DESTINATION) NAME: Cavel Canada Exports

STREET ADDRESS: 102 Buckeye ST P.O.Bx 452

STREET ADDRESS: 912 Second Ave. West

CITY, STATE, ZIP CODE: SUGARCREEK OH 44681

CITY, STATE, ZIP CODE: OWENSOUND ONTARIO N1K 1W2

AREA CODE & TELEPHONE NO.: 330-852-2833

AREA CODE & TELEPHONE NO.:

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- [X] Pregnant mares are not likely to foal (give birth) during the trip.
- [X] Horses are able to bear weight on all 4 limbs.
- [X] Foals are older than 6 months of age.
- [X] Horses are not blind in both eyes.
- [X] Horses are able to walk unassisted.

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USEU	5204						Sor			BL			X				
2	↑	5205						Sor			BL					X		
3		5206	X										SW		X			
4		5207			X								SW			X		
5		5208	X										SW			X		
6		5209			X								TW	X				
7		5210	X										TW	X				
8		5211			X								TW	X				
9		5212					X			X						X		
10		5213	X										Mule			X		
11		5214	X			pinto							Paint	X				
12		5215						Sor		X					X			
13		5216	X							X				X				
14		5217	X							X				X				
15	↓	5218			X					X						X		

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

SIGNATURE (b)(6)

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. 5505

DATE 2010-03-02

TIME 7:40

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

FOIA11F0110362

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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 0579-0160. The time required to complete this information collection is estimated to average 5 min. 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. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 12:00

DATE: 3-1-10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: SUGARCREEK OHIO

VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6) (b)(6)

NAME OF AUCTION/MARKET: SUGARCREEK LIVESTOCK AUCT INC

CONSIGNOR (OWNER/SHIPPER) NAME: LeRoy N. Baker

CONSIGNEE (RECEIVER/DESTINATION) NAME: Cavel Canada Exports

STREET ADDRESS: 102 Buckeye ST P.O.Bx 452

STREET ADDRESS: 912 Second Ave. West

CITY, STATE, ZIP CODE: SUGARCREEK OH 44681

CITY, STATE, ZIP CODE: OWENSOUND ONTARIO 517 Bangste jiWEST jovlwo

AREA CODE & TELEPHONE NO.: 330-852-2832

AREA CODE & TELEPHONE NO.:

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- [X] Pregnant mares are not likely to foal (give birth) during the trip.
- [X] Foals are older than 6 months of age.
- [X] Horses are able to bear weight on all 4 limbs.
- [X] Horses are not blind in both eyes.
- [X] Horses are able to walk unassisted.

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	BLSEU	5204						Sor			BL			X				
2		5205						Sor			BL					X		
3		5206	X										SW		X			
4		5207			X								SW			X		
5		5208	X										SW			X		
6		5209			X								TW	X				
7		5210	X										TW	X				
8		5211			X								TW	X				
9		5212					X			X						X		
10		5213	X										Mule			X		
11		5214	X		pinto								PAINT	X				
12		5215						Sor		X					X			
13		5216	X							X				X				
14		5217	X							X				X				
15		5218			X					X						X		

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

SIGNATURE (b)(6)

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. 505

DATE 2010-03-02

TIME 7:40

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

FOIA11F3IA000363

ANIMAL AND PLANT HEALTH INSPECTION SERVICE

OWNER/SHIPPER CERTIFICATE FITNESS TO TRAVEL TO A SLAUGHTER FACILITY (CONTINUATION SHEET)

(Please type or print in ink)

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 0579-0160. The time required to complete this information collection is estimated to average 5 min. 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. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	ZRSEL	5219			X								PAINT			X		
17	↑	5220	X										SW			X		
18		5221					X						TW	X				
19		5222			X					X						X		
20		5223					X			X						X		
21		5224					X			X						X		
22		5225					X			X						X		
23		5226					X			X						X		
24		5227					X			X						X		
25		5228					X			X				X				
26		5229	X										PAINT			X		
27		5230					X			X				X				
28		5231					DARK CHEST			X						X		
29		5232	X							X				X				
30		5233	X →		new to								PAINT	X				
31		5234						Sor					Hef	X				
32		5235						Sor					Hef			X		
33	↓	5236						Sor					Hef			X		
34																		
35																		
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45																		

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6)

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): SUGARCREEK LIVESTOCK AUCTION, INC.

2. CERTIFICATE NO: J 3528

3. PAGE NO.: 1 OF

4. DATE ISSUED: 2-26-10

5. U.S. PORT OF EMBARKATION (City and State): PORT HURON, MICHIGAN

6. STATE CODE: 26

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): 102 BUCKEYE ST.

8. CONSIGNOR'S CITY (or Town): SUGARCREEK

12. CONSIGNOR'S STATE: OHIO

13. STATE CODE: 39

14. ZIP CODE: 44681

9. SEMEN (Check if yes): ☐

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: 1 - Rail, 2 - Truck, 3 - Air, 4 - Ocean: 2

16. CONSIGNEES NAME AND STREET ADDRESS (Mailing Address): CAVEL CANADA EXPORTS, 912 SECOND AVENUE WEST, OWEN SOUND, ON

DESTINATION COUNTRY: CANADA

ENTER CODE: CA

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)

NEGATIVE TUBERCULIN READING: ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

CERTIFIED BRUCELLOSIS FREE AREA

NEGATIVE RESULTS OF OTHER TESTS: DISEASE / TYPE TEST / DISEASE / TYPE TEST / DISEASE / TYPE TEST

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

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

17. FARM ORIGIN	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	DATE M	DATE N	DATE O
SUGARCREEK LIVESTOCK AUCTION, INC.	USEU5204	300	F	BL		STAR, STRIP, SNIP									
102 BUCKEYE ST.	USEU5205	360	N	BL		STAR, STRIP, SNIP LR, RR-SOCK									
SUGARCREEK, OH 44681	USEU5206	180	M	SN		LF, LR-PASTERN FREEZE BRAND									
	USEU5207	144	N	SN		NO MARKS									
	USEU5208	120	N	SN		STAR, SNIP LR, RR-SOCK LIP TATTOO									
	USEU5209	72	F	TW		STAR, SNIP									
	USEU5210	240	F	TW		LR-PASTERN									
	USEU5211	108	F	TW		NO MARKS									
	USEU5212	48	N	QH		STAR, SNIP									
	USEU5213	180	N	MULE		NO MARKS									
	USEU5214	84	F	PAINT		STAR, SNIP PAINTED BAY AND WHITE									
	USEU5215	24	M	QH		STAR, SNIP LF, LR, RR-SOCK									
	USEU5216	36	F	QH		STAR LR-PASTERN									
	USEU5217	24	F	QH		RR-PASTERN									
	USEU5218	300	N	QH		STAR RR-SORONET									
	USEU5219	60	N	PAINT		STAR, SNIP PAINTED BLACK AND WHITE									
	USEU5220	360	N	SN		STAR									
	USEU5221	180	F	TW		BLAZE LR, RR-STOCKING									

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

APPROVED FEDERAL VETERINARIAN

23. Signature of endorsing federal veterinarian

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. 01, 2010

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, - please print): SUMMERS, DENNIS M. 9130

21. STATUS: ☐ 2 Federal ☐ 1 State ☒ 3 Accredited

22. TOTAL NO OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 33

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): ROGER A KROGWOLD, DVM VETERINARY MEDICAL OFFICER

25. SIGNATURE OF ISSUING VETERINARIAN

FOIA11F3IA000365

VS FORM 17-140 (MAR 98) Previous edition may be used.

PART 5 - ISSUING VETERINARIAN

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)*: SUGARCREEK LIVESTOCK AUCTION, INC.

2. CERTIFICATE NO. FROM VS FORM 17-140: J 3528

3. PAGE NO.: 2 OF 2

16. CONSIGNEE'S NAME: CAVEL CANADA EXPORTS

NEGATIVE TUBERCULIN READING: ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

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

MODIFIED ACCREDITED AREA (TB) — CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION

	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	DISEASE / TYPE TEST / DATE M	DISEASE / TYPE TEST / DATE N	DISEASE / TYPE TEST / DATE O
SUGARCREEK LIVESTOCK AUCTION, INC.	USEU5222	300	N	OH	BLAZE										
102 BUCKEYE ST.	USEU5223	48	N	OH	BLAZE LF, LR, RF, RR-STOCKING										
SUGARCREEK, OH 44681	USEU5224	24	N	OH	STAR, STRIP, SNIP LR-STOCKING										
	USEU5225	360	N	OH	STAR										
	USEU5226	108	N	OH	STAR, STRIP LR, RR-SOCK										
	USEU5227	60	N	OH	STRIP, SNIP LF, RR-SOCK LR-STOCKING										
	USEU5228	60	F	OH	STAR LF, RR-SOCK										
	USEU5229	60	N	PAINT	BALD PAINTED BAY AND WHITE										
	USEU5230	24	F	OH	BLAZE LF, RF-SOCK LR, RR-STOCKING										
	USEU5231	48	N	OH	SNIP										
	USEU5232	108	F	OH	STAR LR-PASTERN										
	USEU5233	84	F	PAINT	STAR, STRIP, SNIP PAINTED BAY AND WHITE										
	USEU5234	144	F	HAFLINGER	STAR										
	USEU5235	108	N	JAFLINGER	NO MARKS										
	USEU5236	96	N	HAFLINGER	STAR, STRIP, SNIP										

1. THE ANIMALS WERE INSPECTED WITHIN 30 DAYS PRIOR TO EXPORT AND FOUND TO BE HEALTHY AND FREE FROM EVIDENCE OF COMMUNICABLE DISEASE.
2. THE ANIMAL WAS , TO THE BEST OF THE KNOWLEDGE AND BELIEF OF THE ISSUING VETERINARIAN, NOT EXPOSED TO ANY COMMUNICABLE DISEASE WITHIN 60 DAYS PRECEDING THE DATE OF INSPECTION.
3. THE ANIMAL HAS RESIDED IN THE UNITED STATES OR CANADA SINCE BIRTH.
4. THE ANIMALS, AT THE TIME OF THE INSPECTION, WERE FOUND HEALTHY AND IN A PHYSICAL CONDITION FIT TO BE TRANSPORTED.
5. DURING THE PREVIOUS TWENTY ONE (21) DAYS, THE ANIMALS IN THIS SHIPMENT HAVE NOT BEEN IN THE STATE OF MISSOURI, NEW MEXICO, OR TEXAS.
6. THE EXPORTER HAS BEEN ADVISED THAT ANY DETERIORATION IN HEALTH OR PHYSICAL CONDITION OF THE ANIMALS THAT MAY RENDER ANIMALS UNFIT FOR TRANSPORT MAY RESULT IN THE SHIPMENT TO BE REFUSED ENTRANCE TO CANADA. (FIT TO BE TRANSPORTED MEANS THAT, ON THE DAY OF INSPECTION NO ANIMAL HAS AN INFIRMITY, ILLNESS, INJURY OR ANY OTHER CONDITION THAT COULD BE AGGRAVATED WHEN THE ANIMAL IS BEING TRANSPORTED, CAUSING THE ANIMAL TO SUFFER.)

FOIA11E01A000366

VS FORM 17-140a (MAR 2005) *Previous edition may be used.*

PART 5 – ISSUING VETERINARIAN

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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 0579-0160. The time required to complete this information collection is estimated to average 5 min. 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. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 1:30

DATE: 2-3-10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Sugarcreek OHIO

VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6) (b)(6)

NAME OF AUCTION/MARKET: Sugarcreek Livestock Auct Inc.

CONSIGNOR (OWNER/SHIPPER) NAME: LeRoy N. Baker

CONSIGNEE (RECEIVER/DESTINATION) NAME: Cavel Canada Exports

STREET ADDRESS: 102 Buckeye St P.O Bx 452

STREET ADDRESS: 912 Second Ave. West Owensound Ontario

CITY, STATE, ZIP CODE: Sugarcreek OH 10 44681

CITY, STATE, ZIP CODE: 517 Bang Ste Julies Jovlao

AREA CODE & TELEPHONE NO.: 330-852-2832

AREA CODE & TELEPHONE NO.:

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- [X] Pregnant mares are not likely to foal (give birth) during the trip.
- [X] Foals are older than 6 months of age.
- [X] Horses are able to bear weight on all 4 limbs.
- [X] Horses are not blind in both eyes.
- [X] Horses are able to walk unassisted.

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USEU	7785	X							X				X				
2		7786	X										SN	X				
3		7787			X								TW	X				
4		7788					X			X				X				
5		7789	X							X				X				
6		7790			X								SN			X		
7		7791	X							X						X		
8		7792	X							X				X				
9		7793	X							X				X				
10		7794						Br/light		X				X				
11		7795						Br/Br cont					PAINT			X		
12		7796	X									X		X				
13		7797			X								TW	X				
14		7798	X										SN			X		
15		7799						Roan		X						X		

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

SIGNATURE (b)(6)

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. 505

DATE 2010-02-04

TIME 7:30

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

FOIA11F0110367

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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 0579-0160. The time required to complete this information collection is estimated to average 5 min. 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. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 1:30

DATE: 2-3-10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Sugarcreek OHIO

VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6) (b)(6)

NAME OF AUCTION/MARKET: Sugarcreek Livestock Auct Inc.

CONSIGNOR (OWNER/SHIPPER) NAME: Leroy N. Baker

CONSIGNEE (RECEIVER/DESTINATION) NAME: Cavel Canada Exports

STREET ADDRESS: 102 Buckeye St P.O Bx 452

STREET ADDRESS: 912 Second Ave. West

CITY, STATE, ZIP CODE: Sugarcreek OH 10 44681

CITY, STATE, ZIP CODE: Owensound Ontario

AREA CODE & TELEPHONE NO.: 330-852-2832

AREA CODE & TELEPHONE NO.: 517 Rang Ste Juliet Jovlwd

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- [X] Pregnant mares are not likely to foal (give birth) during the trip.
- [X] Foals are older than 6 months of age.
- [X] Horses are able to bear weight on all 4 limbs.
- [X] Horses are not blind in both eyes.
- [X] Horses are able to walk unassisted.

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USEU	7785	X							X				X				
2	↑	7786	X										SN	X				
3		7787			X								TW	X				
4		7788					X			X				X				
5		7789	X							X				X				
6		7790			X								SN			X		
7		7791	X							X						X		
8		7792	X							X				X				
9		7793	X							X				X				
10		7794						Br/wht		X				X				
11		7795						Blg wht					PAINT			X		
12		7796	X									X		X				
13		7797			X								TW	X				
14		7798	X										SN			X		
15	↓	7799						Roan		X						X		

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

SIGNATURE (b)(6)

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. 505

DATE 2010-02-04

TIME 7:30

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

FOIA11F0110368

ANIMAL AND PLANT HEALTH INSPECTION SERVICE

OWNER/SHIPPER CERTIFICATE FITNESS TO TRAVEL TO A SLAUGHTER FACILITY (CONTINUATION SHEET)

(Please type or print in ink)

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 0579-0160. The time required to complete this information collection is estimated to average 5 min. 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. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	21SE21	7800						Sor		X				X				
17	↑	7801	X							X				X				
18		7802	X										AB			X		
19		7803	X							X						X		
20		7804	X										SN			X		
21		7805						Or/Lilt					PAINT	X				
22		7806					X						AB			X		
23		7807						PAL					APL	X				
24		7808			X								SN	X				
25		7809						PAL		X				X				
26		7810						Down					DY			X		
27		7811						Cream					APL		X			
28		7812	X										SN	X				
29		7813	X							X						X		
30		7814	X							X						X		
31	↓	7815			X								SN	X				
32																		
33																		
34																		
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I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6)

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): SUGARCREEK LIVESTOCK AUCTION, INC.

2. CERTIFICATE NO: J 3516

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 1-29-10

5. U.S. PORT OF EMBARKATION (City and State): PORT HURON, MICHIGAN

6. STATE CODE: 26

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): 102 BUCKEYE ST.

8. CONSIGNOR'S CITY (or Town): SUGARCREEK

12. CONSIGNOR'S STATE: OHIO

13. STATE CODE: 39

14. ZIP CODE: 44681

9. SEMEN (Check if yes): ☐

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: 1 - Rail, 2 - Truck, 3 - Air, 4 - Ocean: 2

16. CONSIGNEES NAME AND STREET ADDRESS (Mailing Address): CAVEL CANADA EXPORTS, 912 SECOND AVENUE WEST, OWEN SOUND, ON

DESTINATION COUNTRY: CANADA

ENTER CODE: CA

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)

NEGATIVE TUBERCULIN READING: ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS: DISEASE / TYPE TEST / DISEASE / TYPE TEST / DISEASE / TYPE TEST

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

MODIFIED ACCREDITED AREA (TB)

CERTIFIED BRUCELLOSIS FREE AREA

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

17. FARM ORIGIN	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	DATE M	DATE N	DATE O
SUGARCREEK LIVESTOCK AUCTION, INC.	USEU7785	72	F	QH		STAR									
102 BUCKEYE ST.	USEU7786	144	F	SN		NO MARKS									
SUGARCREEK, OH 44681	USEU7787	84	F	TW		STAR									
	USEU7788	144	F	QH		STAR LR-SOCK									
	USEU7789	60	F	QH		BLAZE LR, RR-SOCK									
	USEU7790	84	N	SN		NO MARKS									
	USEU7791	240	N	QH		STAR, STRIP, SNIP LF, LR, RR-SOCK									
	USEU7792	84	F	QH		STAR, STRIP, SNIP									
	USEU7793	60	F	QH		STAR									
	USEU7794	180	F	QH		STAR, STRIP, SNIP PAINTED BROWN AND WHITE									
	USEU7795	240	N	PAINT		STAR, SNIP PAINTED BLACK, BROWN AND WHITE									
	USEU7796	168	F	PONY		STAR									
	USEU7797	60	F	TW		STRIP, SNIP RR-SOCK									
	USEU7798	360	N	SN		STAR LR, RF-SOCK									
	USEU7799	72	N	QH		NO MARKS									
	USEU7800	120	F	QH		BLAZE LF, LR, RF, RR-STOCKING									
	USEU7801	108	F	QH		STAR RR-PASTERN									
	USEU7802X	60	N	AB		SNIP									

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

APPROVED FEDERAL VETERINARIAN

23. Signature of endorsing federal veterinarian

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: FEB 1 2010

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, please print): SPECHT, TERRI A. 9542

21. STATUS: ☐ 2 Federal ☐ 1 State ☒ 3 Accredited

22. TOTAL NO OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 31

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): KELLIE A. HOUGH, DVM

25. SIGNATURE OF ISSUING VETERINARIAN

FOIA11F0110000370

VS FORM 17-140 (MAR 98) Previous edition may be used.

PART 5 - ISSUING VETERINARIAN

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)*: SUGARCREEK LIVESTOCK AUCTION, INC.

16. CONSIGNEE'S NAME: CAVEL CANADA EXPORTS

2. CERTIFICATE NO. FROM VS FORM 17-140: J 3516

3. PAGE NO.: 2 OF 2

NEGATIVE TUBERCULIN READING: ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS: DISEASE / TYPE TEST / DATE

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

~~SUGARCREEK LIVESTOCK AUCTION, INC.~~
~~102 BUCKEYE ST.~~
~~SUGARCREEK, OH 44681~~

MODIFIED ACCREDITED AREA (TB) — CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION

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	DISEASE / TYPE TEST / DATE M	DISEASE / TYPE TEST / DATE N	DISEASE / TYPE TEST / DATE O
USEU7803	84	N	OH	NO MARKS										
USEU7804	12	N	SN	LF-SOCK		LR, RR-STOCKING								
USEU7805	24	F	PAINT		PAINTED BROWN AND WHITE									
USEU7806	144	N	AB		STAR									
USEU7807	300	F	APL		STAR, STRIP, SNIP									
USEU7808	36	F	SN		NO MARKS									
USEU7809	96	F	QH		NO MARKS									
USEU7810	144	N	DY		NO MARKS									
USEU7811	120	M	APL		NO MARKS									
USEU7812	108	F	SN		STAR, STRIP, SNIP		LR-SOCK							
USEU7813	48	N	QH		STAR, SNIP									
USEU7814	96	N	QH		STAR, SNIP		LR, RR-SOCK							
USEU7815	120	F	SN		STAR		LR, RR-SOCK							

~~1. THE ANIMALS WERE INSPECTED WITHIN 30 DAYS PRIOR TO EXPORT AND FOUND TO BE HEALTHY AND FREE FROM EVIDENCE OF COMMUNICABLE DISEASE.~~
2. THE ANIMAL WAS , TO THE BEST OF THE KNOWLEDGE AND BELIEF OF THE ISSUING VETERINARIAN, NOT EXPOSED TO ANY COMMUNICABLE DISEASE WITHIN 60 DAYS PRECEDING THE DATE OF INSPECTION.
3. THE ANIMAL HAS RESIDED IN THE UNITED STATES OR CANADA SINCE BIRTH.
4. THE ANIMALS, AT THE TIME OF THE INSPECTION, WERE FOUND HEALTHY AND IN A PHYSICAL CONDITION FIT TO BE TRANSPORTED.
5. DURING THE PREVIOUS TWENTY ONE (21) DAYS, THE ANIMALS IN THIS SHIPMENT HAVE NOT BEEN IN THE STATE OF MISSOURI, NEW MEXICO, OR TEXAS.
6. THE EXPORTER HAS BEEN ADVISED THAT ANY DETERIORATION IN HEALTH OR PHYSICAL CONDITION OF THE ANIMALS THAT MAY RENDER ANIMALS UNFIT FOR TRANSPORT MAY RESULT IN THE SHIPMENT TO BE REFUSED ENTRANCE TO CANADA. (FIT TO BE TRANSPORTED MEANS THAT, ON THE DAY OF INSPECTION NO ANIMAL HAS AN INFIRMITY, ILLNESS, INJURY OR ANY OTHER CONDITION THAT COULD BE AGGRAVATED WHEN THE ANIMAL IS BEING TRANSPORTED, CAUSING THE ANIMAL TO SUFFER.)

FOIA17-00371

VS FORM 17-140a (MAR 2005) *Previous edition may be used.*

PART 5 ISSUING VETERINARIAN

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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 0579-0160. The time required to complete this information collection is estimated to average 5 min. 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. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 2:00

DATE: 1-25-10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: SUGARCREEK OHIO

VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6) (b)(6)

NAME OF AUCTION/MARKET: SUGARCREEK LIVESTOCK AUCT INC.

CONSIGNOR (OWNER/SHIPPER) NAME: LEROY H. BAKER

CONSIGNEE (RECEIVER/DESTINATION) NAME: CAVEL CANADA EXPORTS

STREET ADDRESS: 102 BUCKEYE ST P.O BX 452

STREET ADDRESS: 912 SECOND AVE WEST

CITY, STATE, ZIP CODE: SUGARCREEK OHIO 44681

CITY, STATE, ZIP CODE: OWENSOUND ONTARIO 517 RANG STE J WEST J0H1W0

AREA CODE & TELEPHONE NO.: 330-852-2832

AREA CODE & TELEPHONE NO.:

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- [x] Pregnant mares are not likely to foal (give birth) during the trip.
- [x] Foals are older than 6 months of age.
- [x] Horses are able to bear weight on all 4 limbs.
- [x] Horses are not blind in both eyes.
- [x] Horses are able to walk unassisted.

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	26E2L	7753						Sor			BL			X				
2	↑	7754	X										AB	X				
3		7755			X								SN	X				
4		7756					X			X				X				
5		7757	X										SN			X		
6		7758					X		TH					X				
7		7759	X										TW	X				
8		7760	X										SN			X		
9		7761	X										SN	X				
10		7762						Br/Wht					Paint	X				
11		7763						Br/Wht					PAINT	X				
12		7764	X										SN	X				
13		7765	X										SN			X		
14		7766						Sor		X						X		
15	✓	7767					X			X				X				

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

SIGNATURE (b)(6)

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. 505

DATE 2010-01-26

TIME 6:27

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

FOIA11F0110003712

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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 0579-0160. The time required to complete this information collection is estimated to average 5 min. 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. 0579-0160

TIME HORSES LOADED ON CONVEYANCE:

DATE:

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Sugarcreek OHIO

VEHICLE LICENSE NO. AND DRIVER'S NAME:

NAME OF AUCTION/MARKET: Sugarcreek Livestock Auct Inc.

CONSIGNOR (OWNER/SHIPPER) NAME: Leroy H. Baker

CONSIGNEE (RECEIVER/DESTINATION) NAME: Cavel Canada Exports

STREET ADDRESS: 102 Buckeye ST P.O Bx 452

STREET ADDRESS: 912 Second Ave West

CITY, STATE, ZIP CODE: Sugarcreek OHIO 44681

CITY, STATE, ZIP CODE: OWEN SOUND ONTARIO 517 Rang Ste J West J0H1W0

AREA CODE & TELEPHONE NO.: 330-852-2832

AREA CODE & TELEPHONE NO.:

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- [X] Pregnant mares are not likely to foal (give birth) during the trip.
- [X] Foals are older than 6 months of age.
- [X] Horses are able to bear weight on all 4 limbs.
- [X] Horses are not blind in both eyes.
- [X] Horses are able to walk unassisted.

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USEU	7753						Sor			BL			X				
2	↑	7754	X										AB	X				
3		7755			X								SN	X				
4		7756					X			X				X				
5		7757	X										SN			X		
6		7758					X		TH					X				
7		7759	X										TW	X				
8		7760	X										SN			X		
9		7761	X										SN	X				
10		7762						Br/wht					Paint	X				
11		7763						Br/wht					PAINT	X				
12		7764	X										SN	X				
13		7765	X										SN			X		
14		7766						Sor		X						X		
15	✓	7767					X			X				X				

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

SIGNATURE (b)(6)

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

FOIA11FSIA000373

ANIMAL AND PLANT HEALTH INSPECTION SERVICE

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY
(CONTINUATION SHEET)

(Please type or print in ink)

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 0579-0160. The time required to complete this information collection is estimated to average 5 min. 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. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	26SEZ1	7768	X							X						X		
17	↑	7769	X										SW	X				
18		7770	X										PAINT			X		
19		7771	X										SW			X		
20		7772						Sor			BL			X				
21		7773			X								SW			X		
22		7774	X										TW			X		
23		7775			X								SW	X				
24		7776						Sor		X				X				
25		7777	X										SW	X				
26		7778						BK/WHT					PAINT	X				
27		7779	X										SW			X		
28		7780	X										SW			X		
29		7781	X										SW			X		
30		7782						Sor		X						X		
31		7783						Br/WHT					Paint			X		
32	↓	7784						Br/WHT					Paint			X		
33																		
34																		
35																		
36																		
37																		
38																		
39																		
40																		
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45																		

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6)

VS FORM 10-13A
(SEP 2002)

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 17-37).

1. CONSIGNOR'S NAME *(Last name, first name, middle initial or business name)*: SUGARCREEK LIVESTOCK AUCTION, INC.

2. CERTIFICATE NO.: D103897

3. PAGE NO.: 1 of 2

4. DATE ISSUED: 1-22-10

5. U.S. PORT OF EMBARKATION *(City & State)*: PORT HURON, MICHIGAN

6. STATE CODE: 26

7. CONSIGNOR'S STREET ADDRESS *(Mailing address)*: 102 BUCKEYE ST.

8. CONSIGNOR'S CITY *(or Town)*: SUGARCREEK

12. CONSIGNOR'S STATE: OHIO

13. STATE CODE: 39

14. ZIP CODE: 44681

9. SEMEN *(Check if yes)*: [ ]

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: 1 - Rail, 2 - Truck, 3 - Air, 4 - Ocean: 2

16. CONSIGNEE'S NAME AND STREET ADDRESS *(Mailing address)*:
CAVEL CANADA EXPORTS
912 SECOND AVENUE WEST
OWEN SOUND, ON

DESTINATION COUNTRY: CANADA

ENTER CODE: CA

15. SPECIES *(Check one - use VS form 17-6 for Poultry)*:
[ ] 01 BOVINE [ ] 02 PORCINE [ ] 03 OVINE [ ] 04 CAPRINE
[X] 05 EQUINE [ ] 08 OTHER WILDLIFE - MAMMAL
[ ] 09 OTHER *(Specify)*

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

If more lines 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

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

17. FARM ORIGIN	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	DATE M	DATE N	DATE O
SUGARCREEK LIVESTOCK AUCTION, INC	USEU7753	240	F	BL		STAR, SNIP									
102 BUCKEYE ST.	USEU7754	72	F	AB		NO MARKS									
SUGARCREEK, OH 44681	USEU7755	120	F	SN		NO MARKS									
	USEU7756	300	F	OH		STAR LR-STOCKING									
	USEU7757	144	N	SN		STAR RR-SOCK									
	USEU7758	300	F	TH		STAR, STRIP LR-STOCKING									
	USEU7759	180	F	TW		STAR, STRIP, SNIP RF, RR-SOCK									
	USEU7760	300	N	SN		NO MARKS									
	USEU7761	180	F	SN		STAR LF-PASTERN									
	USEU7762	72	F	PAINT		START, STRIP, SNIP BODY PAINTED BROWN AND WHITE									
	USEU7763	360	F	PAINT		BALD BODY PAINTED BROWN AND WHITE									
	USEU7764	156	F	SN		STAR LR, RR-SOCK									
	USEU7765	156	N	SN		STAR									
	USEU7766	84	N	OH		BLAZE									
	USEU7767	240	F	OH		BLAZE LR, RR-SOCK RF-STOCKING									
	USEU7768	300	N	OH		STAR, SNIP LR-SOCK RF, RR-STOCKING									
	USEU7769	96	F	SN		FREEZE BRAND									
	USEU7770	84	N	PAINT		STAR, SNIP BODY PAINTED BAY AND WHITE									

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: JAN 25 2010

20. NAME OF ISSUING VETERINARIAN *(Last name, first name, middle initial - please print)*: SUMMERS, DENNIS M. 9130

21. STATUS: [ ] 1 State [ ] 2 Federal [X] 3 Accredited

22. TOTAL NO. ANIMALS *(Certified for export or donated semen)* *(Include No. from all attached VS Forms 17-140A)*: 32

23. Signature of endorsing federal veterinarian

24. NAME OF ENDORSING FEDERAL VET. *(Type, print or stamp)*: NANCY L. HANNAWAY, DVM

25. SIGNATURE OF ISSUING VETERINARIAN

FOIA11F0110000375

VS FORM 17-140 (OCT 91) Previous editions may be used.

ISSUING VETERINARIAN

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)*: SUGARCREEK LIVESTOCK AUCTION, INC.

16. CONSIGNEE'S NAME: CAVEL CANDA EXPORTS

2. CERTIFICATE NO. FROM VS FORM 17-140: DI03897

3. PAGE NO.: 2 OF 2

NEGATIVE TUBERCULIN READING: ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

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

MODIFIED ACCREDITED AREA (TB) — CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION

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	DISEASE / TYPE TEST / DATE M	DISEASE / TYPE TEST / DATE N	DISEASE / TYPE TEST / DATE O
SUGARCREEK LIVESTOCK AUCTION, INC.	USEU7771	156	N	SN	STAR	LR, RR-SOCK		FREEZE BRAND						
102 BUCKEYE ST.	USEU7772	180	F	BL	BALD	BELLY SPOT								
SUGARCREEK, OH 44681	USEU7773	120	N	SN	STAR,	STRIP, SNIP		LR-SOCK						
	USEU7774	72	N	TW	STAR,	STRIP, SNIP								
	USEU7775	96	F	SN	STAR									
	USEU7776	216	F	QH	BLAZE									
	USEU7777	156	F	SN	NO MARKS									
	USEU7778	60	F	PAINT	STRIP, SNIP	BODY PAINTED BLACK AND WHITE								
	USEU7779	180	N	SN	NO MARKS									
	USEU7780	360	N	SN	FREEZE BRAND									
	USEU7781	120	N	SN	STAR, STRIP									
	USEU7782	96	N	OH	NO MARKS									
	USEU7783	108	N	PAINT	BLAZE	BODY PAINTED BROWN AND WHITE								
	USEU7784	180	N	PAINT	STRIP, SNIP	BODY PAINTED BROWN AND WHITE								

1. THE ANIMALS WERE INSPECTED WITHIN 30 DAYS PRIOR TO EXPORT AND FOUND TO BE HEALTHY AND FREE FROM EVIDENCE OF COMMUNICABLE DISEASE.
2. THE ANIMAL WAS , TO THE BEST OF THE KNOWLEDGE AND BELIEF OF THE ISSUING VETERINARIAN, NOT EXPOSED TO ANY COMMUNICABLE DISEASE WITHIN 60 DAYS PRECEDING THE DATE OF INSPECTION.
3. THE ANIMAL HAS RESIDED IN THE UNITED STATES OR CANADA SINCE BIRTH.
4. THE ANIMALS, AT THE TIME OF THE INSPECTION, WERE FOUND HEALTHY AND IN A PHYSICAL CONDITION FIT TO BE TRANSPORTED.
5. DURING THE PREVIOUS TWENTY ONE (21) DAYS, THE ANIMALS IN THIS SHIPMENT HAVE NOT BEEN IN THE STATE OF MISSOURI, NEW MEXICO, OR TEXAS.
6. THE EXPORTER HAS BEEN ADVISED THAT ANY DETERIORATION IN HEALTH OR PHYSICAL CONDITION OF THE ANIMALS THAT MAY RENDER ANIMALS UNFIT FOR TRANSPORT MAY RESULT IN THE SHIPMENT TO BE REFUSED ENTRANCE TO CANADA. (FIT TO BE TRANSPORTED MEANS THAT, ON THE DAY OF INSPECTION NO ANIMAL HAS AN INFIRMITY, ILLNESS, INJURY OR ANY OTHER CONDITION THAT COULD BE AGGRAVATED WHEN THE ANIMAL IS BEING TRANSPORTED, CAUSING THE ANIMAL TO SUFFER.)

VS FORM 17-140a (MAR 2005) *Previous edition may be used.*

PART 5 – ISSUING VETERINARIAN

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 2:PM

DATE: 1-21-10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Sugarcreek OHIO

VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6)

NAME OF AUCTION/MARKET: Sugarcreek Livestock Auct Inc.

CONSIGNOR (OWNER/SHIPPER) NAME: LeRoy N. Baker

CONSIGNEE (RECEIVER/DESTINATION) NAME: Cavel Canada Exports

STREET ADDRESS: 102 Buckeye St P.O Bx 452

STREET ADDRESS: 912 Second Ave West

CITY, STATE, ZIP CODE: Sugarcreek OH 44681

CITY, STATE, ZIP CODE: Owensound Ontario 517 Rang Ste. Juliet N0H 1W0

AREA CODE & TELEPHONE NO.: 330-852-2832

AREA CODE & TELEPHONE NO.:

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- [X] Pregnant mares are not likely to foal (give birth) during the trip.
- [X] Foals are older than 6 months of age.
- [X] Horses are able to bear weight on all 4 limbs.
- [X] Horses are not blind in both eyes.
- [X] Horses are able to walk unassisted.

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	21SEU	7724						Sor		X						X	MPD on file	
2	✓	7725			X					X						X		
3	✓	7726	X										SN			X		
4	✓	7727						Br/Wht					Paint	X				
5	✓	7728	X							X						X		
6	✓	7729						Sor/Wht					Paint	X				
7		7730					X			X				X				
8		7731	X										SN	X				
9	✓	7732	X										SN	X				
10	✓	7733						Br/Wht					Paint			X		
11	✓	7734	X							X				X				
12		7735	X							X				X				
13	✓	7736						Br/Wht					Paint	X				
14	✓	7737					X			X						X		
15	✓	7738					X						AS	X				

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

SIGNATURE: (b)(6)

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. SOS

DATE 22-01-2010

TIME 7h45

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

FOIA11F301A000377

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY
(CONTINUATION SHEET)

(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not 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 0579-0160. The time required to complete this information collection is estimated to average 5 min. 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. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	2KSED1	7739						Br/Light					PAINT			X		
17	↑	7740					X			X						X		
18		7741			X					X				X				
19		7742					X			X				X				
20		7743	X										AB	X				
21		7744	X							X				X				
22		7745	X							X				X				
23		7746	X										SN			X		
24		7747	X										SN			X		
25		7748	X										SN			X		
26		7749	X										SN			X		
27		7750	X							X				X				
28		7751						Pal		X				X				
29	↓	7752						Br/Light					PAINT			X		
30																		
31																		
32																		
33																		
34																		
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44																		
45																		

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6)

VS FORM 10-13A
(SEP 2002)

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)*: SUGARCREEK LIVESTOCK AUCTION, INC.

16. CONSIGNEE'S NAME: CAVEL CANADA EXPORTS

2. CERTIFICATE NO. - FROM VS FORM 17-140: J 3504

3. PAGE NO.: 2 OF 2

NEGATIVE TUBERCULIN READING: ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

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

MODIFIED ACCREDITED AREA (TB) — CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION

	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	DISEASE / TYPE TEST / DATE M	DISEASE / TYPE TEST / DATE N	DISEASE / TYPE TEST / DATE O
SUGARCREEK LIVESTOCK AUCTION, INC.	USEU7742	96	F	QH		STAR, STRIP									
102 BUCKEYE ST.	USEU7743	120	F	AB		STAR, STRIP LR, RR-SOCK									
SUGARCREEK, OH 44681	USEU7744	60	F	QH		STAR, STRIP, SNIP LR, RR-SOCK									
	USEU7745	36	F	QH		STAR									
	USEU7746	180	N	SN		STAR, STRIP, SNIP RR-SOCK									
	USEU7747	120	N	SN		STAR									
	USEU7748	144	N	SN		STAR LF, RF, RR-SOCK FREEZE BRAND									
	USEU7749	144	N	SN		STAR RR-SOCK									
	USEU7750	300	F	QH		STAR									
	USEU7751	96	F	QH		BLAZE									
	USEU7752	60	N	PAINT		BODY PAINTED BROWN AND WHITE									

1. THE ANIMALS WERE INSPECTED WITHIN 30 DAYS PRIOR TO EXPORT AND FOUND TO BE HEALTHY AND FREE FROM EVIDENCE OF COMMUNICABLE DISEASE.
2. THE ANIMAL WAS , TO THE BEST OF THE KNOWLEDGE AND BELIEF OF THE ISSUING VETERINARIAN, NOT EXPOSED TO ANY COMMUNICABLE DISEASE WITHIN 60 DAYS PRECEDING THE DATE OF INSPECTION.
3. THE ANIMAL HAS RESIDED IN THE UNITED STATES OR CANADA SINCE BIRTH.
4. THE ANIMALS, AT THE TIME OF THE INSPECTION, WERE FOUND HEALTHY AND IN A PHYSICAL CONDITION FIT TO BE TRANSPORTED.
5. DURING THE PREVIOUS TWENTY ONE (21) DAYS, THE ANIMALS IN THIS SHIPMENT HAVE NOT BEEN IN THE STATE OF MISSOURI, NEW MEXICO, OR TEXAS.
6. THE EXPORTER HAS BEEN ADVISED THAT ANY DETERIORATION IN HEALTH OR PHYSICAL CONDITION OF THE ANIMALS THAT MAY RENDER ANIMALS UNFIT FOR TRANSPORT MAY RESULT IN THE SHIPMENT TO BE REFUSED ENTRANCE TO CANADA. (FIT TO BE TRANSPORTED MEANS THAT, ON THE DAY OF INSPECTION NO ANIMAL HAS AN INFIRMITY, ILLNESS, INJURY OR ANY OTHER CONDITION THAT COULD BE AGGRAVATED WHEN THE ANIMAL IS BEING TRANSPORTED, CAUSING THE ANIMAL TO SUFFER.)

FOIA11FS[illegible]000379

PART 5 - ISSUING VETERINARIAN

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): SUGARCREEK LIVESTOCK AUCTION, INC.

2. CERTIFICATE NO: J 3504

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 1-15-10

5. U.S. PORT OF EMBARKATION (City and State): PORT HURON, MICHIGAN

6. STATE CODE: 26

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): 102 BUCKEYE ST.

8. CONSIGNOR'S CITY (or Town): SUGARCREEK

12. CONSIGNOR'S STATE: OHIO

13. STATE CODE: 39

14. ZIP CODE: 44681

9. SEMEN (Check if yes): ☐

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: 1 - Rail, 2 - Truck, 3 - Air, 4 - Ocean: 2

16. CONSIGNEES NAME AND STREET ADDRESS (Mailing Address): CAVEL CANADA EXPORTS, 912 SECOND AVENUE WEST, OWEN SOUND, ON

DESTINATION COUNTRY: CANADA

ENTER CODE: CA

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)

NEGATIVE TUBERCULIN READING: ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS: DISEASE / TYPE TEST / DATE; DISEASE / TYPE TEST / DATE; DISEASE / TYPE TEST / DATE

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

MODIFIED ACCREDITED AREA (TB)

CERTIFIED BRUCELLOSIS FREE AREA

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)

A ID NO. OR DESCRIPTION	B AGE	C SEX	D BREED	E √	F DATE	G √	H DATE	I VAC	J 1/25	K 1/50	L 1/100	M DATE	N DATE	O DATE
SUGARCREEK LIVESTOCK AUCTION, INC.	USEU7724	156	N	QH	BLAZE									
102 BUCKEYE ST.	USEU7725	204	N	QH	STAR, STRIP									
SUGARCREEK, OH 44681	USEU7726	180	N	SN	STAR									
	USEU7727	120	F	PAINT	STAR, STRIP, SNIP BODY PAINTED BLACK AND WHITE									
	USEU7728	144	N	QH	STAR LR-SOCK									
	USEU7729	60	F	PAINT	BALD BODY PAINTED SORREL AND WHITE									
	USEU7730	60	F	QH	STAR, STRIP, SNIP LF, LR, RF, RR-SOCK									
	USEU7731	140	F	SN	RR-SOCK FREEZE BRAND									
	USEU7732	120	F	SN	NO MARKS									
	USEU7733	96	N	PAINT	STAR, STRIP, SNIP BODY PAINTED BROWN AND WHITE									
	USEU7734	84	F	QH	NO MARKS									
	USEU7735	24	F	QH	STAR									
	USEU7736	96	F	PAINT	STAR, STRIP, SNIP BODY PAINTED BROWN AND WHITE									
	USEU7737	108	N	QH	STAR, STRIP, SNIP									
	USEU7738	120	F	AS	LF, LR, RR-SOCK									
	USEU7739	216	N	PAINT	STAR BODY PAINTED BROWN AND WHITE									
	USEU7740	120	N	QH	STAR, STRIP, SNIP, RR-STOCKING									
	USEU7741	180	F	QH	STAR									

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

APPROVED

23. Signature of endorsing federal veterinarian

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: JAN 19 2010

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, - please print):

21. STATUS: ☐ 2 Federal ☐ 1 State ☒ 3 Accredited

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

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): THOMAS R HANS DVM, VETERINARY MEDICAL OFFICER

25. SIGNATURE OF ISSUING VETERINARIAN: SUMMERS. DENNIS M. 9130

FOIA11F301A000380 29

VS FORM 17-140 (MAR 98) Previous edition may be used.

PART 5 - ISSUING VETERINARIAN

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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 0579-0160. The time required to complete this information collection is estimated to average 5 min. 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. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 1:30 PM

DATE: 1-19-10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Sugarcreek OHIO

VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6) (b)(6)

NAME OF AUCTION/MARKET: Sugarcreek Livestock Auct Inc.

CONSIGNOR (OWNER/SHIPPER) NAME: Leroy H. Baker

CONSIGNEE (RECEIVER/DESTINATION) NAME: Cavel Canada Exports

STREET ADDRESS: 102 Buckeye ST. P.O Bx 452

STREET ADDRESS: 912 Second Cour. West

CITY, STATE, ZIP CODE: Sugarcreek OH 44681

CITY, STATE, ZIP CODE: Owensound Ontario

AREA CODE & TELEPHONE NO.: 330-852-2832

AREA CODE & TELEPHONE NO.: 517 Rang Ste Julhest Jo1Lwo

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- [X] Pregnant mares are not likely to foal (give birth) during the trip.
- [X] Foals are older than 6 months of age.
- [X] Horses are able to bear weight on all 4 limbs.
- [X] Horses are not blind in both eyes.
- [X] Horses are able to walk unassisted.

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	RLSEZL	7694						Sor			BL			X				
2		7695						Sor			BL			X				
3		7696						Sor			BL			X				
4		7697						Sor			BL			X				
5		7698	X									X		X				
6		7699		X								X		X				
7		7700	X							X				X				
8		7701	X							X				X				
9		7702						Buck		X						X		
10		7703						BK/tabt					AP			X		
11		7704						BK/tabt					Paint	X				
12		7705					X			X				X				
13		7706						BK/tabt					AP	X				
14		7707	X										SR	X				
15		7708	X									X		X				

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

SIGNATURE (b)(6)

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. SOS

DATE 20-01-2010

TIME 7h45

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

FOIA11F3IA00381

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY
(CONTINUATION SHEET)

(Please type or print in ink)

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FORM APPROVED OMB NO. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	SEN	7709	X										SN	X				
17		7710		X									AP	X				
18		7711	X										SN	~~X~~ S.N.B		X S.N.B		
19		7712					X			X				~~X~~ S.N.B		X S.N.B		
20		7713			X								SN	~~X~~ S.N.B		X S.N.B.		
21		7714	X										SN	X				
22		7715					X			X				X				
23		7716	X										SN			X		
24		7717	X										SN	X				
25		7718	X							X						X		
26		7719			X								SN	X				
27		7720						Sor					MUSTANG			X		
28		7721			X					X				X				
29		7722	X							X				X				
30		7723		X						X				X				
31																		
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SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6)

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 17-37).

1. CONSIGNOR'S NAME *(Last name, first name, middle initial or business name)*: SUGARCREEK LIVESTOCK AUCTION, INC.

2. CERTIFICATE NO.: D103896

3. PAGE NO.: 1 of 2

4. DATE ISSUED: 1-15-10

5. U.S. PORT OF EMBARKATION *(City & State)*: PORT HURON, MICHIGAN

6. STATE CODE: 26

7. CONSIGNOR'S STREET ADDRESS *(Mailing address)*: 102 BUCKEYE ST.

8. CONSIGNOR'S CITY *(or Town)*: SUGARCREEK

12. CONSIGNOR'S STATE: OHIO

13. STATE CODE: 39

14. ZIP CODE: 44681

9. SEMEN *(Check if yes)*: ☐

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: 1 - Rail, 2 - Truck, 3 - Air, 4 - Ocean: 2

16. CONSIGNEE'S NAME AND STREET ADDRESS *(Mailing address)*:
CAVEL CANADA EXPORTS
912 SECOND AVENUE WEST
OWEN SOUND, ON

DESTINATION COUNTRY: CANADA

ENTER CODE: CA

15. SPECIES *(Check 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)*

NEGATIVE TUBERCULIN READING: 48 HRS. ☐ 72 HRS. ☐

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS: DISEASE / TYPE TEST; DISEASE / TYPE TEST; DISEASE / TYPE TEST

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

MODIFIED ACCREDITED AREA (TB)

CERTIFIED BRUCELLOSIS FREE AREA

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)*

Owner's name	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	DATE M	DATE N	DATE O
SUGARCREEK LIVESTOCK AUCTION, INC.	USEU7694	180	F	BL		STAR, STRIP, SNIP									
102 BUCKEYE ST.	USEU7695	240	F	BL		STAR, STRIP, SNIP				LF, LR, RF, RR-STOCKING					
SUGARCREEK, OH 44681	USEU7696	300	F	BL		STAR, STRIP, SNIP				LF, LR, RF-STOCKING RR-SOCK					
	USEU7697	84	F	BL		STAR, STRIP, SNIP									
	USEU7698	180	F	PONY		NO MARKS									
	USEU7699	144	F	PONY		NO MARKS									
	USEU7700	300	F	OH		STAR LR-SOCK									
	USEU7701	96	F	OH		NO MARKS									
	USEU7702	360	N	OH		STAR, STRIP, SNIP									
	USEU7703	144	N	AP		LEOPARD MARKED									
	USEU7704	60	F	PAINT		STAR, STRIP, SNIP		BODY PAINTED BLACK AND WHITE							
	USEU7705	108	F	OH		STAR, STRIP LR-PASTERN									
	USEU7706	300	F	AP		LEOPARD MARKED									
	USEU7707	192	F	SN		LF, LR, RR-SOCK									
	USEU7708	72	F	PONY		NO MARKS									
	USEU7709	156	F	SN		STAR, STRIP LR, RR-SOCK									
	USEU7710	180	F	AP		NO MARKS									
	USEU7711	180	N	SN		STAR RR-SOCK									

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: JAN 19 2010

20. NAME OF ISSUING VETERINARIAN *(Last name, first name, middle initial please print)*: SUMMERS, DENNIS M. 9130

21. STATUS: ☒ 1 State ☐ 2 Federal ☐ 3 Accredited

22. TOTAL NO. ANIMALS *(Certif. for export or donated semen)* *(Include No. from all attached VS Forms 17-140A)*: 30

23. Signature of endorsing federal veterinarian

24. NAME OF ENDORSING FEDERAL VET. *(Type, print or stamp)*: THOMAS P. FRANCOM DVM

25. SIGNATURE OF ISSUING VETERINARIAN

ISSUING VETERINARIAN

VS FORM 17-140 (OCT 91) Previous editions may be used.

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)*: SUGARCREEK LIVESTOCK AUCTION, INC.

2. CERTIFICATE NO. FROM VS FORM 17-140: D103896

3. PAGE NO.: 2 OF 2

16. CONSIGNEE'S NAME: CAVEL CANADA EXPORTS

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

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

MODIFIED ACCREDITED AREA (TB) — CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION

Owner's name / street address / city/town, state code & zip code	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	DATE M	DATE N	DATE O
SUGARCREEK LIVESTOCK AUCTION, INC.	USEU7712	300	N	OH		STAR, STRIP LF-SOCK RR-STOCKING WHITE SPOT ON SHOULDER									
102 BUCKEYE ST.	USEU7713	300	N	SN		LF-PASTERN RR-SOCK WHITE SPOT ON SHOULDER									
SUGARCREEK, OH 44681	USEU7714	144	F	SN		LR-SOCK RR-PASTERN									
	USEU7715	48	F	OH		STAR, STRIP, SNIP LR-SOCK RR-STOCKING									
	USEU7716	48	N	SN		STAR, STRIP, SNIP LF-PASTERN LR-SOCK									
	USEU7717	144	F	SN		WHITE SPOTS ON RIGHT SIDE									
	USEU7718	48	N	OH		STAR, STRIP, SNIP LF, RF, RR-SOCK LR-STOCKING									
	USEU7719	180	F	SN		NO MARKS									
	USEU7720	216	N	MUSTANG		STAR, STRIP RR-STOCKING MUSTANG BRAND									
	USEU7721	96	F	OH		STRIP, SNIP LF-PASTERN									
	USEU7722	72	F	OH		NO MARKS									
	USEU7723	96	F	OH		BLAZE									

1. THE ANIMALS WERE INSPECTED WITHIN 30 DAYS PRIOR TO EXPORT AND FOUND TO BE HEALTHY AND FREE FROM EVIDENCE OF COMMUNICABLE DISEASE.
2. THE ANIMAL WAS , TO THE BEST OF THE KNOWLEDGE AND BELIEF OF THE ISSUING VETERINARIAN, NOT EXPOSED TO ANY COMMUNICABLE DISEASE WITHIN 60 DAYS PRECEDING THE DATE OF INSPECTION.
3. ~~THE ANIMAL HAS RESIDED IN THE UNITED STATES OR CANADA SINCE BIRTH.~~
4. ~~THE ANIMALS, AT THE TIME OF THE INSPECTION, WERE FOUND HEALTHY AND IN A PHYSICAL CONDITION FIT TO BE TRANSPORTED.~~
5. ~~DURING THE PREVIOUS TWENTY ONE (21) DAYS, THE ANIMALS IN THIS SHIPMENT HAVE NOT BEEN IN THE STATE OF MISSOURI, NEW MEXICO, OR TEXAS.~~
6. ~~THE EXPORTER HAS BEEN ADVISED THAT ANY DETERIORATION IN HEALTH OR PHYSICAL CONDITION OF THE ANIMALS THAT MAY RENDER ANIMALS UNFIT FOR TRANSPORT MAY RESULT IN THE SHIPMENT TO BE REFUSED ENTRANCE TO CANADA. (FIT TO BE TRANSPORTED MEANS THAT, ON THE DAY OF INSPECTION NO ANIMAL HAS AN INFIRMITY, ILLNESS, INJURY OR ANY OTHER CONDITION THAT COULD BE AGGRAVATED WHEN THE ANIMAL IS BEING TRANSPORTED, CAUSING THE ANIMAL TO SUFFER.)~~

VS FORM 17-140a (MAR 2005) *Previous edition may be used.*

PART 5 – ISSUING VETERINARIAN

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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 0579-0160. The time required to complete this information collection is estimated to average 5 min. 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. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 9:AM

DATE: 1-6-10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Sugarcreek OHIO

VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6) (b)(6)

NAME OF AUCTION/MARKET: Sugarcreek Livestock Auct Inc.

CONSIGNOR (OWNER/SHIPPER) NAME: Leroy N. Baker

CONSIGNEE (RECEIVER/DESTINATION) NAME: Cavel Canada Exports

STREET ADDRESS: 102 Buckeye St. P.O Box 452

STREET ADDRESS: 912 Second Ave. West Owensound Ontario

CITY, STATE, ZIP CODE: Sugarcreek OH 44681

CITY, STATE, ZIP CODE: 577 Rang ste julie est jorlwo

AREA CODE & TELEPHONE NO.: 330-852-2832

AREA CODE & TELEPHONE NO.:

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- [X] Pregnant mares are not likely to foal (give birth) during the trip.
- [X] Foals are older than 6 months of age.
- [X] Horses are able to bear weight on all 4 limbs.
- [X] Horses are not blind in both eyes.
- [X] Horses are able to walk unassisted.

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	7USE2L	7604	X							X				X				
2	↑	7605						Sor		X						X		
3		7606			X								Paint	X				
4		7607						Sor		X						X		
5		7608			X								Paint	X				
6		7609	X										TW			X		
7		7610			X					X				X				
8		7611					X			X				X				
9		7612						Roan					AP	X				
10		7613	X							X				X				
11		7614	X							X				X				
12		7615	X							X				X				
13		7616	X										SV			X		
14		7617			X					X						X		
15	↓	7618			X								PAINT	X				

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

SIGNATURE: (b)(6)

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. # 505

DATE January 7th, 2010

TIME 7:50 Am

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

FOIA11F3012000385

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY
(CONTINUATION SHEET)

(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not 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 0579-0160. The time required to complete this information collection is estimated to average 5 min. 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. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	26SEDL	7619	X										SN			X		
17	↑	7620	X							X				X				
18		7621	X						TH							X		
19		7622	X										SN			X		
20		7623			X				TH					X				
21		7624	X										SN			X		
22		7625			X				TH					X				
23		7626	X										SN			X		
24		7627					X		TH							X		
25		7628			X						PE			X				
26		7629						SN			BL			X				
27		7630					X						AB	X				
28		7631	X							X				X				
29		7632					X			X						X		
30	↓	7633						DIN		X				X				
31																		
32																		
33																		
34																		
35																		
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45																		

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6)

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.

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): SUGARCREEK LIVESTOCK AUCTION, INC.

2. CERTIFICATE NO: J 3513

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 1-01-10

5. U.S. PORT OF EMBARKATION (City and State): PORT HURON, MICHIGAN

6. STATE CODE: 26

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): 102 BUCKEYE ST.

8. CONSIGNOR'S CITY (or Town): SUGARCREEK

12. CONSIGNOR'S STATE: OHIO

13. STATE CODE: 39

14. ZIP CODE: 44681

9. SEMEN (Check if yes): ☐

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: 1 - Rail, 2 - Truck, 3 - Air, 4 - Ocean: 2

16. CONSIGNEES NAME AND STREET ADDRESS (Mailing Address): CAVEL CANADA EXPORTS, 912 SECOND AVENUE WEST, OWEN SOUND, ON

DESTINATION COUNTRY: CANADA

ENTER CODE: CA

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)

NEGATIVE TUBERCULIN READING: ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

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

MODIFIED ACCREDITED AREA (TB)

CERTIFIED BRUCELLOSIS FREE AREA

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	DISEASE / TYPE TEST / DATE M	DISEASE / TYPE TEST / DATE N	DISEASE / TYPE TEST / DATE O
SUGARCREEK LIVESTOCK AUCTION, INC.														
102 BUCKEYE ST.														
SUGARCREEK, OH 44681														
USEU7604	168	F	QH	NO MARKS										
USEU7605	168	N	QH	STAR, SNIP										
USEU7606	48	F	PAINT	STAR, STRIP, SNIP BODY PAINTED BLACK AND WHITE										
USEU7607	84	N	QH	STAR, STRIP, SNIP LF, LR, RF-SOCK										
USEU7608	84	F	PAINT	BALD BODY PAINTED BLACK AND WHITE										
USEU7609	96	N	TW	NO MARKS										
USEU7610	144	F	QH	NO MARKS										
USEU7611	84	F	QH	NO MARKS										
USEU7612	36	F	AP	STAR, STRIP, SNIP LF, LR, RF, RR-STOCKING										
USEU7613	276	F	QH	STAR, STRIP LR-SOCK										
USEU7614	300	F	QH	NO MARKS										
USEU7615	48	F	QH	STAR LR-SOCK										
USEU7616	120	N	SN	STAR LR-SOCK RR-SOCK TATTOO SP748										
USEU7617	96	N	QH	STAR										
USEU7618	204	F	PAINT	BODY PAINTED BLACK AND WHITE										
USEU7619	120	N	SN	FREEZE BRAND										
USEU7620	84	F	QH	STAR, SNIP RF-SOCK										
USEU7621	120	N	TH	NO MARKS										

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: JAN 4 2010

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, please print): DAUGHERTY, RICK L. 5123

21. STATUS: ☐ 1 State ☐ 2 Federal ☒ 3 Accredited

22. TOTAL NO OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 30

23. Signature of endorsing federal veterinarian

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): JILL M DUEL, DVM

25. SIGNATURE OF ISSUING VETERINARIAN

FOIA FOIA 2010-00387

VS FORM 17-140 (MAR 98) Previous edition may be used.

PART 5 - ISSUING VETERINARIAN

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)*: SUGARCREEK LIVESTOCK AUCTION, INC.

16. CONSIGNEE'S NAME: CAVEL CANADA EXPORTS

2. CERTIFICATE NO. FROM VS FORM 17-140: J3513

3. PAGE NO.: 2 OF 2

NEGATIVE TUBERCULIN READING: ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED — CERTIFIED BRUCELLOSIS FREE AREA

NEGATIVE RESULTS OF OTHER TESTS: DISEASE / TYPE TEST / DATE

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

MODIFIED ACCREDITED AREA (TB)

18. INDIVIDUAL IDENTIFICATION

Owner's name, street address, city/town, state code & zip code	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	DISEASE / TYPE TEST / DATE M	DISEASE / TYPE TEST / DATE N	DISEASE / TYPE TEST / DATE O
SUGARCREEK LIVESTOCK AUCTION, INC.	USEU7622	240	N	SN	STAR										
102 BUCKEYE ST.	USEU7623	48	F	TH	NO MARKS										
SUGARCREEK, OH 44681	USEU7624	180	N	SN	LR-SOCK										
	USEU7625	48	F	TH	NO MARKS										
	USEU7626	264	N	SN	LR, RR-PASTERN										
	USEU7627	120	N	TH	STAR										
	USEU7628	192	F	PE	STAR, SNIP										
	USEU7629	132	F	BL	STAR, STRIP, SNIP										
	USEU7630	36	F	AB	STAR, STRIP, SNIP LR, RR-STOCKING RF-SOCK										
	USEU7631	72	F	OH	STAR, SNIP										
	USEU7632	48	N	OH	STAR, STRIP										
	USEU7633	48	F	OH	STAR										

1. THE ANIMALS WERE INSPECTED WITHIN 30 DAYS PRIOR TO EXPORT AND FOUND TO BE HEALTHY AND FREE FROM EVIDENCE OF COMMUNICABLE DISEASE.
2. THE ANIMAL WAS , TO THE BEST OF THE KNOWLEDGE AND BELIEF OF THE ISSUING VETERINARIAN, NOT EXPOSED TO ANY COMMUNICABLE DISEASE WITHIN 60 DAYS PRECEDING THE DATE OF INSPECTION.
3. THE ANIMAL HAS RESIDED IN THE UNITED STATES OR CANADA SINCE BIRTH.
4. THE ANIMALS, AT THE TIME OF THE INSPECTION, WERE FOUND HEALTHY AND IN A PHYSICAL CONDITION FIT TO BE TRANSPORTED.
5. DURING THE PREVIOUS TWENTY ONE (21) DAYS, THE ANIMALS IN THIS SHIPMENT HAVE NOT BEEN IN THE STATE OF MISSOURI, NEW MEXICO, OR TEXAS.
6. THE EXPORTER HAS BEEN ADVISED THAT ANY DETERIORATION IN HEALTH OR PHYSICAL CONDITION OF THE ANIMALS THAT MAY RENDER ANIMALS UNFIT FOR TRANSPORT MAY RESULT IN THE SHIPMENT TO BE REFUSED ENTRANCE TO CANADA. (FIT TO BE TRANSPORTED MEANS THAT, ON THE DAY OF INSPECTION NO ANIMAL HAS AN INFIRMITY, ILLNESS, INJURY OR ANY OTHER CONDITION THAT COULD BE AGGRAVATED WHEN THE ANIMAL IS BEING TRANSPORTED, CAUSING THE ANIMAL TO SUFFER.)

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PART 5 – ISSUING VETERINARIAN

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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 0579-0160. The time required to complete this information collection is estimated to average 5 min. 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. 0579-0160

TIME HORSES LOADED ON CONVEYANCE / DATE	CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Sugarcreek OHIO
VEHICLE LICENSE NO. AND DRIVER'S NAME	NAME OF AUCTION/MARKET: Sugarcreek Livestock Auct. Inc.
CONSIGNOR (OWNER/SHIPPER) NAME: Leroy H. Baker	CONSIGNEE (RECEIVER/DESTINATION) NAME: Cavel Canada Exports
STREET ADDRESS: 102 Buckeye St. P.O Bx 452	STREET ADDRESS: 912 Second Ave West
CITY, STATE, ZIP CODE: Sugarcreek OH 44681	CITY, STATE, ZIP CODE: Owensound Ontario 517 Rang Ste Julnest Jorlwo
AREA CODE & TELEPHONE NO.: 330-852-2832	AREA CODE & TELEPHONE NO.

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- [X] Pregnant mares are not likely to foal (give birth) during the trip.
- [X] Foals are older than 6 months of age.
- [X] Horses are able to bear weight on all 4 limbs.
- [X] Horses are not blind in both eyes.
- [X] Horses are able to walk unassisted.

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	DLSE2L	7666	X						TH					X				
2	↑	7667	X										SN			X		Mort
3	✓	7668	X						TH							X		
4	✓	7669	X										SN			X		
5	✓	7670	X										SN	X				
6	✓	7671						Sor		X						X		
7	✓	7672						Sor			BL					X		
8	✓	7673	X										TW			X		
9	✓	7674						BK/Wht					Paint	X				
10	✓	7675						Sor					AS	X				
11	✓	7676						Sor			BL					X		
12	✓	7677	X							X				X				
13	✓	7678						Sor		X				X				
14	✓	7679						Roan					Hef			X		
15	↓	7680					X			X						X		

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

SIGNATURE (b)(6)

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. 505

DATE 15-01-2010

TIME 7h45

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY
(CONTINUATION SHEET)

(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not 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 0579-0160. The time required to complete this information collection is estimated to average 5 min. 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. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	2SAD	7681	X										SN			X		
17	↓	7682	X							X				X				
18		7683	X										TW	X				
19		7684					X			X						X		
20	✓	7685						Dun		X				X				
21	✓	7686						Buck		X				X				
22		7687						Dun		X				X				
23	✓	7688	X										SN			X		
24	✓	7689	X										SN			X		
25	✓	7690	X										SN			X		
26		7691	X							X						X		
27	✓	7692			X				TH					X				
28	✓	7693						BK Wht					Paint			X		
29																		
30																		
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SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6)

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. 0579-0322

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): SUGARCREEK LIVESTOCK AUCTION, INC.

2. CERTIFICATE NO: J 3549

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 1-8-10

5. U.S. PORT OF EMBARKATION (City and State): PORT HURON, MICHIGAN

6. STATE CODE: 26

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): 102 BUCKEYE ST.

8. CONSIGNOR'S CITY (or Town): SUGARCREEK

12. CONSIGNOR'S STATE: OHIO

13. STATE CODE: 39

14. ZIP CODE: 44681

9. SEMEN (Check if yes): ☐

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: 1 - Rail 3 - Air 2 - Truck 4 - Ocean: 2

16. CONSIGNEES NAME AND STREET ADDRESS (Mailing Address): CAVEL CANADA EXPORTS
912 SECOND AVENUE WEST
OWEN SOUND, ON

DESTINATION COUNTRY: CANADA

ENTER CODE: CA

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)

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

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

MODIFIED ACCREDITED AREA (TB)

CERTIFIED BRUCELLOSIS FREE AREA

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	DATE M	DATE N	DATE O
SUGARCREEK LIVESTOCK AUCTION, INC.	USEU7666	72	F	TH	STAR LR, RR-SOCK									
102 BUCKEYE ST.	USEU7667	300	N	SN	NO MARKS									
SUGARCREEK, OH 44681	USEU7668	108	N	TH	STAR, STRIP, SNIP LF-PASTERN							LR, RF, RR-SOCK		
	USEU7669	144	N	SN	STAR									
	USEU7670	120	F	SN	LR-SOCK									
	USEU7671	180	N	OH	STAR LF, LR, RF, RR-SOCK									
	USEU7672	180	N	BL	STAR, STRIP, SNIP LF, RF-SOCK									
	USEU7673	108	N	TW	NO MARKS									
	USEU7674	108	F	PAINTE	STAR, STRIP, SNIP									
	USEU7675	240	F	AS	STAR LF-SOCK LR-STOCKING									
	USEU7676	180	N	BL	STAR, STRIP, SNIP LF, RF-STOCKING									
	USEU7677	144	F	OH	LF, LR, RR-SOCK									
	USEU7678	36	F	OH	STAR, STRIP, SNIP LF-STOCKING RR-SOCK									
	USEU7679	180	N	HAFLINGER	STAR, STRIP, SNIP LF, LR, RF, RR-SOCK									
	USEU7680	120	N	OH	STAR, STRIP, SNIP LR-SOCK									
	USEU7681	180	N	SN	STAR LR-SOCK									
	USEU7682	60	F	OH	STAR, STRIP, SNIP LF-PASTERN							LR, RF, RR-STOCKING		
	USEU7683	240	F	TW	RR-SOCK									

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: JAN 11 2010

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, - please print): SPECHT, TERRI A. 9542

21. STATUS: ☐ 2 Federal ☐ 1 State ☒ 3 Accredited

22. TOTAL NO OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 28

23. Signature of endorsing federal veterinarian

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): KELLIE A. HOUGH, DVM
VETERINARIAN INSTALL OFFICER

25. SIGNATURE OF ISSUING VETERINARIAN

VS FORM 17-140 (MAR 98) Previous edition may be used.

PART 5 - ISSUING VETERINARIAN

FOIA11-0301-000081

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)*: SUGARCREEK LIVESTOCK AUCTION, INC.

2. CERTIFICATE NO. FROM VS FORM 17-140: J 3549

3. PAGE NO.: 2 OF 2

16. CONSIGNEE'S NAME: CAVEL CANADA EXPORTS

NEGATIVE TUBERCULIN READING: ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

FOIA11F01000392

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

MODIFIED ACCREDITED AREA (TB) — CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION

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	DISEASE / TYPE TEST / DATE M	DISEASE / TYPE TEST / DATE N	DISEASE / TYPE TEST / DATE O
SUGARCREEK LIVESTOCK AUCTION, INC.	USEU7684	168	N	QH	BLAZE RF-SOCK									
102 BUCKEYE ST.	USEU7685	108	F	QH	NO MARKS									
SUGARCREEK, OH 44681	USEU7686	132	F	QH	BLAZE LF, LR, RR-SOCK									
	USEU7687	144	F	QH	BLAZE RF-SOCK									
	USEU7688	120	N	SN	NO MARKS									
	USEU7689	168	M	SN	NO MARKS									
	USEU7690	108	N	SN	STAR, SNIP LR, RR-SOCK									
	USEU7691	96	N	QH	LR, RR-SOCK									
	USEU7692	96	F	TH	NO MARKS									
	USEU7693	84	N	PAINT	BALD LF, LR, RF, RR-STOCKING									

1. THE ANIMALS WERE INSPECTED WITHIN 30 DAYS PRIOR TO EXPORT AND FOUND TO BE HEALTHY AND FREE FROM EVIDENCE OF COMMUNICABLE DISEASE.
2. THE ANIMAL WAS , TO THE BEST OF THE KNOWLEDGE AND BELIEF OF THE ISSUING VETERINARIAN, NOT EXPOSED TO ANY COMMUNICABLE DISEASE WITHIN 60 DAYS PRECEDING THE DATE OF INSPECTION.
3. THE ANIMAL HAS RESIDED IN THE UNITED STATES OR CANADA SINCE BIRTH.
4. THE ANIMALS, AT THE TIME OF THE INSPECTION, WERE FOUND HEALTHY AND IN A PHYSICAL CONDITION FIT TO BE TRANSPORTED.
5. DURING THE PREVIOUS TWENTY ONE (21) DAYS, THE ANIMALS IN THIS SHIPMENT HAVE NOT BEEN IN THE STATE OF MISSOURI, NEW MEXICO, OR TEXAS.
6. THE EXPORTER HAS BEEN ADVISED THAT ANY DETERIORATION IN HEALTH OR PHYSICAL CONDITION OF THE ANIMALS THAT MAY RENDER ANIMALS UNFIT FOR TRANSPORT MAY RESULT IN THE SHIPMENT TO BE REFUSED ENTRANCE TO CANADA. (FIT TO BE TRANSPORTED MEANS THAT, ON THE DAY OF INSPECTION NO ANIMAL HAS AN INFIRMITY, ILLNESS, INJURY OR ANY OTHER CONDITION THAT COULD BE AGGRAVATED WHEN THE ANIMAL IS BEING TRANSPORTED, CAUSING THE ANIMAL TO SUFFER.)

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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 0579-0160. The time required to complete this information collection is estimated to average 5 min. 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. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 1AM

DATE: 1-10-10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Sugarcreek OHIO

VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6) (b)(6)

NAME OF AUCTION/MARKET: Sugarcreek LIVESTOCK AUCT INC.

CONSIGNOR (OWNER/SHIPPER) NAME: Leroy H. Baker

CONSIGNEE (RECEIVER/DESTINATION) NAME: Cavel Canada EXPORTS

STREET ADDRESS: 102 Buckeye ST. P.O BX 452

STREET ADDRESS: 912 Second ave West OWEN SOUND ONTARIO

CITY, STATE, ZIP CODE: Sugarcreek OH 44681

CITY, STATE, ZIP CODE: 517 Rang ste juliest jorlwo

AREA CODE & TELEPHONE NO.: 330-852-2832

AREA CODE & TELEPHONE NO.:

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- [X] Pregnant mares are not likely to foal (give birth) during the trip.
- [X] Foals are older than 6 months of age.
- [X] Horses are able to bear weight on all 4 limbs.
- [X] Horses are not blind in both eyes.
- [X] Horses are able to walk unassisted.

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USEZL	7634						Sor			BL					X		
2		7635						GRU			BL					X		
3		7636	X										SN			X		
4		7637	X							X				X				
5		7638					X			X				X				
6		7639	X										SN	X				
7		7640	X							X				X				
8		7641					X			X						X		
9		7642						Sor		X				X				
10		7643						DUN		X				X				
11		7644						Sor			BL			X				
12		7645						Roan		X				X				
13		7646	X							X						X		
14		7647						Roan					AP	X				
15		7648						Sor		X				X				

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

SIGNATURE (b)(6)

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. 505

DATE 2010-01-10

TIME 16 H30

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

FOIA11F0IA00393

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

OWNER/SHIPPER CERTIFICATE FITNESS TO TRAVEL TO A SLAUGHTER FACILITY (CONTINUATION SHEET)

(Please type or print in ink)

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 0579-0160. The time required to complete this information collection is estimated to average 5 min. 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. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	ASEU	7649					X			X						X		
17		7650	X										Paint			X		
18		7651					X						Paint			X		
19		7652	X							X				X				
20		7653						Sor		X				X				
21		7654	X										SN	X				
22		7655						Dun		X						X		
23		7656			X					X						X		
24		7657						Sor		X						X		
25		7658						Sor		X				X				
26		7659						Sor		X				X				
27		7660	X										SN			X		
28		7661						Sor					Paint			X		
29		7662	X							X				X				
30		7663						Sor	TH					X				
31		7664	X							X						X		
32		7665						Sor		X				X				
33																		
34																		
35																		
36																		
37																		
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45																		

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6)

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-17-37).

1. CONSIGNOR'S NAME *(Last name, first name, middle initial or business name)*: SUGARCREEK LIVESTOCK AUCTION, INC.

2. CERTIFICATE NO.: D103885

3. PAGE NO.: 1 of 2

4. DATE ISSUED: 01-01-10

5. U.S. PORT OF EMBARKATION *(City & State)*: PORT HURON, MICHIGAN

6. STATE CODE: 26

7. CONSIGNOR'S STREET ADDRESS *(Mailing address)*: 102 BUCKEYE ST.

8. CONSIGNOR'S CITY *(or Town)*: SUGARCREEK

12. CONSIGNOR'S STATE: OHIO

13. STATE CODE: 39

14. ZIP CODE: 44681

9. SEMEN *(Check if yes)*: [ ]

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: 1 - Rail, 2 - Truck, 3 - Air, 4 - Ocean: 2

16. CONSIGNEE'S NAME AND STREET ADDRESS *(Mailing address)*:
CAVEL CANADA EXPORTS
912 SECOND AVENUE WEST
OWEN SOUND, ON

DESTINATION COUNTRY: CANADA

ENTER CODE: CA

15. SPECIES *(Check one - use VS form 17-6 for Poultry)*: [ ] 01 BOVINE [ ] 02 PORCINE [ ] 03 OVINE [ ] 04 CAPRINE [X] 05 EQUINE [ ] 08 OTHER WILDLIFE - MAMMAL [ ] 09 OTHER *(Specify)*

NEGATIVE TUBERCULIN READING: 48 HRS. [ ] 72 HRS. [ ]

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

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

MODIFIED ACCREDITED AREA (TB)

CERTIFIED BRUCELLOSIS FREE AREA

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	DISEASE / TYPE TEST / DATE M	DISEASE / TYPE TEST / DATE N	DISEASE / TYPE TEST / DATE O
SUGARCREEK LIVESTOCK AUCTION, INC.	USEU7634	192	N	BL	STAR, STRIP, SNIP										
102 BUCKEYE ST.	USEU7635	60	N	BL	STAR, STRIP, SNIP										
SUGARCREEK, OH 44681	USEU7636	24	N	SN	STAR										
	USEU7637	48	F	QH	LF, LR, RF-SOCK										
	USEU7638	96	F	QH	RR-PASTERN										
	USEU7639	216	F	SN	NO MARKS										
	USEU7640	36	F	QH	RR-PASTERN										
	USEU7641	72	N	QH	STAR										
	USEU7642	108	F	QH	NO MARKS										
	USEU7643	36	F	QH	STAR, STRIP, SNIP				LR-SOCK						
	USEU7644	36	F	BL	STAR, STRIP, SNIP										
	USEU7645	48	F	QH	STAR, STRIP, SNIP										
	USEU7646	48	N	QH	STAR										
	USEU7647	24	F	AP	STAR, STRIP, SNIP				LR-S						
	USEU7648	12	F	QH	STAR, STRIP, SNIP				LF, LR, RF, RR-SOCK						
	USEU7649	324	N	QH	STAR, STRIP, SNIP				LF, LR, RF, RR-SOCK				WHITE SPOT ON SHOULD		
	USEU7650	48	N	PAINT	BLAZE				LF, LR, RF, RR-SOCK				BODY PAINTED BAY AND WHITE		
	USEU7651	144	N	PAINT	STAR, STRIP, SNIP								BODY PAINTED CHESTNUT AND WHITE		

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: JAN 4 2010

20. NAME OF ISSUING VETERINARIAN *(Last name, first name, middle initial - please print)*: DAUGHERTY, RICK L. 5123

21. STATUS: [ ] 1 State [ ] 2 Federal [X] 3 Accredited

22. TOTAL NO. ANIMALS *(Certif for export or donated semen)* *(Include No. from all attached VS Forms 17-140A)*: 32

23. Signature of endorsing federal veterinarian

24. NAME OF ENDORSING FEDERAL VET. *(Type, print or stamp)*: JILL M DUFF, DVM

25. SIGNATURE OF ISSUING VETERINARIAN: 5123

VS FORM 17-140 (OCT 91) Previous editions may be used.

ISSUING VETERINARIAN

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)*: SUGARCREEK LIVESTOCK AUCTION, INC.

16. CONSIGNEE'S NAME: CAVEL CANADA EXPORTS

2. CERTIFICATE NO. FROM VS FORM 17-140: D103885

3. PAGE NO.: 2 OF 2

NEGATIVE TUBERCULIN READING: ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

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

MODIFIED ACCREDITED AREA (TB) — CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION

	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	DISEASE / TYPE TEST / DATE M	DISEASE / TYPE TEST / DATE N	DISEASE / TYPE TEST / DATE O
SUGARCREEK LIVESTOCK AUCTION, INC.	USEU7652	48	F	QH		STAR, STRIP, SNIP LF-S									
102 BUCKEYE ST.	USEU7653	24	F	QH		STAR, STRIP, SNIP LF, RF, RR-SOCK									
SUGARCREEK, OH 44681	USEU7654	240	F	SN		STRIP, SNIP									
	USEU7655	204	N	QH		NO MARKS									
	USEU7656	144	N	QH		NO MARKS									
	USEU7657	96	N	QH		STAR, STRIP LR-SOCK									
	USEU7658	36	F	QH		STRIP LR, RR-SOCK									
	USEU7659	24	F	QH		STAR, STRIP, SNIP LF, LR, RF, RR-STOCKING									
	USEU7660	108	N	SN		LR, RR-SOCK									
	USEU7661	96	N	PAINT		BALD LF, LR, RF, RR-SOCK							BODY PAINTED SORREL AND WHITE		
	USEU7662	48	F	QH		STAR									
	USEU7663	72	F	TH		STAR									
	USEU7664	72	N	QH		NO MARKS									
	USEU7665	72	F	QH		STAR, STRIP LF, LR, RF, RR-SOCK									

1. THE ANIMALS WERE INSPECTED WITHIN 30 DAYS PRIOR TO EXPORT AND FOUND TO BE HEALTHY AND FREE FROM EVIDENCE OF COMMUNICABLE DISEASE.
2. THE ANIMAL HAS , TO THE BEST OF THE KNOWLEDGE AND BELIEF OF THE ISSUING VETERINARIAN, NOT EXPOSED TO ANY COMMUNICABLE DISEASE WITHIN 60 DAYS PRECEDING THE DATE OF INSPECTION.
3. THE ANIMAL HAS RESIDED IN THE UNITED STATES OR CANADA SINCE BIRTH.
4. THE ANIMALS, AT THE TIME OF THE INSPECTION, WERE FOUND HEALTHY AND IN A PHYSICAL CONDITION FIT TO BE TRANSPORTED.
5. DURING THE PREVIOUS TWENTY ONE (21) DAYS, THE ANIMALS IN THIS SHIPMENT HAVE NOT BEEN IN THE STATE OF MISSOURI, NEW MEXICO, OR TEXAS.
6. THE EXPORTER HAS BEEN ADVISED THAT ANY DETERIORATION IN HEALTH OR PHYSICAL CONDITION OF THE ANIMALS THAT MAY RENDER ANIMALS UNFIT FOR TRANSPORT MAY RESULT IN THE SHIPMENT TO BE REFUSED ENTRANCE TO CANADA. (FIT TO BE TRANSPORTED MEANS THAT, ON THE DAY OF INSPECTION NO ANIMAL HAS AN INFIRMITY, ILLNESS, INJURY OR ANY OTHER CONDITION THAT COULD BE AGGRAVATED WHEN THE ANIMAL IS BEING TRANSPORTED, CAUSING THE ANIMAL TO SUFFER.)

FOIA 11F0120003396

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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 0579-0160. The time required to complete this information collection is estimated to average 5 min. 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. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 8:30 PM

DATE: 1-32-10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: SUGARCREEK OHIO

VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6) (b)(6)

NAME OF AUCTION/MARKET: SUGARCREEK LIVESTOCK AUCT. INC.

CONSIGNOR (OWNER/SHIPPER) NAME: LEROY H. BAKER

CONSIGNEE (RECEIVER/DESTINATION) NAME: Capel Canada EXPORTS

STREET ADDRESS: 102 BUCKEYE ST. P.O. BX 452

STREET ADDRESS: OWENSOUND ONTARIO 972 Second Ave WEST

CITY, STATE, ZIP CODE: SUGARCREEK OHIO 44681

CITY, STATE, ZIP CODE: 517 Raing Ste Julnest Jovlwo

AREA CODE & TELEPHONE NO.: 330-852-2832

AREA CODE & TELEPHONE NO.:

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- [X] Pregnant mares are not likely to foal (give birth) during the trip.
- [X] Foals are older than 6 months of age.
- [X] Horses are able to bear weight on all 4 limbs.
- [X] Horses are not blind in both eyes.
- [X] Horses are able to walk unassisted.

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USEU	7575						Sor			BL			X				
2		7576			X						PE			X				
3		7577						Sor			BL					X		
4		7578						Sor			BL					X		
5		7579					X			X					X			
6		7580	X										SW	X				
7		7581					X			X				X				
8		7582	X							X				X				
9		7583						Sor		X						X		
10		7584						PAL		X				X				
11		7585						BK/Wht					PAINT			X		
12		7586						Sor		X				X				
13		7587						PAL		X				X				
14		7588	X										SW			X		
15		7589						Sor					SW			X		

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

SIGNATURE (b)(6)

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. 505

DATE 2010-04-01

TIME 10:00

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

FOIA11F0IA000397

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY
(CONTINUATION SHEET)

(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not 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 0579-0160. The time required to complete this information collection is estimated to average 5 min. 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. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	7SEZ1	7590					X			X				X				
17	↑	7591					X			X				X				
18		7592					X			X						X		
19		7593	X										SV			X		
20		7594					X			X				X				
21		7595	X										SV			X		
22		7596					X			X						X		
23		7597						Sor					SV	X				
24		7598						OK/wht					PAINT			X		
25		7599	X							X				X				
26		7600	X										SV			X		
27		7601	X										SV			X		
28		7602	X										SV	X				
29	↓	7303	X										SV	X				
30																		
31																		
32																		
33																		
34																		
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I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6)

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 17-37)

1. CONSIGNOR'S NAME *(Last name, first name, middle initial or business name)*: SUGARCREEK LIVESTOCK AUCTION, INC.

2. CERTIFICATE NO.: D103884

3. PAGE NO.: 1 of 2

4. DATE ISSUED: 12-28-09

5. U.S. PORT OF EMBARKATION *(City & State)*: PORT HURON, MICHIGAN

6. STATE CODE: 26

7. CONSIGNOR'S STREET ADDRESS *(Mailing address)*: 102 BUCKEYE ST.

8. CONSIGNOR'S CITY *(or Town)*: SUGARCREEK

12. CONSIGNOR'S STATE: OHIO

13. STATE CODE: 39

14. ZIP CODE: 44681

9. SEMEN *(Check if yes)*: ☐

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: 1 - Rail, 2 - Truck, 3 - Air, 4 - Ocean: 2

16. CONSIGNEE'S NAME AND STREET ADDRESS *(Mailing address)*: CAVEL CANADA EXPORTS, 912 SECOND AVENUE WEST, OWEN SOUND, ON

DESTINATION COUNTRY: CANADA

ENTER CODE: CA

15. SPECIES *(Check 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)*

NEGATIVE TUBERCULIN READING: 48 HRS. ☐ 72 HRS. ☐

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS: DISEASE / TYPE TEST; DISEASE / TYPE TEST; DISEASE / TYPE TEST

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

MODIFIED ACCREDITED AREA (TB)

CERTIFIED BRUCELLOSIS FREE AREA

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	DATE M	DATE N	DATE O
SUGARCREEK LIVESTOCK AUCTION, INC.	USEU7575	180	F	BL	STAR, STRIP, SNIP									
102 BUCKEYE ST.	USEU7576	84	F	PE	STAR, STRIP									
SUGARCREEK, OH 44681	USEU7577	108	N	BL	STAR, STRIP, SNIP									
	USEU7578	300	N	BL	STAR, SNIP		LF, LR, RF, RR-SOCK							
	USEU7579	120	M	QH	STAR									
	USEU7580	120	F	SN	STAR									
	USEU7581	240	F	QH	STAR, STRIP									
	USEU7582	144	F	QH	STAR, STRIP									
	USEU7583	96	N	QH	BLAZE									
	USEU7584	96	F	QH	NO MARKS									
	USEU7585	84	N	PAINT	BODY PAINTED BLACK AND WHITE									
	USEU7586	180	F	QH	STAR, STRIP, SNIP		LF, LR, RF-SOCK					LEFT SHOULDER TATTOO		
	USEU7587	108	F	QH	STAR									
	USEU7588	168	N	SN	STAR, STRIP		LF, LR, RR-SOCK							
	USEU7589	48	N	SN	STAR		RR-SOCK							
	USEU7590	144	F	QH	STAR, STRIP, SNIP		LR, RR-STOCKING							
	USEU7591	36	F	QH	STAR		RR-SOCK							
	USEU7592	72	N	QH	STAR, STRIP, SNIP		LF, RF, RR-SOCK							

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: DEC. 30, 2009

20. NAME OF ISSUING VETERINARIAN *(Last name, first name, middle initial - please print)*: DAUGHERTY, RICK L. 5123

21. STATUS: ☐ 1 State ☐ 2 Federal ☒ 3 Accredited

22. TOTAL NO. ANIMALS *(Certifi for export or donated semen)* *(Include No. from all attached VS Forms 17-140A)*: 29

23. Signature of endorsing federal veterinarian

24. NAME OF ENDORSING FEDERAL VET. *(Type, print or stamp)*: DANIEL F. HARPSTER, DVM

25. SIGNATURE OF ISSUING VETERINARIAN

VS FORM 17-140 (OCT 91) Previous editions may be used.

ISSUING VETERINARIAN

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)*: SUGARCREEK LIVESTOCK AUCTION, INC.

16. CONSIGNEE'S NAME: CAVEL CANADA EXPORTS

2. CERTIFICATE NO. FROM VS FORM 17-140: D103884

3. PAGE NO.: 2 OF 2

NEGATIVE TUBERCULIN READING: ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

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

MODIFIED ACCREDITED AREA (TB) ✓ — CERTIFIED BRUCELLOSIS FREE AREA ✓

18. INDIVIDUAL IDENTIFICATION

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	DISEASE / TYPE TEST / DATE M	DISEASE / TYPE TEST / DATE N	DISEASE / TYPE TEST / DATE O
USEU7593	228	N	SN		STAR	RR-SOCK								
USEU7594	120	F	OB		LF, LR, RR-SOCK									
USEU7595	240	N	SN		FREEZE BRAND									
USEU7596	120	N	OB		STAR, STRIP LR, RF-SOCK									
USEU7597	168	F	SN		STAR									
USEU7598	84	N	PAINT		STAR, STRIP, SNIP BODY PAINTED BLACK AND WHITE									
USEU7599	60	F	OB		RR-SOCK									
USEU7600	180	N	SN		LR, RF, RR-SOCK									
USEU7601	96	N	SN		STAR									
USEU7602	240	F	SN		NO MARKS									
USEU7303	84	F	SN		STAR	LR-SOCK								

SUGARCREEK LIVESTOCK AUCTION, INC.
102 BUCKEYE ST.
SUGARCREEK, OH 44681

1. THE ANIMALS WERE INSPECTED WITHIN 30 DAYS PRIOR TO EXPORT AND FOUND TO BE HEALTHY AND FREE FROM EVIDENCE OF COMMUNICABLE DISEASE.
2. THE ANIMAL WAS , TO THE BEST OF THE KNOWLEDGE AND BELIEF OF THE ISSUING VETERINARIAN, NOT EXPOSED TO ANY COMMUNICABLE DISEASE WITHIN 60 DAYS PRECEDING THE DATE OF INSPECTION.
3. THE ANIMAL HAS RESIDED IN THE UNITED STATES OR CANADA SINCE BIRTH.
4. THE ANIMALS, AT THE TIME OF THE INSPECTION, WERE FOUND HEALTHY AND IN A PHYSICAL CONDITION FIT TO BE TRANSPORTED.
5. DURING THE PREVIOUS TWENTY ONE (21) DAYS, THE ANIMALS IN THIS SHIPMENT HAVE NOT BEEN IN THE STATE OF MISSOURI, NEW MEXICO, OR TEXAS.
6. THE EXPORTER HAS BEEN ADVISED THAT ANY DETERIORATION IN HEALTH OR PHYSICAL CONDITION OF THE ANIMALS THAT MAY RENDER ANIMALS UNFIT FOR TRANSPORT MAY RESULT IN THE SHIPMENT TO BE REFUSED ENTRANCE TO CANADA. (FIT TO BE TRANSPORTED MEANS THAT, ON THE DAY OF INSPECTION NO ANIMAL HAS AN INFIRMITY, ILLNESS, INJURY OR ANY OTHER CONDITION THAT COULD BE AGGRAVATED WHEN THE ANIMAL IS BEING TRANSPORTED, CAUSING THE ANIMAL TO SUFFER.)

FOIA11F01000300

VS FORM 17-140a (MAR 2005) *Previous edition may be used.*

PART 5 – ISSUING VETERINARIAN

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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 0579-0160. The time required to complete this information collection is estimated to average 5 min. 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. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 1:30

DATE: 2-1-10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Sugarcreek OHIO

VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6) (b)(6)

NAME OF AUCTION/MARKET: Sugarcreek Livestock Auct. Inc.

CONSIGNOR (OWNER/SHIPPER) NAME: Leroy N. Baker

CONSIGNEE (RECEIVER/DESTINATION) NAME: Cavel Canada Exports

STREET ADDRESS: 102 Buckeye St. P.O Bx 452

STREET ADDRESS: 912 Second Ave West

CITY, STATE, ZIP CODE: Sugarcreek OH 44681

CITY, STATE, ZIP CODE: Owensound Ontario 517 Rang. Ste juliest jovlwo

AREA CODE & TELEPHONE NO.: 330-852-2832

AREA CODE & TELEPHONE NO.:

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- [X] Pregnant mares are not likely to foal (give birth) during the trip.
- [X] Foals are older than 6 months of age.
- [X] Horses are able to bear weight on all 4 limbs.
- [X] Horses are not blind in both eyes.
- [X] Horses are able to walk unassisted.

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USEL	7816						Sor			BL			X				
2	↑	7817			X						PE			X				
3		7818	X								PE			X				
4		7819			X						PE					X		
5		7820						Sor			BL			X				
6		7821						Bk/wht					Paint	X				
7		7822						Bay/wht					Paint	X				
8		7823					X			X				X				
9		7824	X							X						X		
10		7825	X							X						X		
11		7826						Bk/wht					Paint			X		
12		7827						Br/wht					Paint			X		
13		7828			X								SN			X		
14		7829					X						SN			X		
15	↓	7830						Roan		X				X				

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

SIGNATURE (b)(6)

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. 505

DATE 2010-02-01

TIME 7:30

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

FOIA11F0110301

ANIMAL AND PLANT HEALTH INSPECTION SERVICE

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY
(CONTINUATION SHEET)

(Please type or print in ink)

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 0579-0160. The time required to complete this information collection is estimated to average 5 min. 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. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	PISEL	7831					X			X				X				
17	↑	7832						Dapple					AP			X		
18		7833			X								SV			X		
19		7834	X										SV			X		
20		7835			X								SV	X				
21		7836	X							X						X		
22		7837	X							X						X		
23		7839					X			X						X		
24		7840					X					X		X				
25		7841						Sor			BL			X				
26		7842					X		TH							X		
27		7843	X						TH					X				
28		7844	X						TH					X				
29	↓	7845	X						TH					X				
30																		
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SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6)

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): SUGARCREEK LIVESTOCK AUCTION, INC.

2. CERTIFICATE NO: J 3550

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 1-29-10

5. U.S. PORT OF EMBARKATION (City and State): PORT HURON, MICHIGAN

6. STATE CODE: 26

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): 102 BUCKEYE ST.

8. CONSIGNOR'S CITY (or Town): SUGARCREEK

12. CONSIGNOR'S STATE: OHIO

13. STATE CODE: 39

14. ZIP CODE: 44681

9. SEMEN (Check if yes): ☐

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: 1 - Rail, 2 - Truck, 3 - Air, 4 - Ocean: 2

16. CONSIGNEES NAME AND STREET ADDRESS (Mailing Address): CAVEL CANADA EXPORTS, 912 SECOND AVENUE WEST, OWEN SOUND, ON

DESTINATION COUNTRY: CANADA

ENTER CODE: CA

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)

NEGATIVE TUBERCULIN READING: ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

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

MODIFIED ACCREDITED AREA (TB)

CERTIFIED BRUCELLOSIS FREE AREA

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	DISEASE / TYPE TEST / DATE M	DISEASE / TYPE TEST / DATE N	DISEASE / TYPE TEST / DATE O
SUGARCREEK LIVESTOCK AUCTION, INC.	USEU7816	84	F	BL		BLAZE LF, RF-STOCKING									
102 BUCKEYE ST.	USEU7817	360	F	PE		NO MARKS									
SUGARCREEK, OH 44681	USEU7818	240	F	PE		STAR									
	USEU7819	240	N	PE		STAR, SNIP									
	USEU7820	144	F	BL		STAR, SNIP LF, LR, RF, RR-SOCK									
	USEU7821	144	F	PAINT		SNIP BODY PAINTED BLACK AND WHITR									
	USEU7822	240	F	PAINT		BODY PAINTED BAY AND WHITE									
	USEU7823	84	F	QH		BLAZE RR-SOCK									
	USEU7824	144	N	QH		BLAZE LF, RF, LF, RR-SOCK									
	USEU7825	120	N	QH		STAR, SNIP LF, LR, RR-STOCKING PAINTED BAY AND WHITE									
	USEU7826	36	N	PAINT		STRIP, SNIP PAINTED BLACK AND WHITE									
	USEU7827	36	N	PAINT		PAINTED BROWN AND WHITE									
	USEU7828	144	N	SN		NO MARKS									
	USEU7829	120	N	SN		STAR, STRIP									
	USEU7830	144	F	QH		BLAZE									
	USEU7831	108	F	QH		STAR, STRIP, SNIP LR, RR-SOCK									
	USEU7832	72	N	APP		BODY DAPPLED									
	USEU7833	180	N	SN		STAR, SNIP LF, RF-SOCK RR-PASTERN									

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

APPROVED FEDERAL VETERINARIAN

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: FEB 1 2010

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, please print): SPECHT, TERRI A. 9542

21. STATUS: ☐ 2 Federal ☐ 1 State ☒ 3 Accredited

22. TOTAL NO OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 79

23. Signature of endorsing federal veterinarian

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): KELLIE A. HOUGH, DVM, VETERINARY MEDICAL OFFICER

25. SIGNATURE OF ISSUING VETERINARIAN

VS FORM 17-140 (MAR 98) Previous edition may be used.

PART 5 - ISSUING VETERINARIAN

FOIA11FEB000803

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)*: SUGARCREEK LIVESTOCK AUCTION, INC.

16. CONSIGNEE'S NAME: CAVEL CANADA EXPORTS

2. CERTIFICATE NO. FROM VS FORM 17-140: J 3550

3. PAGE NO.: 2 OF 2

NEGATIVE TUBERCULIN READING: ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED — CERTIFIED BRUCELLOSIS FREE AREA

NEGATIVE RESULTS OF OTHER TESTS: DISEASE / TYPE TEST / DATE

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

~~SUGARCREEK LIVESTOCK AUCTION, INC.~~
~~102 BUCKEYE ST.~~
~~SUGARCREEK, OH 44681~~

MODIFIED ACCREDITED AREA (TB) — 18. INDIVIDUAL IDENTIFICATION

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	DISEASE / TYPE TEST / DATE M	DISEASE / TYPE TEST / DATE N	DISEASE / TYPE TEST / DATE O
USEU7834	180	N	SN		RR-PASTERN									
USEU7835	180	F	SN		NO MARKS									
USEU7836	6	N	QH		NO MARKS									
USEU7837	84	N	QH		STAR, STRIP, SNIP LF-SOCK									
USEU7839	36	N	QH		STRIP, SNIP LR, RR-SOCK									
USEU7840	240	F	PONY		NO MARKS									
USEU7841	180	F	BL		BLAZE LF, LR, RF, RR-SOCK									
USEU7842	96	N	TH		RR-CORONET									
USEU7843	60	F	TH		NO MARKS									
USEU7844	96	F	TH		NO MARKS									
USEU7845	108	F	TH		NO MARKS									

1. ~~THE ANIMALS WERE INSPECTED WITHIN 30 DAYS PRIOR TO EXPORT AND FOUND TO BE HEALTHY AND FREE FROM EVIDENCE OF COMMUNICABLE DISEASE.~~
2. ~~THE ANIMAL WAS , TO THE BEST OF THE KNOWLEDGE AND BELIEF OF THE ISSUING VETERINARIAN, NOT EXPOSED TO ANY COMMUNICABLE DISEASE WITHIN 60 DAYS PRECEDING THE DATE OF INSPECTION.~~
3. ~~THE ANIMAL HAS RESIDED IN THE UNITED STATES OR CANADA SINCE BIRTH.~~
4. ~~THE ANIMALS, AT THE TIME OF THE INSPECTION, WERE FOUND HEALTHY AND IN A PHYSICAL CONDITION FIT TO BE TRANSPORTED.~~
5. ~~DURING THE PREVIOUS TWENTY ONE (21) DAYS, THE ANIMALS IN THIS SHIPMENT HAVE NOT BEEN IN THE STATE OF MISSOURI, NEW MEXICO, OR TEXAS.~~
6. ~~THE EXPORTER HAS BEEN ADVISED THAT ANY DETERIORATION IN HEALTH OR PHYSICAL CONDITION OF THE ANIMALS THAT MAY RENDER ANIMALS UNFIT FOR TRANSPORT MAY RESULT IN THE SHIPMENT TO BE REFUSED ENTRANCE TO CANADA. (FIT TO BE TRANSPORTED MEANS THAT, ON THE DAY OF INSPECTION NO ANIMAL HAS AN INFIRMITY, ILLNESS, INJURY OR ANY OTHER CONDITION THAT COULD BE AGGRAVATED WHEN THE ANIMAL IS BEING TRANSPORTED, CAUSING THE ANIMAL TO SUFFER.)~~

FOIA11F0IA000304

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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 0579-0160. The time required to complete this information collection is estimated to average 5 min. 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. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 11:30

DATE: 3-29-10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: SugarCreek Ohio

VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6) (b)(6)

NAME OF AUCTION/MARKET: SugarCreek Livestock Auct Inc.

CONSIGNOR (OWNER/SHIPPER) NAME: Leroy H. Baker

CONSIGNEE (RECEIVER/DESTINATION) NAME: Cavel Canada Exports

STREET ADDRESS: 102 Buckeye St P.O Box 452

STREET ADDRESS: 912 Second Ave. West Owensound Ontario

CITY, STATE, ZIP CODE: SugarCreek Ohio 44681

CITY, STATE, ZIP CODE: 517 Rang Ste Juliet Jovlaw

AREA CODE & TELEPHONE NO.: 330-852-2832

AREA CODE & TELEPHONE NO.:

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- [X] Pregnant mares are not likely to foal (give birth) during the trip.
- [X] Foals are older than 6 months of age.
- [X] Horses are able to bear weight on all 4 limbs.
- [X] Horses are not blind in both eyes.
- [X] Horses are able to walk unassisted.

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USDA	5433			X						PE				X			
2	↑	5434	X							X				X				
3		5435						Sor					Hef			X		
4		5436	X										SN			X		
5		5437					X			X				X				
6		5438					X						Paint	X				
7		5439	X							X				X				
8		5440			X					X						X		
9		5441	X							X				X				
10		5442	X										SN	X				
11		5443	X										TW	X				
12		5444						Grey Roan					AP	X				
13		5445	X										Paint	X				
14		5446					X			X				X				
15	↓	5447	X										SN			X		

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

SIGNATURE (b)(6)

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. 505

DATE 2010-03-30

TIME 7:00

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

FOIA11F0IA00305

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY
(CONTINUATION SHEET)

(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not 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 0579-0160. The time required to complete this information collection is estimated to average 5 min. 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. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	21SEDA	5448	X										SW	X				
17	↑	5449	X										SW			X		
18		5450					DK X						SW	X				
19		5451					DK X						SW			X		
20		5452	X										SW			X		
21		5453	X										SW	X				
22		5454	X										SW			X		
23		5455	X										TW	X				
24		5456						Sor		X						X		
25		5457	X										SW	X				
26		5458	X							X				X				
27		5459	X										SW			X		
28		5460	X										SW			X		
29		5461	X										SW			X		
30		5462			X								SW			X		
31		5463					X			X						X		
32	↓	5464	X										SW			X		
33																		
34																		
35																		
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SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6)

VS FORM 10-13A
(SEP 2002)

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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 0579-0160. The time required to complete this information collection is estimated to average 5 min. 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. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 11:30

DATE: 3-22-10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: SUGARCREEK OHIO

VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6) (b)(6)

NAME OF AUCTION/MARKET: SUGARCREEK LIVESTOCK AUCT INC.

CONSIGNOR (OWNER/SHIPPER) NAME: LEROY H. BAKER

CONSIGNEE (RECEIVER/DESTINATION) NAME: Cavel Canada EXPORTS

STREET ADDRESS: 102 Buckeye ST P.O BX 452

STREET ADDRESS: 912 Second AVE WEST

CITY, STATE, ZIP CODE: SUGARCREEK OHIO 44681

CITY, STATE, ZIP CODE: OWENSOUND, ONTARIO 517 Rang Ste Juliet Jovlwo

AREA CODE & TELEPHONE NO.: 330-852-2832

AREA CODE & TELEPHONE NO.:

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- [X] Pregnant mares are not likely to foal (give birth) during the trip.
- [X] Foals are older than 6 months of age.
- [X] Horses are able to bear weight on all 4 limbs.
- [X] Horses are not blind in both eyes.
- [X] Horses are able to walk unassisted.

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USEL	5362	X										SN	X				
2	↑	5363	X							X						X		
3		5364						Sor/Wht					PN	X				
4		5365	X						TH							X		
5		5366	X										SN			X		
6		5367	X							X				X				
7		5368					X			X						X		
8		5369						Sor			BL					X		
9		5370						Sor			BL					X		
10		5371	X							X				X				
11		5372			X					X				X				
12		5373						Sor					TW	X				
13		5374					X			X				X				
14		5375						Sor		X				X				
15	↓	5376						Sor/Wht					PN			X		

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

SIGNATURE (b)(6)

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SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. 505

DATE 2010-03-23

TIME 7:35

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

FOIA11F0110307

ANIMAL AND PLANT HEALTH INSPECTION SERVICE

OWNER/SHIPPER CERTIFICATE FITNESS TO TRAVEL TO A SLAUGHTER FACILITY (CONTINUATION SHEET)

(Please type or print in ink)

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 0579-0160. The time required to complete this information collection is estimated to average 5 min. 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. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USEU	5377			X								TW			X		
17		5378						Sor/wht					PN	X				
18		5379						Sor					AS			X		
19		5380					X			X				X				
20		5381					X			X				X				
21		5382						Red Roan					Mustang	X				
22		5383					X			X						X		
23		5384	X							X						X		
24		5385			X					X				X				
25		5386	X										TW	X				
26		5387						Sor					Hat		X			
27		5388						Sor		X						X		
28		5389						Sor					PN	X				
29		5390						Sor		X						X		
30		5391	X							X				X				
31		5392	X							X				X				
32		5393						Br/wht					PN			X		
33		5394					X			X				X				
34		5395	X										PN			X		
35																		
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SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6)

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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 0579-0160. The time required to complete this information collection is estimated to average 5 min. 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. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 4:00

DATE: 3-17-10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: SUGARCREEK OHIO

VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6) (b)(6)

NAME OF AUCTION/MARKET: SUGARCREEK LIVESTOCK AUCT INC.

CONSIGNOR (OWNER/SHIPPER) NAME: LEROY H. BAKER

CONSIGNEE (RECEIVER/DESTINATION) NAME: CAVEL CANADA EXPORTS

STREET ADDRESS: 102 BUCKEYE ST. P.O BX 452

STREET ADDRESS: 912 SECOND AVE. WEST

CITY, STATE, ZIP CODE: SUGARCREEK OH 44681

CITY, STATE, ZIP CODE: OWENSOUND ONTARIO

AREA CODE & TELEPHONE NO.: 330-852-2832

AREA CODE & TELEPHONE NO.: 519 Bong Ste Juliest jovlwo

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- [X] Pregnant mares are not likely to foal (give birth) during the trip.
- [X] Foals are older than 6 months of age.
- [X] Horses are able to bear weight on all 4 limbs.
- [X] Horses are not blind in both eyes.
- [X] Horses are able to walk unassisted.

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USEU	5330					X			X					X			
2	↑	5331	X							X					X			
3		5332	X										SV		X			
4		5333					X			X				X				
5		5334					X			X				X				
6		5335					X			X						X		
7		5336						PAL		X				X				
8		5337			X								TW	X				
9		5338	X							X				X				
10		5339		X									AP	X				
11		5340	X										SV	X				
12		5341						Sor					Mule	X				
13		5342	X							X						X		
14		5343					X						AP	X				
15	↓	5344						Roan					AP	X				

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

SIGNATURE (b)(6)

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SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. 505

DATE 2010-03-18

TIME 17:30

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

FOIA11F0110309

ANIMAL AND PLANT HEALTH INSPECTION SERVICE

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY
(CONTINUATION SHEET)

(Please type or print in ink)

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 0579-0160. The time required to complete this information collection is estimated to average 5 min. 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. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	2/5 EZL	5345	X							X				X				
17	↑	5346					X			X						X		
18		5347					DK X						SV	X				
19		5348	X										SV	X				
20		5349						Roan		X				X				
21		5350						Sor		X				X				
22		5351						Sor					Mule	X				
23		5352						Sor					Hnf.			X		
24		5353			X					X				X				
25		5354	X							X				X				
26		5355						Sor			BL					X		
27		5356	X										SV	X				
28		5357						Dun		X				X				
29		5358	X										SV	X				
30		5359	X										TW			X		
31		5360					X			X				X				
32	↓	5361	X										SV			X		
33																		
34																		
35																		
36																		
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SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6)

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

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): SUGARCREEK LIVESTOCK AUCTION, INC.

2. CERTIFICATE NO: J 3537

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 3-12-10

5. U.S. PORT OF EMBARKATION (City and State): PORT HURON, MICHIGAN

6. STATE CODE: 26

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): 102 BUCKEYE ST.

8. CONSIGNOR'S CITY (or Town): SUGARCREEK

12. CONSIGNOR'S STATE: OHIO

13. STATE CODE: 39

14. ZIP CODE: 44681

9. SEMEN (Check if yes): ☐

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: 1 - Rail, 2 - Truck, 3 - Air, 4 - Ocean: 2

16. CONSIGNEES NAME AND STREET ADDRESS (Mailing Address):
CAVEL CANADA EXPORTS
912 SECOND AVENUE WEST
OWEN SOUND, ON

DESTINATION COUNTRY: CANADA

ENTER CODE: CA

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)

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

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

MODIFIED ACCREDITED AREA (TB)

CERTIFIED BRUCELLOSIS FREE AREA

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	DATE M.	DATE N	DATE O
SUGARCREEK LIVESTOCK AUCTION, INC.	USEU5330	72	M	QH	STAR, STRIP, SNIP LF, LR, RF-SOCK									
102 BUCKEYE ST.	USEU5331	60	M	QH	STAR, STRIP, SNIP LR, RR-PASTERN									
SUGARCREEK, OH 44681	USEU5332	300	M	SN	STAR									
	USEU5333	144	F	QH	STAR LF, RF-SOCK LR, RR-STOCKING									
	USEU5334	144	F	QH	STAR, STRIP, SNIP RR-SOCK									
	USEU5335	96	N	QH	STAR, STRIP, SNIP LR, RR-SOCK									
	USEU5336	144	F	QH	STAR, STRIP, SNIP									
	USEU5337	180	F	TW	LF, RF-PASTERN LR, RR-SOCK									
	USEU5338	72	F	QH	STAR									
	USEU5339	144	F	AP	SPOTTED									
	USEU5340	180	F	SN	STAR, STRIP, SNIP LF, RF-SOCK LR-STOCKING									
	USEU5341	240	F	MULE	NO MARKS									
	USEU5342	120	N	QH	STAR LR-PASTERN									
	USEU5343	84	F	AP	NO MARKS									
	USEU5344	48	F	AP	BLAZE LR, RR-STOCKING									
	USEU5345	144	F	QH	STAR, STRIP, SNIP									
	USEU5346	180	N	QH	BLAZE LR, RR-STOCKING									
	USEU5347	120	F	SN	STAR LR, RR-PASTERN									

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

FOIA 15-0310-0311

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. 15, 2010

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial,- please print): SPECHT, TERRI A. 9542

21. STATUS: ☐ 2 Federal ☐ 1 State ☒ 3 Accredited

22. TOTAL NO OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 32

23. Signature of endorsing federal veterinarian

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): NANCY L HANNAWAY, DVM
VETERINARY MEDICAL OFFICER

25. SIGNATURE OF ISSUING VETERINARIAN: Terri A Specht

VS FORM 17-140 (MAR 98) Previous edition may be used.

PART 2 - PORT VETERINARIAN

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)*: SUGARCREEK LIVESTOCK AUCTION, INC.

16. CONSIGNEE'S NAME: CAVEL CANADA EXPORTS

2. CERTIFICATE NO. FROM VS FORM 17-140: J 3537

3. PAGE NO.: 2 OF 2

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
DATE M	DATE N	DATE O

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

~~SUGARCREEK LIVESTOCK AUCTION, INC.~~
~~102 BUCKEYE ST.~~
~~SUGARCREEK, OH 44681~~

MODIFIED ACCREDITED AREA (TB)

18. INDIVIDUAL IDENTIFICATION

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
USEU5348	84	F	SN	STAR							
USEU5349	60	F	OH	NO MARKS							
USEU5350	48	F	OH	STAR LR-SOCK							
USEU5351	120	F	MULE	NO MARKS							
USEU5352	24	N	HARLINGER	STAR, STRIP, SNIP							
USEU5353	240	F	OH	STAR, STRIP, SNIP LR-PASTERN							
USEU5354	144	F	OH	STAR							
USEU5355	240	N	BL	STAR, STRIP, SNIP LF, LR, RF, RR-STOCKING							
USEU5356	180	F	SN	STAR NECK BRAND XD999							
USEU5357	240	F	OH	NO MARKS							
USEU5358	300	F	SN	LR, RR-SOCK UNREADABLE BRAND							
USEU5359	180	N	TW	STAR, SNIP RR-PASTERN							
USEU5360	96	F	OH	STAR, SNIP							
USEU5361	120	N	SN	STAR, SNIP LR, RF, RR-CORONET							

1. ~~THE ANIMALS WERE INSPECTED WITHIN 30 DAYS PRIOR TO EXPORT AND FOUND TO BE HEALTHY AND FREE FROM EVIDENCE OF COMMUNICABLE DISEASE.~~
2. THE ANIMAL WAS , TO THE BEST OF THE KNOWLEDGE AND BELIEF OF THE ISSUING VETERINARIAN, NOT EXPOSED TO ANY COMMUNICABLE DISEASE WITHIN 60 DAYS PRECEDING THE DATE OF INSPECTION.
3. THE ANIMAL HAS RESIDED IN THE UNITED STATES OR CANADA SINCE BIRTH.
4. ~~THE ANIMALS, AT THE TIME OF THE INSPECTION, WERE FOUND HEALTHY AND IN A PHYSICAL CONDITION FIT TO BE TRANSPORTED.~~
5. ~~DURING THE PREVIOUS TWENTY ONE (21) DAYS, THE ANIMALS IN THIS SHIPMENT HAVE NOT BEEN IN THE STATE OF MISSOURI, NEW MEXICO, OR TEXAS.~~
6. ~~THE EXPORTER HAS BEEN ADVISED THAT ANY DETERIORATION IN HEALTH OR PHYSICAL CONDITION OF THE ANIMALS THAT MAY RENDER ANIMALS UNFIT FOR TRANSPORT MAY RESULT IN THE SHIPMENT TO BE REFUSED ENTRANCE TO CANADA. (FIT TO BE TRANSPORTED MEANS THAT, ON THE DAY OF INSPECTION NO ANIMAL HAS AN INFIRMITY, ILLNESS, INJURY OR ANY OTHER CONDITION THAT COULD BE AGGRAVATED WHEN THE ANIMAL IS BEING TRANSPORTED, CAUSING THE ANIMAL TO SUFFER.)~~

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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 0579-0160. The time required to complete this information collection is estimated to average 5 min. 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. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 12:30

DATE: 3-15-10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: SUGARCREEK OHIO

VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6) (b)(6)

NAME OF AUCTION/MARKET: SUGARCREEK LIVESTOCK AUCT INC.

CONSIGNOR (OWNER/SHIPPER) NAME: LEROY N. BAKER

CONSIGNEE (RECEIVER/DESTINATION) NAME: CAVEL Canada EXPORTS

STREET ADDRESS: 102 Buckeye ST P.O BX 452

STREET ADDRESS: 913 Second Ave west

CITY, STATE, ZIP CODE: SUGARCREEK OH 44681

CITY, STATE, ZIP CODE: OWENSOUND ONTARIO 517 Rang. Ste. juliest jovlwo

AREA CODE & TELEPHONE NO.: 330-852-2832

AREA CODE & TELEPHONE NO.:

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- [X] Pregnant mares are not likely to foal (give birth) during the trip.
- [X] Foals are older than 6 months of age.
- [X] Horses are able to bear weight on all 4 limbs.
- [X] Horses are not blind in both eyes.
- [X] Horses are able to walk unassisted.

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USDA	5301					X			X					X			
2	↑	5302	X								PE			X				
3		5303						Sor			BL					X		
4		5304						Sor			BL					X		
5		5305						Sor			BL			X				
6		5306	X								PE					X		
7		5307					X						PAINT	X				
8		5308					X						PAINT	X				
9		5309	X							X						X		
10		5310					X			X				X				
11		5311	X							X						X		
12		5312	X							X				X				
13		5313					DK X			X				X				
14		5314					X			X				X				
15	↓	5315					X			X						X		

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

SIGNATURE (b)(6)

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. 565

DATE 2010-03-16

TIME 7:00

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

FOIA11F0170003 13

Previous editions are obslete

ANIMAL AND PLANT HEALTH INSPECTION SERVICE

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY
(CONTINUATION SHEET)

(Please type or print in ink)

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FORM APPROVED OMB NO. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	26SEU	5316	X							X				X				
17	↑	5317	X										SV			X		
18		5318	X							X				X				
19		5319					X			X						X		
20		5320	X							X				X				
21		5321	X						TH					X				
22		5322						Sor					PAINT	X				
23		5323						Roan					MUSTANG	X				
24		5324			X								SV	X				
25		5325	X							X						X		
26		5326	X										SV			X		
27		5327	X										SV	X				
28		5328					X			X				X				
29	↓	5329	X							X				X				
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SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6)

FOIA11F3011A0100314

VS FORM 10-13A
(SEP 2002)

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

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): SUGARCREEK LIVESTOCK AUCTION, INC.

2. CERTIFICATE NO: J 3533

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 3-12-10

5. U.S. PORT OF EMBARKATION (City and State): PORT HURON, MICHIGAN

6. STATE CODE: 26

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): 102 BUCKEYE ST.

8. CONSIGNOR'S CITY (or Town): SUGARCREEK

12. CONSIGNOR'S STATE: OHIO

13. STATE CODE: 39

14. ZIP CODE: 44681

9. SEMEN (Check if yes): ☐

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: 1 - Rail, 2 - Truck, 3 - Air, 4 - Ocean: 2

16. CONSIGNEES NAME AND STREET ADDRESS (Mailing Address): CAVEL CANADA EXPORTS, 912 SECOND AVENUE WEST, OWEN SOUND, ON

DESTINATION COUNTRY: CANADA

ENTER CODE: CA

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)

NEGATIVE TUBERCULIN READING: ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS: DISEASE / TYPE TEST / DATE; DISEASE / TYPE TEST / DATE; DISEASE / TYPE TEST / DATE

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

MODIFIED ACCREDITED AREA (TB)

CERTIFIED BRUCELLOSIS FREE AREA

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)

17. FARM ORIGIN	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	DATE M	DATE N	DATE O
SUGARCREEK LIVESTOCK AUCTION, INC.	USEU5301	48	M	OH		STRIP, STAR									
102 BUCKEYE ST.	USEU5302	84	F	PE		STAR									
SUGARCREEK, OH 44681	USEU5303	144	N	BL		BLAZE									
	USEU5304	120	N	BL		STAR, STRIP, SNIP LF, RF-SOCK									
	USEU5305	120	F	BL		STAR, STRIP, SNIP									
	USEU5306	84	N	PE		NO MARKS									
	USEU5307	60	F	PAINT		BLAZE PAINTED CHESTNUT AND WHITE									
	USEU5308	96	F	PAINT		BLAZE PAINTED CHESTNUT AND WHITE									
	USEU5309	120	N	OH		STAR									
	USEU5310	96	F	OH		STAR									
	USEU5311	144	N	OH		SNIP LR-SOCK									
	USEU5312	144	F	OH		SNIP									
	USEU5313	180	F	OH		NO MARKS									
	USEU5314	240	F	OH		STAR, SNIP									
	USEU5315	24	N	OH		STAR, STRIP, SNIP LR, RR-STOCKING									
	USEU5316	144	F	OH		STAR RR-PASTERN									
	USEU5317	144	N	SN		STAR UNREADABLE NECK BRAND									
	USEU5318	240	F	OH		RR-PASTERN									

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

FOIA 2010-0315

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. 15, 2010

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, - please print): SPECHT, TERRI A. 9542

21. STATUS: ☐ 2 Federal ☐ 1 State ☒ 3 Accredited

22. TOTAL NO OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 29

23. Signature of endorsing federal veterinarian

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): NANCY L. HANNAWAY, DVM
VETERINARY MEDICAL OFFICER

25. SIGNATURE OF ISSUING VETERINARIAN

VS FORM 17-140 (MAR 98) Previous edition may be used.

PART 5 - ISSUING VETERINARIAN

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)*: SUGARCREEK LIVESTOCK AUCTION, INC.

16. CONSIGNEE'S NAME: CAVEL CANADA EXPORTS

2. CERTIFICATE NO. FROM VS FORM 17-140: J 3533

3. PAGE NO.: 2 OF 2

NEGATIVE TUBERCULIN READING: ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

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

SUGARCREEK LIVESTOCK AUCTION, INC.
102 BUCKEYE ST.
SUGARCREEK, OH 44681

MODIFIED ACCREDITED AREA (TB) — CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION

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	DISEASE / TYPE TEST / DATE M	DISEASE / TYPE TEST / DATE N	DISEASE / TYPE TEST / DATE O
USEU5319	120	N	OH		STAR LF, LR, RF, RR-SOCK									
USEU5320	36	F	OH		STAR, STRIP, SNIP									
USEU5321	24	F	TH		STAR									
USEU5322	120	F	PAINT		STAR, STRIP, SNIP PAINTED SORREL AND WHITE									
USEU5323	72	F	MUSTANG		MUSTANG BRAND									
USEU5324	96	F	SN		BLAZE LR, RR-SOCK									
USEU5325	144	N	OH		WHITE SPOT ON SIDE									
USEU5326	144	N	SN		NO MARKS									
USEU5327	120	F	SN		NO MARKS									
USEU5328	180	F	OH		BLAZE LR, RR-SOCK									
USEU5329	180	F	OH		STAR, STRIP, SNIP LR,RR-SOCK									

1. THE ANIMALS WERE INSPECTED WITHIN 30 DAYS PRIOR TO EXPORT AND FOUND TO BE HEALTHY AND FREE FROM EVIDENCE OF COMMUNICABLE DISEASE.
2. THE ANIMAL WAS , TO THE BEST OF THE KNOWLEDGE AND BELIEF OF THE ISSUING VETERINARIAN, NOT EXPOSED TO ANY COMMUNICABLE DISEASE WITHIN 60 DAYS PRECEDING THE DATE OF INSPECTION.
3. THE ANIMAL HAS RESIDED IN THE UNITED STATES OR CANADA SINCE BIRTH.
4. THE ANIMALS, AT THE TIME OF THE INSPECTION, WERE FOUND HEALTHY AND IN A PHYSICAL CONDITION FIT TO BE TRANSPORTED.
5. DURING THE PREVIOUS TWENTY ONE (21) DAYS, THE ANIMALS IN THIS SHIPMENT HAVE NOT BEEN IN THE STATE OF MISSOURI, NEW MEXICO, OR TEXAS.
6. THE EXPORTER HAS BEEN ADVISED THAT ANY DETERIORATION IN HEALTH OR PHYSICAL CONDITION OF THE ANIMALS THAT MAY RENDER ANIMALS UNFIT FOR TRANSPORT MAY RESULT IN THE SHIPMENT TO BE REFUSED ENTRANCE TO CANADA. (FIT TO BE TRANSPORTED MEANS THAT, ON THE DAY OF INSPECTION NO ANIMAL HAS AN INFIRMITY, ILLNESS, INJURY OR ANY OTHER CONDITION THAT COULD BE AGGRAVATED WHEN THE ANIMAL IS BEING TRANSPORTED, CAUSING THE ANIMAL TO SUFFER.)

PART 5 ISSUING VETERINARIAN

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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 0579-0160. The time required to complete this information collection is estimated to average 5 min. 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. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 9:30

DATE: 3-11-10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Sugarcreek OHIO

VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6) (b)(6)

NAME OF AUCTION/MARKET: Sugarcreek Livestock Auct Inc.

CONSIGNOR (OWNER/SHIPPER) NAME: Leroy H. Baker

CONSIGNEE (RECEIVER/DESTINATION) NAME: Cavel Canada Exports

STREET ADDRESS: 102 Buckeye St. P.O Box 452

STREET ADDRESS: 912 Second Ave West

CITY, STATE, ZIP CODE: Sugarcreek OH 44681

CITY, STATE, ZIP CODE: Owensound, Ontario 517 Rang Ste Juliet Joulico

AREA CODE & TELEPHONE NO.: 330-852-2832

AREA CODE & TELEPHONE NO.:

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- [X] Pregnant mares are not likely to foal (give birth) during the trip.
- [X] Foals are older than 6 months of age.
- [X] Horses are able to bear weight on all 4 limbs.
- [X] Horses are not blind in both eyes.
- [X] Horses are able to walk unassisted.

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USEU	5267			X								SN			X		
2	↑	5268	X										TW	X				
3		5269					X			X				X				
4		5270					X			X				X				
5		5271	X										TW	X				
6		5272	X										SN			X		
7		5273	X							X						X		
8		5274	X										SN			X		
9		5275					X						TW	X				
10		5276					X			X						X		
11		5277						PaL		X				X				
12		5278			X								TW	X				
13		5279	X							X						X		
14		5280	X							X				X				
15	↓	5281	X										SN	X				

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

SIGNATURE (b)(6)

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. 505

DATE 2010-03-12

TIME 7:00

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

FOIA11F0110317

ANIMAL AND PLANT HEALTH INSPECTION SERVICE

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY
(CONTINUATION SHEET)

(Please type or print in ink)

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 0579-0160. The time required to complete this information collection is estimated to average 5 min. 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. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USDA	5282					X						SN	X				
17	↑	5283					X						Point	X				
18		5284					X						TW	X				
19		5285			X								TW	X				
20		5286					X			X				X				
21		5287	X							X				X				
22		5288						Roan					AP	X				
23		5289					X			X				X				
24		5290						PaL					APL			X		
25		5291					X			X						X		
26		5292	X							X				X				
27		5293	X										SN			X		
28		5294	X							X						X		
29		5295	X							X				X				
30		5296			X								TW	X				
31		5297						DN		X						X		
32	↓	5298	X										SN	X				
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SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6)

VS FORM 10-13A
(SEP 2002)

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.

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): SUGARCREEK LIVESTOCK AUCTION, INC.

2. CERTIFICATE NO: J 3526

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 3-5-10

5. U.S. PORT OF EMBARKATION (City and State): PORT HURON, MICHIGAN

6. STATE CODE: 26

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): 102 BUCKEYE ST.

8. CONSIGNOR'S CITY (or Town): SUGARCREEK

12. CONSIGNOR'S STATE: OHIO

13. STATE CODE: 39

14. ZIP CODE: 44681

9. SEMEN (Check if yes): ☐

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: 1 - Rail 3 - Air 2 - Truck 4 - Ocean [2]

16. CONSIGNEES NAME AND STREET ADDRESS (Mailing Address): CAVEL CANADA EXPORTS
912 SECOND AVENUE WEST
OWEN SOUND, ON

DESTINATION COUNTRY: CANADA

ENTER CODE: CA

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)

NEGATIVE TUBERCULIN READING: ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

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)

MODIFIED ACCREDITED AREA (TB)

CERTIFIED BRUCELLOSIS FREE AREA

17. FARM ORIGIN	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	DISEASE / TYPE TEST / DATE M	DISEASE / TYPE TEST / DATE N	DISEASE / TYPE TEST / DATE O
SUGARCREEK LIVESTOCK AUCTION, INC.	USEU5267	300	N	SN		STAR									
102 BUCKEYE ST.	USEU5268	48	F	TW		STAR, STRIP, SNIP									
SUGARCREEK, OH 44681	USEU5269	120	F	QH		NO MARKS									
	USEU5270	48	F	QH		STAR, STRIP, SNIP									
	USEU5271	108	F	TW		STAR, STRIP, SNIP RR-SOCK									
	USEU5272	36	N	SN		LF, LR, RR-PASTERN									
	USEU5273	144	N	QH		STAR LR-PASTERN RR-SOCK									
	USEU5274	180	N	SN		LR, RF, RR-SOCK FREEZE BRAND									
	USEU5275	300	F	TW		STAR, STRIP, SNIP LF, RF-SOCK LR, RR-STOCKING									
	USEU5276	108	N	QH		SNIP LR-SOCK									
	USEU5277	144	F	QH		SNIP									
	USEU5278	180	F	TW		NO MARKS									
	USEU5279	120	N	QH		NO MARKS									
	USEU5280	108	F	QH		STAR, STRIP, SNIP LF-SOCK									
	USEU5281	144	F	SN		STAR LR, RF-SOCK RR-PASTEEN FREEZE BRAND									
	USEU5282	120	F	SN		STAR LR, RR-SOCK									
	USEU5283	144	F	PAINT		BLAZE PAINTED CHESTNUT AND WHITE									
	USEU5284	108	F	TW		STAR RR-PASTERN									

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

FOIA F03/00319

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. 08, 2010

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, - please print): SUMMERS, DENNIS M. 9130

21. STATUS: ☐ 2 Federal ☐ 1 State ☒ 3 Accredited

22. TOTAL NO OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 32

23. Signature of endorsing federal veterinarian

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): THOMAS R HANS, DVM

25. SIGNATURE OF ISSUING VETERINARIAN

VS FORM 17-140 (MAR 98) Previous edition may be used.

PART 3 - PORT VETERINARIAN

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)*: SUGARCREEK LIVESTOCK AUCTION, INC.

16. CONSIGNEE'S NAME: CAVEL CANADA EXPORTS

2. CERTIFICATE NO. FROM VS FORM 17-140: J 3526

3. PAGE NO.: 2 OF 2

NEGATIVE TUBERCULIN READING: ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED: ____ CERTIFIED BRUCELLOSIS FREE AREA

NEGATIVE RESULTS OF OTHER TESTS

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

MODIFIED ACCREDITED AREA (TB) ____

18. INDIVIDUAL IDENTIFICATION

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	DISEASE / TYPE TEST / DATE M	DISEASE / TYPE TEST / DATE N	DISEASE / TYPE TEST / DATE O
SUGARCREEK LIVESTOCK AUCTION, INC. 102 BUCKEYE ST. SUGARCREEK, OH 44681														
	USEU5285	144	F	TW	NO MARKS									
	USEU5286	144	F	OB	LF, LR, RR-SOCK									
	USEU5287	108	F	OB	STAR, SNIP LR-SOCK RR-PASTERN									
	USEU5288	120	F	AP	SNIP LR, RR-SOCK									
	USEU5289	48	F	OB	STAR, STRIP, SNIP LR, RR-SOCK									
	USEU5290	72	N	APL	STAR, STRIP, SNIP									
	USEU5291	120	N	OB	STAR, STRIP, SNIP LR-SOCK RR-PASTERN									
	USEU5292	12	F	OB	STAR LR-SOCK									
	USEU5293	300	N	SN	FREEZE BRAND									
	USEU5294	180	N	OB	STAR									
	USEU5295	144	F	OB	BLAZE LF, LR, RR-STOCKING									
	USEU5296	120	F	TW	STAR, STRIP, SNIP LF, LR, RF, RR-STOCKING									
	USEU5297	60	N	OB	NO MARKS									
	USEU5298	144	F	SN	STAR									

1. THE ANIMALS WERE INSPECTED WITHIN 30 DAYS PRIOR TO EXPORT AND FOUND TO BE HEALTHY AND FREE FROM EVIDENCE OF COMMUNICABLE DISEASE.
2. THE ANIMAL WAS , TO THE BEST OF THE KNOWLEDGE AND BELIEF OF THE ISSUING VETERINARIAN, NOT EXPOSED TO ANY COMMUNICABLE DISEASE WITHIN 60 DAYS PRECEDING THE DATE OF INSPECTION.
3. THE ANIMAL HAS RESIDED IN THE UNITED STATES OR CANADA SINCE BIRTH.
4. THE ANIMALS, AT THE TIME OF THE INSPECTION, WERE FOUND HEALTHY AND IN A PHYSICAL CONDITION FIT TO BE TRANSPORTED.
5. DURING THE PREVIOUS TWENTY ONE (21) DAYS, THE ANIMALS IN THIS SHIPMENT HAVE NOT BEEN IN THE STATE OF MISSOURI, NEW MEXICO, OR TEXAS.
6. THE EXPORTER HAS BEEN ADVISED THAT ANY DETERIORATION IN HEALTH OR PHYSICAL CONDITION OF THE ANIMALS THAT MAY RENDER ANIMALS UNFIT FOR TRANSPORT MAY RESULT IN THE SHIPMENT TO BE REFUSED ENTRANCE TO CANADA. (FIT TO BE TRANSPORTED MEANS THAT, ON THE DAY OF INSPECTION NO ANIMAL HAS AN INFIRMITY, ILLNESS, INJURY OR ANY OTHER CONDITION THAT COULD BE AGGRAVATED WHEN THE ANIMAL IS BEING TRANSPORTED, CAUSING THE ANIMAL TO SUFFER.)

VS FORM 17-140a (MAR 2005) *Previous edition may be used.*

PART 3 – PORT VETERINARIAN

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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 0579-0160. The time required to complete this information collection is estimated to average 5 min. 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. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 12:30

DATE: 5-10-10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: SugarCreek OHIO

VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6) (b)(6)

NAME OF AUCTION/MARKET: SugarCreek Livestock Auct Inc

CONSIGNOR (OWNER/SHIPPER) NAME: Leroy N. Baker

CONSIGNEE (RECEIVER/DESTINATION) NAME: Cavel Canada EXPORTS

STREET ADDRESS: 102 Buckeye ST. P.O Bx 452

STREET ADDRESS: 912 Second Ave West Owensound, ONTARIO

CITY, STATE, ZIP CODE: SugarCreek OHIO 44681

CITY, STATE, ZIP CODE: 517 Rang Ste Julie QUEBEC J0V1A0

AREA CODE & TELEPHONE NO.: 330-852-2832

AREA CODE & TELEPHONE NO.:

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- [X] Pregnant mares are not likely to foal (give birth) during the trip.
- [X] Foals are older than 6 months of age.
- [X] Horses are able to bear weight on all 4 limbs.
- [X] Horses are not blind in both eyes.
- [X] Horses are able to walk unassisted.

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	2USDL	5840	X										SV			X		
2	↑	5841					DKX			X					X			
3		5842	X										SV		X			
4		5843					X			X				X				
5		5844	X							X				X				
6		5845					X			X				X				
7		5846						Grulla		X						X		
8		5847					X			X						X		
9		5848						Sor					Hol.	X				
10		5849	X							X				X				
11		5850					X			X				X				
12		5851			X					X						X		
13		5852					X			X						X		
14		5853						Grulla		X						X		
15	↓	5854			X					X						X		

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

SIGNATURE (b)(6)

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. 505

DATE 2010-05-10

TIME 7:45

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

FOIA11F0IA00321

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY
(CONTINUATION SHEET)

(Please type or print in ink)

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 0579-0160. The time required to complete this information collection is estimated to average 5 min. 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. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	26EZU	5855			X					X				X				
17	↑	5856	X							X						X		
18		5857	X										SV	X				
19		5858	X										SV			X		
20		5859						Sor		X					X			
21		5860					X			X						X		
22		5861					DK X						SV			X		
23		5862						App.					AP	X				
24		5863					DK X			X				X				
25		5864						Chest Roan					AP			X		
26		5865	X										SV			X		
27		5866						Brown					PAINT	X				
28		5867						Brown					PAINT			X		
29		5868					X						AS	X				
30		5869			X								SV	X				
31		5870	X							X				X				
32	↓	5871					X			X						X		
33																		
34																		
35																		
36																		
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45																		

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6)

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)

SUGARCREEK LIVESTOCK AUCTION, INC.

L024115

4. DATE ISSUED	5. U.S. PORT OF EMBARKATION (City and State)	6. STATE CODE	7. CONSIGNOR'S STREET ADDRESS (Mailing Address)	8. CONSIGNOR'S CITY (or Town)
5/7/10	PORT HURON, MICHIGAN	26	102 BUCKEYE ST.	SUGARCREEK

12. CONSIGNOR'S STATE	13. STATE CODE	14. ZIP CODE
OHIO	39	44681

9. SEMEN ("X" if yes)	10. NO. DOSES OF SEMEN	11. TRANSPORTATION CLASS
[ ]		[ ] 1 - Rail [ ] 3 - Air [X] 2 - Truck [ ] 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address)	DESTINATION COUNTRY	ENTER CODE
CAVEL CANADA EXPORTS 912 SECOND AVENUE WEST OWEN SOUND, ON	CANADA	CA

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

[ ] 01 BOVINE [ ] 02 PORCINE [ ] 03 OVINE [ ] 04 CAPRINE
[X] 05 EQUINE [ ] 08 OTHER WILDLIFE - MAMMAL
[ ] 09 OTHER (Specify)

NEGATIVE TUBERCULIN READING	BRUCELLOSIS BLOOD SAMPLE COLLECTED	NEGATIVE RESULTS OF OTHER TESTS		
[ ] 48 HRS [ ] 72 HRS		DISEASE	DISEASE	DISEASE
		TYPE TEST	TYPE TEST	TYPE TEST

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

MODIFIED ACCREDITED AREA (TB)

CERTIFIED BRUCELLOSIS FREE AREA

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	DATE M	DATE N	DATE O
~~SUGARCREEK LIVESTOCK AUCTION, INC.~~	USEU5840	24	N	SN	STAR									
~~102 BUCKEYE ST.~~	USEU5841	180	M	QH	STAR, SNIP, STRIPE, LR, RF-SOCK									
~~SUGARCREEK, OH 44681~~	USEU5842	120	M	SN	NO MARKS									
	USEU5843	144	F	QH	STAR									
	USEU5844	96	F	QH	STAR									
	USEU5845	144	F	QH	STAR, SNIP, STRIPE, LR, RF, RR-SOCK									
	USEU5846	84	N	QH	STRIPE, LR, RF, RR-SOCK									
	USEU5847	240	N	QH	STRIPE, SNIP									
	USEU5848	180	F	HAFLINGER	STAR, SNIP, STRIPE									
	USEU5849	72	F	QH	NO MARKS									
	USEU5850	24	F	QH	STAR, LR-SOCK									
	USEU5851	36	N	QH	STAR, LR-CORONET									
	USEU5852	120	N	QH	STAR, SNIP, STRIPE, LF-SOCK, LR, RR-STOCKING									
	USEU5853	96	N	QH	NO MARKS									
	USEU5854	120	N	QH	STAR									
	USEU5855	96	F	QH	STAR									
	USEU5856	24	N	QH	STAR, LR-SOCK									
	USEU5857	240	F	SN	UNREADABLE BRAND									

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

FAX 1-301-734-5623

Nancy L Hannaway DVM
23. Signature of Endorsing Federal Veterinarian

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	20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial,- please print)	21. STATUS	22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A)
MAY. 10, 2010	SPECHT, TERRI A. 9542	[ ] 2 Federal [ ] 1 State [X] 3 Accredited	32

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp)	25. SIGNATURE OF ISSUING VETERINARIAN
NANCY L HANNAWAY, DVM VETERINARY MEDICAL OFFICER	Terri A Specht

VS FORM 17-140 (MAR 98) Previous edition may be used.

PART 2- VS RIVERDALE, MARYLAND

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)*: SUGARCREEK LIVESTOCK AUCTION, INC.

2. CERTIFICATE NO. FROM VS FORM 17-140: 1024115

3. PAGE NO.: 2 OF 2

16. CONSIGNEE'S NAME: CAVEL CANADA EXPORTS

NEGATIVE TUBERCULIN READING: ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

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

MODIFIED ACCREDITED AREA (TB) ___ CERTIFIED BRUCELLOSIS FREE AREA ___

18. INDIVIDUAL IDENTIFICATION

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	DATE M	DATE N	DATE O
SUGARCREEK LIVESTOCK AUCTION, INC.	USEU5858	144	N	SN	STAR, LR-SOCK									
102 BUCKEYE ST.	USEU5859	96	M	QH	BLAZE, LR, RR-SOCK									
SUGARCREEK, OH 44681	USEU5860	96	N	QH	STAR, STRIPE									
	USEU5861	180	N	SN	NECK BRAND-TC037									
	USEU5862	72	F	AP	BLAZE									
	USEU5863	60	F	QH	NO MARKS									
	USEU5864	144	N	AP	NO MARKS									
	USEU5865	144	N	SN	STAR, LR-PASTERN									
	USEU5866	60	F	PAINT	STAR, SNIP, STRIPE, PAINTED BROWN AND WHITE									
	USEU5867	48	N	PAINT	STAR, PAINTED BROWN AND WHITE									
	USEU5868	120	F	AS	STAR, SNIP, STRIPE, LF, LR, RF-SOCK									
	USEU5869	300	F	SN	NO MARKS									
	USEU5870	72	F	QH	STAR, LR, RR-PASTERN									
	USEU5871	84	N	QH	STAR, STRIPE, LR, RF, RR-SOCK									

1. THE ANIMALS WERE INSPECTED WITHIN 30 DAYS PRIOR TO EXPORT AND FOUND TO BE HEALTHY AND FREE FROM EVIDENCE OF COMMUNICABLE DISEASE.
2. THE ANIMAL WAS , TO THE BEST OF THE KNOWLEDGE AND BELIEF OF THE ISSUING VETERINARIAN, NOT EXPOSED TO ANY COMMUNICABLE DISEASE WITHIN 60 DAYS PRECEDING THE DATE OF INSPECTION.
3. THE ANIMAL HAS RESIDED IN THE UNITED STATES OR CANADA SINCE BIRTH.
4. THE ANIMALS, AT THE TIME OF THE INSPECTION, WERE FOUND HEALTHY AND IN A PHYSICAL CONDITION FIT TO BE TRANSPORTED.
5. DURING THE PREVIOUS TWENTY ONE (21) DAYS, THE ANIMALS IN THIS SHIPMENT HAVE NOT BEEN IN THE STATE OF MISSOURI, NEW MEXICO, OR TEXAS.
6. THE EXPORTER HAS BEEN ADVISED THAT ANY DETERIORATION IN HEALTH OR PHYSICAL CONDITION OF THE ANIMALS THAT MAY RENDER ANIMALS UNFIT FOR TRANSPORT MAY RESULT IN THE SHIPMENT TO BE REFUSED ENTRANCE TO CANADA. (FIT TO BE TRANSPORTED MEANS THAT, ON THE DAY OF INSPECTION NO ANIMAL HAS AN INFIRMITY, ILLNESS, INJURY OR ANY OTHER CONDITION THAT COULD BE AGGRAVATED WHEN THE ANIMAL IS BEING TRANSPORTED, CAUSING THE ANIMAL TO SUFFER.)

VS FORM 17-140a (MAR 2005) *Previous edition may be used.*

PART 2 – VS RIVERDALE, MARYLAND

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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 0579-0160. The time required to complete this information collection is estimated to average 5 min. 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. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: DATE May 18/10 6pm.	CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: SUGARCREEK OHIO
VEHICLE LICENSE NO. AND DRIVER'S NAME	NAME OF AUCTION/MARKET: SUGARCREEK LIVESTOCK AUCT INC.
CONSIGNOR (OWNER/SHIPPER) NAME: Leroy H. Baker	CONSIGNEE (RECEIVER/DESTINATION) NAME: Cavel Canada EXPORTS
STREET ADDRESS: 102 Buckeye ST. P.O Bx 452	STREET ADDRESS: 912 Second Ave West
CITY, STATE, ZIP CODE: SUGARCREEK OHIO 44681	CITY, STATE, ZIP CODE: QUEN SOUND ONTARIO
AREA CODE & TELEPHONE NO.: 330-852-2832	AREA CODE & TELEPHONE NO.: 519 Kang Ste juliest jordwa

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- [x] Pregnant mares are not likely to foal (give birth) during the trip.
- [x] Foals are older than 6 months of age.
- [x] Horses are able to bear weight on all 4 limbs.
- [x] Horses are not blind in both eyes.
- [x] Horses are able to walk unassisted.

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	4USEU	5903			X					X					X			Not on Tra
2	↑	5904					DK X			X						X		
3		5905	X							X				X				
4		5906					X			X				X				
5		5907						Buck		X				X				
6		5908	X							X						X		
7		5909					X			X				X				
8		5910					X			X						X		
9		5911					X			X				X				
10		5912					X			X						X		
11		5913					X			X				X				
12		5914	X							X				X				
13		5915	X										Mule	X				
14		5916	X							X						X		
15	↓	5917			X					X				X				

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

SIGNATURE (b)(6)

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. 505
DATE 2010-05-19
TIME 19:15

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.
DATE
TIME

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): SUGARCREEK LIVESTOCK AUCTION, INC.

2. CERTIFICATE NO.: L024120

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 5/14/10

5. U.S. PORT OF EMBARKATION (City and State): ALEXANDRA BAY, NY

6. STATE CODE: 36

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): 102 BUCKEYE ST.

8. CONSIGNOR'S CITY (or Town): SUGARCREEK

12. CONSIGNOR'S STATE: OHIO

13. STATE CODE: 39

14. ZIP CODE: 44681

9. SEMEN ("X" if yes): [ ]

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [X] 2 - Truck [ ] 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address): CAVEL CANADA EXPORTS
912 SECOND AVENUE WEST
OWEN SOUND, ON

DESTINATION COUNTRY: CANADA

ENTER CODE: CA

15. SPECIES ("X" one - use VS Form 17-6 for Poultry)
[ ] 01 BOVINE [ ] 02 PORCINE [ ] 03 OVINE [ ] 04 CAPRINE
[X] 05 EQUINE [ ] 08 OTHER WILDLIFE - MAMMAL
[ ] 09 OTHER (Specify)

NEGATIVE TUBERCULIN READING: [ ] 48 HRS [ ] 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS: DISEASE / TYPE TEST | DISEASE / TYPE TEST | DISEASE / TYPE TEST

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

MODIFIED ACCREDITED AREA (TB)

CERTIFIED BRUCELLOSIS FREE AREA

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)

17. FARM ORIGIN	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	DATE M	DATE N	DATE O
SUGARCREEK LIVESTOCK AUCTION, INC.	USEU5903	24	M	QH		STAR									
102 BUCKEYE ST.	USEU5904	48	N	QH		NO MARKS									
SUGARCREEK, OH 44681	USEU5905	48	F	QH		BLAZE, RR-SOCK									
	USEU5906	96	F	QH		STAR, STRIPE									
	USEU5907	120	F	QH		LF, LR, RF, RR-SOCK									
	USEU5908	120	N	QH		STAR									
	USEU5909	36	F	QH		BLAZE									
	USEU5910	60	N	QH		STAR, LF-SOCK									
	USEU5911	36	F	QH		BLAZE									
	USEU5912	36	N	QH		BLAZE, RR-STOCKING, WHITE SPOTS ON RIGHT SIDE									
	USEU5913	84	F	QH		STAR, SNIP, STRIPE, RR-PASTERN									
	USEU5914	120	F	QH		BLAZE, LR, RR-PASTERN, WHITE SPOT ON RIGHT SIDE									
	USEU5915	120	F	MULE		NO MARKS									
	USEU5916	48	N	QH		STAR, SNIP, LR-PASTERN									
	USEU5917	180	F	QH		NO MARKS									
	USEU5918	36	F	QH		NO MARKS									
	USEU5919	216	N	SN		LR, SOCK, RR-STOCKING									
	USEU5920	24	N	QH		BLAZE									

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: MAY. 17, 2010

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, - please print): SUMMERS, DENNIS M. 9130

21. STATUS: [ ] 2 Federal [ ] 1 State [X] 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS-Forms 17-140A): 31

23. Signature of Endorsing Federal Veterinarian

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): KELLIE A HOUGH, DVM
VETERINARY MEDICAL OFFICER

25. SIGNATURE OF ISSUING VETERINARIAN

VS FORM 17-140 (MAR 98) Previous edition may be used.

PART 2- VS RIVERDALE, MARYLAND

FOIA11FIN00326

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)*: SUGARCREEK LIVESTOCK AUCTION, INC.

16. CONSIGNEE'S NAME: CAVEL CANADA EXPORTS

CERTIFICATE NO. (FROM VS FORM 17-140): L024120

PAGE NO.: 2 OF 2

NEGATIVE TUBERCULIN READING: ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

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

MODIFIED ACCREDITED AREA (TB) ____ CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION

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	DISEASE / TYPE TEST / DATE M	DISEASE / TYPE TEST / DATE N	DISEASE / TYPE TEST / DATE O
SUGARCREEK LIVESTOCK AUCTION, INC.														
102 BUCKEYE ST.														
SUGARCREEK, OH 44681														
USEU5921	180	F	QH		STAR, LR, RR-SOCK, RF-CORONET									
USEU5922	300	F	QH		BLAZE									
USEU5923	36	F	PAINT		BLAZE, PAINTED CHESTNUT AND WHITE									
USEU5924	156	F	QH		STAR, SNIP, STRIPE, LR-EASTERN									
USEU5925	360	N	QH		STAR									
USEU5926	120	F	QH		NO MARKS									
USEU5927	120	F	QH		NO MARKS									
USEU5928	144	F	QH		LR-CORONET									
USEU5929	120	F	QH		BLAZE, WHITE SPOT ON LEFT SIDE									
USEU5930	96	F	BL		BLAZE									
USEU5931	360	F	BL		BLAZE									
USEU5932	180	N	BL		BLAZE									
USEU5933	144	F	QH		STAR									

1. THE ANIMALS WERE INSPECTED WITHIN 30 DAYS PRIOR TO EXPORT AND FOUND TO BE HEALTHY AND FREE FROM EVIDENCE OF COMMUNICABLE DISEASE.
2. THE ANIMAL WAS , TO THE BEST OF THE KNOWLEDGE AND BELIEF OF THE ISSUING VETERINARIAN, NOT EXPOSED TO ANY COMMUNICABLE DISEASE WITHIN 60 DAYS PRECEDING THE DATE OF INSPECTION.
3. THE ANIMAL HAS RESIDED IN THE UNITED STATES OR CANADA SINCE BIRTH.
4. THE ANIMALS, AT THE TIME OF THE INSPECTION, WERE FOUND HEALTHY AND IN A PHYSICAL CONDITION FIT TO BE TRANSPORTED.
5. DURING THE PREVIOUS TWENTY ONE (21) DAYS, THE ANIMALS IN THIS SHIPMENT HAVE NOT BEEN IN THE STATE OF MISSOURI, NEW MEXICO, OR TEXAS.
6. THE EXPORTER HAS BEEN ADVISED THAT ANY DETERIORATION IN HEALTH OR PHYSICAL CONDITION OF THE ANIMALS THAT MAY RENDER ANIMALS UNFIT FOR TRANSPORT MAY RESULT IN THE SHIPMENT TO BE REFUSED ENTRANCE TO CANADA. (FIT TO BE TRANSPORTED MEANS THAT, ON THE DAY OF INSPECTION NO ANIMAL HAS AN INFIRMITY, ILLNESS, INJURY OR ANY OTHER CONDITION THAT COULD BE AGGRAVATED WHEN THE ANIMAL IS BEING TRANSPORTED, CAUSING THE ANIMAL TO SUFFER.)

VS FORM 17-140a (MAR 2005) *Previous edition may be used.*

PART 2 – VS RIVERDALE, MARYLAND

FOIA11F01000327

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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 0579-0160. The time required to complete this information collection is estimated to average 5 min. 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. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 9:PM

DATE: 5-19-10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: SUGARCREEK OHIO

VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6) (b)(6)

NAME OF AUCTION/MARKET: SUGARCREEK LIVESTOCK AUCT INC.

CONSIGNOR (OWNER/SHIPPER) NAME: Leroy N. Baker

CONSIGNEE (RECEIVER/DESTINATION) NAME: Cavel Canada Exports.

STREET ADDRESS: 102 Buckeye ST. P.O Bx 452

STREET ADDRESS: 912 Second ave WEST

CITY, STATE, ZIP CODE: SUGARCREEK OHIO 44681

CITY, STATE, ZIP CODE: OWENSOUND ONTARIO 517 Bang ste julliest jovlaxo

AREA CODE & TELEPHONE NO.: 330-852-2832

AREA CODE & TELEPHONE NO.:

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- [X] Pregnant mares are not likely to foal (give birth) during the trip.
- [X] Foals are older than 6 months of age.
- [X] Horses are able to bear weight on all 4 limbs.
- [X] Horses are not blind in both eyes.
- [X] Horses are able to walk unassisted.

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	21502L	6501	X							X				X				
2	↑	6502						Sor		X				X				
3		6503			X					X				X				
4		6504						Buckskin		X				X				
5		6505						Roan		X				X				
6		6506						Buckskin		X				X				
7		6507		X						X				X				
8		6508			X					X				X				
9		6509						PAINT		X				X				
10		6510	X							X				X				
11		6511			X					X				X				
12		6512					DK X			X				X				
13		6513					X			X				X				
14		6514			X					X				X				
15	↓	6515	X										SN	X				

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

SIGNATURE (b)(6)

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. 505

DATE 2010-05-20

TIME 11:40

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

FOIA11F0110328

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): SUGARCREEK LIVESTOCK AUCTION, INC.

2. CERTIFICATE NO.: L024116

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 5/14/10

5. U.S. PORT OF EMBARKATION (City and State): ALEXANDRA BAY, NY

6. STATE CODE: 36

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): 102 BUCKEYE ST.

8. CONSIGNOR'S CITY (or Town): SUGARCREEK

12. CONSIGNOR'S STATE: OHIO

13. STATE CODE: 39

14. ZIP CODE: 44681

9. SEMEN ("X" if yes): [ ]

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [X] 2 - Truck [ ] 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address): CAVEL CANADA EXPORTS
912 SECOND AVENUE WEST
OWEN SOUND, ON

DESTINATION COUNTRY: CANADA

ENTER CODE: CA

15. SPECIES ("X" one - use VS Form 17-6 for Poultry): [ ] 01 BOVINE [ ] 02 PORCINE [ ] 03 OVINE [ ] 04 CAPRINE [X] 05 EQUINE [ ] 08 OTHER WILDLIFE - MAMMAL [ ] 09 OTHER (Specify)

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

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

MODIFIED ACCREDITED AREA (TB)

CERTIFIED BRUCELLOSIS FREE AREA

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)

17. FARM ORIGIN	A ID NO. OR DESCRIPTION	B AGE	C SEX	D BREED	E √	F DATE	G √	H DATE	I VAC	J 1/25	K 1/50	L 1/100	M DATE	N DATE	O DATE
SUGARCREEK LIVESTOCK AUCTION, INC.	USCU6501	36	F	QH		STAR									
102 BUCKEYE ST.	USCU6502	48	F	QH		STAR									
SUGARCREEK, OH 44681	USCU6503	60	F	QH		NO MARKS									
	USCU6504	48	F	QH		NO MARKS									
	USCU6505	72	F	QH		STAR									
	USCU6506	36	F	QH		NO MARKS									
	USCU6507	60	F	QH		NO MARKS									
	USCU6508	36	F	QH		NO MARKS									
	USCU6509	48	F	QH		BALD, LF, LR, RF, RR-SOCK									
	USCU6510	60	F	QH		STAR									
	USCU6511	48	F	QH		STAR, LR, RR-SOCK									
	USCU6512	120	F	QH		BLAZE, RR-SOCK									
	USCU6513	72	F	QH		BLAZE, LR-SOCK									
	USCU6514	180	F	QH		STAR, LR, RR-SOCK, RF-CORONET									
	USCU6515	48	F	SN		LF, LR, RR-SOCK									
	USCU6516	48	F	TW		BLAZE, LR, RF, RR-SOCK									
	USCU6517	120	F	QH		NO MARKS									
	USCU6518	144	F	PAINT		STRIPE, SNIP, PAINTED BLACK AND WHITE									

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: MAY 19, 2010

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, - please print): SPECHT, TERRI A. 9542

21. STATUS: [ ] 2 Federal [ ] 1 State [X] 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 30

23. Signature of Endorsing Federal Veterinarian: Kellie A Hough DVM

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): KELLIE A HOUGH, DVM
VETERINARY MEDICAL OFFICER

25. SIGNATURE OF ISSUING VETERINARIAN: Terri A Specht

VS FORM 17-140 (MAR 98) Previous edition may be used.

PART 2- VS RIVERDALE, MARYLAND

FOIA11F0100329

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)*: SUGARCREEK LIVESTOCK AUCTION, INC.

2. CERTIFICATE NO. FROM VS FORM: 1024116

3. PAGE NO.: 2 OF 2

16. CONSIGNEE'S NAME: CAVEL CANADA EXPORTS

NEGATIVE TUBERCULIN READING: ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

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

MODIFIED ACCREDITED AREA (TB) — CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION

	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	DISEASE / TYPE TEST / DATE M	DISEASE / TYPE TEST / DATE N	DISEASE / TYPE TEST / DATE O
SUGARCREEK LIVESTOCK AUCTION, INC.	USCU6519	168	N	SN				NECK BRAND 15							
102 BUCKEYE ST.	USCU6520	12	N	PAINT				PAINTED							
SUGARCREEK, OH 44681	USCU6521	180	N	SN				STAR							
	USCU6522	120	F	PAINT				PAINTED BLACK AND WHITE							
	USCU6523	144	F	SN				LR, RR-PASTERN, UNREADABLE BRAND							
	USCU6524	60	N	OH				BLAZE, LR, RF, RR-SOCK							
	USCU6525	120	N	OH				STAR, SNIP, STRIPE							
	USCU6526	168	N	OH				NO MARKS							
	USCU6527	24	M	OH				STAR							
	USCU6528	48	N	OH				BLAZE							
	USCU6529	12	N	SN (LAP)				NO MARKS							
	USCU6530	12	F	OH				NO MARKS							

1. THE ANIMALS WERE INSPECTED WITHIN 30 DAYS PRIOR TO EXPORT AND FOUND TO BE HEALTHY AND FREE FROM EVIDENCE OF COMMUNICABLE DISEASE.
2. THE ANIMAL WAS , TO THE BEST OF THE KNOWLEDGE AND BELIEF OF THE ISSUING VETERINARIAN, NOT EXPOSED TO ANY COMMUNICABLE DISEASE WITHIN 60 DAYS PRECEDING THE DATE OF INSPECTION.
3. THE ANIMAL HAS RESIDED IN THE UNITED STATES OR CANADA SINCE BIRTH.
4. THE ANIMALS, AT THE TIME OF THE INSPECTION, WERE FOUND HEALTHY AND IN A PHYSICAL CONDITION FIT TO BE TRANSPORTED.
5. DURING THE PREVIOUS TWENTY ONE (21) DAYS, THE ANIMALS IN THIS SHIPMENT HAVE NOT BEEN IN THE STATE OF MISSOURI, NEW MEXICO, OR TEXAS.
6. THE EXPORTER HAS BEEN ADVISED THAT ANY DETERIORATION IN HEALTH OR PHYSICAL CONDITION OF THE ANIMALS THAT MAY RENDER ANIMALS UNFIT FOR TRANSPORT MAY RESULT IN THE SHIPMENT TO BE REFUSED ENTRANCE TO CANADA. (FIT TO BE TRANSPORTED MEANS THAT, ON THE DAY OF INSPECTION NO ANIMAL HAS AN INFIRMITY, ILLNESS, INJURY OR ANY OTHER CONDITION THAT COULD BE AGGRAVATED WHEN THE ANIMAL IS BEING TRANSPORTED, CAUSING THE ANIMAL TO SUFFER.)

Terri A. Knight

FOIA11F0100830

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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 0579-0160. The time required to complete this information collection is estimated to average 5 min. 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. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 9:PM

DATE: 5-25-10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Sugarcreek OHIO

VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6) (b)(6)

NAME OF AUCTION/MARKET: Sugarcreek Livestock Auct Inc.

CONSIGNOR (OWNER/SHIPPER) NAME: Leroy H. Baker

CONSIGNEE (RECEIVER/DESTINATION) NAME: Cuivel Canada EXPORTS

STREET ADDRESS: 102 Buckeye St. P.O Box 452

STREET ADDRESS: 912 Second Ave W OWENSOUND ONTARIO

CITY, STATE, ZIP CODE: Sugarcreek OHIO 44681

CITY, STATE, ZIP CODE: 517 King St. WEST JORDAN

AREA CODE & TELEPHONE NO.: 330-852-2832

AREA CODE & TELEPHONE NO.:

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- [x] Pregnant mares are not likely to foal (give birth) during the trip.
- [x] Foals are older than 6 months of age.
- [x] Horses are able to bear weight on all 4 limbs.
- [x] Horses are not blind in both eyes.
- [x] Horses are able to walk unassisted.

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USA	6001			X								MN	X				
2	↑	6002			X								TW	X				
3		6003	X							X						X		
4		6004					X						PAINT	X				
5		6005	X										SN	X				
6		6006					X			X						X		
7		6007	X							X						X		
8		6008					X			X						X		
9		6009					X						PAINT	X				
10		6010	X										AB			X		
11		6011					X						PAINT		X			
12		6012					X						PAINT	X				
13		6013					X			X				X				
14		6014					DK X					X				X		
15	↓	6015	X							X						X		

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

SIGNATURE (b)(6)

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. 505

DATE 2010-05-25

TIME 11:30

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

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. 0579-0020 and 0101

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): SUGARCREEK LIVESTOCK AUCTION, INC.

2. CERTIFICATE NO.: L024117

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 5/21/10

5. U.S. PORT OF EMBARKATION (City and State): ALEXANDRA BAY, NY

6. STATE CODE: 36

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): 102 BUCKEYE ST.

8. CONSIGNOR'S CITY (or Town): SUGARCREEK

12. CONSIGNOR'S STATE: OHIO

13. STATE CODE: 39

14. ZIP CODE: 44681

9. SEMEN ("X" if yes): [ ]

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [X] 2 - Truck [ ] 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address): CAVEL CANADA EXPORTS, 912 SECOND AVENUE WEST, OWEN SOUND, ON

DESTINATION COUNTRY: CANADA

ENTER CODE: CA

15. SPECIES ("X" one - use VS Form 17-6 for Poultry): [ ] 01 BOVINE [ ] 02 PORCINE [ ] 03 OVINE [ ] 04 CAPRINE [X] 05 EQUINE [ ] 08 OTHER WILDLIFE - MAMMAL [ ] 09 OTHER (Specify)

NEGATIVE TUBERCULIN READING: [ ] 48 HRS [ ] 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS: DISEASE / TYPE TEST / DATE; DISEASE / TYPE TEST / DATE; DISEASE / TYPE TEST / DATE

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

MODIFIED ACCREDITED AREA (TB)

CERTIFIED BRUCELLOSIS FREE AREA

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)

17. FARM ORIGIN	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	DISEASE / TYPE TEST / DATE M	DISEASE / TYPE TEST / DATE N	DISEASE / TYPE TEST / DATE O
UGARCREEK LIVESTOCK AUCTION, INC.	USEU6001	120	F	MN		STAR BLACK									
02 BUCKEYE ST.	USEU6002	132	F	TW		BALD, WHITE BELLY BLACK									
UGARCREEK, OH 44681	USEU6003	96	N	QH		STAR, SNIP, STRIPE, LR-SOCK BAY									
	USEU6004	120	F	PAINT		PAINTED CHESTNUT AND WHITE									
	USEU6005	180	F	SN		STAR, NECK BRAND X8447 BAY									
	USEU6006	120	N	QH		STAR, LR, RR-SOCK CHESTNUT									
	USEU6007	120	N	QH		LF-PASTERN, LR, RR-SOCK BAY									
	USEU6008	120	N	QH		STAR, STRIPE, LR-SOCK CHESTNUT									
	USEU6009	120	F	PAINT		STAR, SNIP, STRIPE, PAINTED CHESTNUT AND WHITE									
	USEU6010	240	N	AB		STAR, STRIPE, LF, LR, RF, RR-SOCK BAY									
	USEU6011	36	M	PAINT		BLAZE, PAINTED CHESTNUT AND WHITE									
	USEU6012	144	F	PAINT		BLAZE, PAINTED CHESTNUT AND WHITE									
	USEU6013	120	F	QH		STAR, SNIP, STRIPE, LR-PASTERN CHESTNUT									
	USEU6014	120	N	PONY		STAR, RR-CORONET DARK CHESTNUT									
	USEU6015	180	N	QH		STAR, SNIP BAY									
	USEU6016	144	N	PAINT		STRIPE, SNIP, PAINTED CHESTNUT AND WHITE									
	USEU6017	120	F	HAFLINGER		BLAZE SORREL									
	USEU6018	144	F	BL		STRIPE SORREL									

KAH

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

FOIA FSIS000332

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. 24, 2010

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, - please print): SPECHT, TERRI A. 9542

21. STATUS: [ ] 2 Federal [ ] 1 State [X] 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 30

23. Signature of Endorsing Federal Veterinarian: Kellie A Hough DVM

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): KELLIE A HOUGH, DVM VETERINARY MEDICAL OFFICER

25. SIGNATURE OF ISSUING VETERINARIAN: Terri A Specht

VS FORM 17-140 (MAR 98) Previous edition may be used.

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)*: SUGARCREEK LIVESTOCK AUCTION, INC.

16. CONSIGNEE'S NAME: CAVEL CANADA EXPORTS

CERTIFICATE NO.: L024117

PAGE NO.: 2 OF 2

NEGATIVE TUBERCULIN READING: ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED: ____ CERTIFIED BRUCELLOSIS FREE AREA

NEGATIVE RESULTS OF OTHER TESTS: DISEASE / TYPE TEST / DATE

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

~~SUGARCREEK LIVESTOCK AUCTION, INC.~~
~~102 BUCKEYE ST.~~
~~SUGARCREEK, OH 44681~~

MODIFIED ACCREDITED AREA (TB) ____

18. INDIVIDUAL IDENTIFICATION

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	DATE M	DATE N	DATE O
USEU6019	144	F	BL			STRIPE, SNIP SORREL								
USEU6020	120	N	AB			NO MARKS BAY								
USEU6021	144	F	OH			STAR, LFF, LR, RR-SOCK LIVER								
USEU6022	300	N	OH			STAR CHESTNUT								
USEU6023	96	F	OH			BLAZE, LR-SOCK CHESTNUT								
USEU6024	144	F	OH			STAR BAY								
USEU6025	120	N	PAINT			STAR, PAINTED BLACK AND WHITE								
USEU6026	144	F	OH			STAR BAY								
USEU6027	84	F	HAFLINGER			STAR, SNIP, STRIPE SORREL								
USEU6028	72	F	OH			NO MARKS BAY								
USEU6029	120	F	OH			STAR CHESTNUT								
USEU6030	120	N	OH			STAR CHESTNUT								

1. ~~THE ANIMALS WERE INSPECTED WITHIN 30 DAYS PRIOR TO EXPORT AND FOUND TO BE HEALTHY AND FREE FROM EVIDENCE OF COMMUNICABLE~~ DISEASE.
2. THE ANIMAL WAS , TO THE BEST OF THE KNOWLEDGE AND BELIEF OF THE ISSUING VETERINARIAN, NOT EXPOSED TO ANY COMMUNICABLE DISEASE WITHIN 60 DAYS PRECEDING THE DATE OF INSPECTION.
3. THE ANIMAL HAS RESIDED IN THE UNITED STATES OR CANADA SINCE BIRTH.
4. THE ANIMALS, AT THE TIME OF THE INSPECTION, WERE FOUND HEALTHY AND IN A PHYSICAL CONDITION FIT TO BE TRANSPORTED.
5. DURING THE PREVIOUS TWENTY ONE (21) DAYS, THE ANIMALS IN THIS SHIPMENT HAVE NOT BEEN IN THE STATE OF MISSOURI, NEW MEXICO, OR TEXAS.
6. THE EXPORTER HAS BEEN ADVISED THAT ANY DETERIORATION IN HEALTH OR PHYSICAL CONDITION OF THE ANIMALS THAT MAY RENDER ANIMALS UNFIT FOR TRANSPORT MAY RESULT IN THE SHIPMENT TO BE REFUSED ENTRANCE TO CANADA. ~~(FIT TO BE TRANSPORTED MEANS THATM ON THE DAY OF INSPECTION NO ANIMAL HAS AN INFIRMITY, ILLNESS, INJURY OR ANY OTHER CONDITION THAT COULD BE AGGRAVATED WHEN THE ANIMAL IS BEING TRANSPORTED, CAUSING THE ANIMAL TO SUFFER.)~~

Terri A Spencer

Terrie M Shup DVM

VS FORM 17-140a (MAR 2005) *Previous edition may be used.*

PART 2 – VS RIVERDALE, MARYLAND

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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 0579-0160. The time required to complete this information collection is estimated to average 5 min. 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. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 8:30 AM

DATE: 25-5-2010

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: SUGARCREEK OHIO

(b)(6)

(b)(6)

NAME OF AUCTION/MARKET: SUGARCREEK LIVESTOCK AUCT INC

CONSIGNOR (OWNER/SHIPPER) NAME: LeRoy H. Baker

CONSIGNEE (RECEIVER/DESTINATION) NAME: Cavel Canada EXPORTS

STREET ADDRESS: 102 Buckeye St. P.O Bx 452

STREET ADDRESS: 913 Second Ave. West

CITY, STATE, ZIP CODE: SUGARCREEK OHIO 44681

CITY, STATE, ZIP CODE: OWENSOUND ONTARIO

AREA CODE & TELEPHONE NO.: 330-852-2832

AREA CODE & TELEPHONE NO.: 517 Kang Sk jWest JONWOO

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- [X] Pregnant mares are not likely to foal (give birth) during the trip.
- [X] Foals are older than 6 months of age.
- [X] Horses are able to bear weight on all 4 limbs.
- [X] Horses are not blind in both eyes.
- [X] Horses are able to walk unassisted.

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	2USEA	6031	X						TH							X		
2	↑	6032	X						TH							X		
3		6033					X		TH							X		
4		6034					X		TH							X		
5		6035	X						TH							X		
6		6036	X						TH					X				
7		6037	X						TH					X				
8		6038	X						TH					X				
9		6039	X						TH							X		
10		6040	X						TH							X		
11		6041						Sor		X				X				
12		6042	X							X				X				
13		6043	X										SN			X		
14		6044					X						AP	X				
15	↓	6045	X							X						X		

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

SIGNATURE

(b)(6)

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. 505

DATE 2010-05-26

TIME 8:20

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

FOIA11F0IA00034

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. 0579-0329 and 0579-

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): SUGARCREEK LIVESTOCK AUCTION, INC.

2. CERTIFICATE NO.: L024131

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 5/21/10

5. U.S. PORT OF EMBARKATION (City and State): ALEXANDRA BAY, NY

6. STATE CODE: 36

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): 102 BUCKEYE ST.

8. CONSIGNOR'S CITY (or Town): SUGARCREEK

12. CONSIGNOR'S STATE: OHIO

13. STATE CODE: 39

14. ZIP CODE: 44681

9. SEMEN ("X" if yes): [ ]

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [X] 2 - Truck [ ] 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address): CAVEL CANADA EXPORTS
912 SECOND AVENUE WEST
OWEN SOUND, ON

DESTINATION COUNTRY: CANADA

ENTER CODE: CA

15. SPECIES ("X" one - use VS Form 17-6 for Poultry): [ ] 01 BOVINE [ ] 02 PORCINE [ ] 03 OVINE [ ] 04 CAPRINE [X] 05 EQUINE [ ] 08 OTHER WILDLIFE - MAMMAL [ ] 09 OTHER (Specify)

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
DATE M	DATE N	DATE O

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

SUGARCREEK LIVESTOCK AUCTION, INC.
102 BUCKEYE ST.
SUGARCREEK, OH 44681

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	DATE M	DATE N	DATE O
USEU6031	60	N	TH		STRIPE, LF, RF, RR-SORONET BAY									
USEU6032	96	N	TH		STAR, LR, RF, RR-CORONET BAY									
USEU6033	72	N	TH		STAR CHESTNUT									
USEU6034	84	N	TH		STRIPE CHESTNUT									
USEU6035	120	N	TH		NO MARKS BAY									
USEU6036	60	F	TH		STAR BAY									
USEU6037	48	F	TH		STAR BAY									
USEU6038	72	F	TH		STAR BAY									
USEU6039	72	N	TH		NO MARKS BAY									
USEU6040	84	N	TH		STAR, LR, RR-CORONET BAY									
USEU6041	144	F	QH		STAR, SNIP, STRIPE, LR, RF-SOCK SORREL									
USEU6042	120	F	QH		STAR BAY									
USEU6043	144	N	SN		STRIPE, LF, LR, RF-STOCKING BAY									
USEU6044	144	F	AP		BLAZE, LR, RR-STOCKING CHESTNUT									
USEU6045	120	N	QH		STAR BAY									
USEU6046	120	N	QH		STRIPE BAY									
USEU6047	96	F	MN		STAR BLACK									
USEU6048	180	F	TW		STAR BLACK									

KAH

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: MAY. 24, 2010

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, - please print): SPECHT, TERRI A. 9542

21. STATUS: [ ] 2 Federal [ ] 1 State [X] 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 30

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): KELLIE A HOUGH, DVM
VETERINARY MEDICAL OFFICER

25. SIGNATURE OF ISSUING VETERINARIAN: Terri A Specht

Kellie A Hough, DVM
Signature of Endorsing Federal Veterinarian

VS 17-140 (MAR 98) Previous edition may be used.

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): SUGARCREEK LIVESTOCK AUCTION, INC.

2. CERTIFICATE NO.: 1024131

PAGE NO.: 2 OF 2

16. CONSIGNEE'S NAME: CAVEL CANADA EXPORTS

NEGATIVE TUBERCULIN READING: ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OBTAINED

DISEASE / TYPE TEST / DATE

DISEASE / TYPE TEST / DATE

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

MODIFIED ACCREDITED AREA (TB) — CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION

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	DISEASE TYPE TEST / DATE M	DISEASE TYPE TEST / DATE N	DISEASE TYPE TEST / DATE O
USEU6049	84	F	PAINT			BLAZE, PAINTED CHESTNUT AND WHITE								
USEU6050	120	F	QH			STAR, LR-SOCK CHESTNUT								
USEU6051	120	N	TW			NO MARKS BLACK								
USEU6052	120	N	APL			BLAZE, LR, RR-SOCK PALO								
USEU6053	120	F	QH			BALD, LF-STOCKING, LR, RR-SOCK GRULLA								
USEU6054	120	F	QH			STAR, LR, RR-PASTERN CHESTNUT								
USEU6055	180	F	PAINT			BLAZE, PAINTED CHESTNUT AND WHITE								
USEU6056	120	F	QH			STAR, STRIPE DARK CHESTNUT								
USEU6057	144	F	QH			BLAZE, LF, LR, RR-STOCKING DARK CHESTNUT								
USEU6058	144	N	QH			STRIPE, LR-CORONET BAY								
USEU6059	96	N	QH			STAR, SNIP, STRIPE, RR-SOCK BAY								
USEU6060	120	F	APL			STAR PALO								

~~SUGARCREEK LIVESTOCK AUCTION, INC.~~
~~102 BUCKEYE ST.~~
~~SUGARCREEK, OH 44681~~

1. ~~THE ANIMALS WERE INSPECTED WITHIN 30 DAYS PRIOR TO EXPORT AND FOUND TO BE HEALTHY AND FREE FROM EVIDENCE OF COMMUNICABLE DISEASE.~~
2. THE ANIMAL WAS , TO THE BEST OF THE KNOWLEDGE AND BELIEF OF THE ISSUING VETERINARIAN, NOT EXPOSED TO ANY COMMUNICABLE DISEASE WITHIN 60 DAYS PRECEDING THE DATE OF INSPECTION.
3. THE ANIMAL HAS RESIDED IN THE UNITED STATES OR CANADA SINCE BIRTH.
4. ~~THE ANIMALS, AT THE TIME OF THE INSPECTION, WERE FOUND HEALTHY AND IN A PHYSICAL CONDITION FIT TO BE TRANSPORTED.~~
5. DURING THE PREVIOUS TWENTY ONE (21) DAYS, THE ANIMALS IN THIS SHIPMENT HAVE NOT BEEN IN THE STATE OF MISSOURI, NEW MEXICO, OR TEXAS.
6. ~~THE EXPORTER HAS BEEN ADVISED THAT ANY DETERIORATION IN HEALTH OR PHYSICAL CONDITION OF THE ANIMALS THAT MAY RENDER ANIMALS UNFIT FOR TRANSPORT MAY RESULT IN THE SHIPMENT TO BE REFUSED ENTRANCE TO CANADA. (FIT TO BE TRANSPORTED MEANS THAT, ON THE DAY OF INSPECTION NO ANIMAL HAS AN INFIRMITY, ILLNESS, INJURY OR ANY OTHER CONDITION THAT COULD BE AGGRAVATED WHEN THE ANIMAL IS BEING TRANSPORTED, CAUSING THE ANIMAL TO SUFFER.)~~

Terri A Lynch

VS FORM 17-140a
(MAR 2005)

Previous edition may be used.

PART 2 – VS RIVERDALE, MARYLAND

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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 0579-0160. The time required to complete this information collection is estimated to average 5 min. 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. 0579-0160

TIME HORSES LOADED ON CONVEYANCE:

DATE:

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: SUGARCREEK OHIO

VEHICLE LICENSE NO. AND DRIVER'S NAME:

NAME OF AUCTION/MARKET: SUGARCREEK LIVESTOCK AUCT INC

CONSIGNOR (OWNER/SHIPPER) NAME: LeRoy H. Baker

CONSIGNEE (RECEIVER/DESTINATION) NAME: Carl Canada EXPORTS

STREET ADDRESS: 102 Buckeye ST P.O Bx 452

STREET ADDRESS: 912 Second Ave West

CITY, STATE, ZIP CODE: SUGARCREEK OHIO 44681

CITY, STATE, ZIP CODE: OWEN SOUND ONTARIO

AREA CODE & TELEPHONE NO.: 330-852-2832

AREA CODE & TELEPHONE NO.: 519 Bang Ste j0H 1K00

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- [x] Pregnant mares are not likely to foal (give birth) during the trip.
- [x] Foals are older than 6 months of age.
- [x] Horses are able to bear weight on all 4 limbs.
- [x] Horses are not blind in both eyes.
- [x] Horses are able to walk unassisted.

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USDA	5934			X								TW	X				
2		5935					X			X						X		
3		5936	X							X				X				
4		5937					X			X				X				
5		5938					X			X						X		
6		5939					X			X				X				
7		5940	DK X							X				X				
8		5941	X							X				X				
9		5942						PAL					Palo	X				
10		5943					X						PAINT	X				
11		5944					DK X						TW	X				
12		5945	X							X						X		
13		5946	X							X				X				
14		5947						PAL					Palo	X				
15		5948							Sor				PAINT	X				

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

SIGNATURE (b)(6)

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. 105

DATE 2010-05-18

TIME 08:00

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

FOIA11F0110037

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY
(CONTINUATION SHEET)

(Please type or print in ink)

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 0579-0160. The time required to complete this information collection is estimated to average 5 min. 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. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	21SE21	5949					X						PAINT	X				
17	↑	5950			X								TW			X		
18		5951						PAL					Palo	X				
19		5952						GR		X				X				
20		5953	X							X				X				
21		5954	X										SN	X				
22		5955	DK X							X				X				
23		5956			X								TW	X				
24		5957	X										SN			X		
25		5958	X							X				X				
26		5959			X				TH					X				
27		5960					X			X				X				
28		5961					X			X				X				
29		5962	X						TH							X		
30	↓	5963	X						TH							X		
31																		
32																		
33																		
34																		
35																		
36																		
37																		
38																		
39																		
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44																		
45																		

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6)

VS FORM 10-13A
(SEP 2002)

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. 0579-0326 and 0579-

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): SUGARCREEK LIVESTOCK AUCTION, INC.

2. CERTIFICATE NO.: L024123

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 5/14/10

5. U.S. PORT OF EMBARKATION (City and State): ALEXANDRA BAY, NY

6. STATE CODE: 36

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): 102 BUCKEYE ST.

8. CONSIGNOR'S CITY (or Town): SUGARCREEK

12. CONSIGNOR'S STATE: OHIO

13. STATE CODE: 39

14. ZIP CODE: 44681

9. SEMEN ("X" if yes): [ ]

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [X] 2 - Truck [ ] 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address): CAVEL CANADA EXPORTS
912 SECOND AVENUE WEST
OWEN SOUND, ON

DESTINATION COUNTRY: CANADA

ENTER CODE: CA

15. SPECIES ("X" one - use VS Form 17-6 for Poultry): [ ] 01 BOVINE [ ] 02 PORCINE [ ] 03 OVINE [ ] 04 CAPRINE [X] 05 EQUINE [ ] 08 OTHER WILDLIFE - MAMMAL [ ] 09 OTHER (Specify)

NEGATIVE TUBERCULIN READING: [ ] 48 HRS [ ] 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS: DISEASE / TYPE TEST / DATE

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

MODIFIED ACCREDITED AREA (TB)

CERTIFIED BRUCELLOSIS FREE AREA

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)

17. FARM ORIGIN	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	DISEASE / TYPE TEST / DATE M	DISEASE / TYPE TEST / DATE N	DISEASE / TYPE TEST / DATE O
SUGARCREEK LIVESTOCK AUCTION, INC.	USEU5934	300	F	TW		NO MARKS									
102 BUCKEYE ST.	USEU5935	144	N	QH		BLAZE, LF, LR, RR-STOCKING									
SUGARCREEK, OH 44681	USEU5936	144	F	QH		STAR									
	USEU5937	180	F	QH		BLAZE									
	USEU5938	180	N	QH		STAR									
	USEU5939	84	F	QH		BLAZE, LF, LR, RR-STOCKING									
	USEU5940	84	F	QH		STAR									
	USEU5941	60	F	QH		NO MARKS									
	USEU5942	144	F	APL		BLAZE, DAPPLED									
	USEU5943	72	F	PAINT		BLAZE, PAINTED CHESTNUT AND WHITE									
	USEU5944	108	F	TW		STAR									
	USEU5945	48	N	QH		STAR									
	USEU5946	180	F	QH		LR-SOCK									
	USEU5947	96	F	APL		STAR, SNIP, STRIPE, LR-STOCKING									
	USEU5948	120	F	PIANT		BALD, PAINTED SORREL AND WHITE									
	USEU5949	60	F	PAINT		BLAZE, PAINTED CHESTNUT AND WHITE									
	USEU5950	300	N	TW		STAR									
	USEU5951	72	F	APL		BLAZE, STOCKING-LR									

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

FOIA FSIS-2010-0339

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. 17, 2010

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial,- please print): SUMMERS, DENNIS M. 9130

21. STATUS: [ ] 1 State [ ] 2 Federal [X] 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 30

23. Signature of Endorsing Federal Veterinarian: Kellie A Hough, DVM

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): KELLIE A HOUGH, DVM
VETERINARY MEDICAL OFFICER

25. SIGNATURE OF ISSUING VETERINARIAN:

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)*: SUGARCREEK LIVESTOCK AUCTION, INC.

16. CONSIGNEE'S NAME: ±CAVEL CANADA EXPORTS

2. CERTIFICATE NO. FROM VS FORM 17-140: I024123

3. PAGE NO. 2 OF 2

NEGATIVE TUBERCULIN READING: ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED: ✔ ___ CERTIFIED BRUCELLOSIS FREE AREA

NEGATIVE RESULTS OF OTHER TESTS

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

MODIFIED ACCREDITED AREA (TB)

18. INDIVIDUAL IDENTIFICATION

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	DISEASE / TYPE TEST / DATE M	DISEASE / TYPE TEST / DATE N	DISEASE / TYPE TEST / DATE O
SUGARCREEK LIVESTOCK AUCTION, INC.														
102 BUCKEYE ST.														
SUGARCREEK, OH 44681														
USEU5952	120	F	OH		BLAZE, LF, RR-SOCK									
USEU5953	120	F	OH		BLAZE, LF, RR-STOCKING, LR, RF-SOCK									
USEU5954	180	F	SN		UNREADABLE BRAND									
USEU5955	36	F	OH		STAR, LR, RR-SOCK									
USEU5956	108	F	TW		STAR, STRIPE, LR-SCOK									
USEU5957	84	N	SN		LR-SOCK, UNREADABLE BRAND									
USEU5958	48	F	OH		STAR									
USEU5959	96	F	TH		NO MARKS									
USEU5960	120	F	OH		NO MARKS									
USEU5961	60	F	OH		STAR									
USEU5962	120	N	TH		STAR									
USEU5963	48	N	TH		STAR, LF-CORONET									

1. THE ANIMALS WERE INSPECTED WITHIN 30 DAYS PRIOR TO EXPORT AND FOUND TO BE HEALTHY AND FREE FROM EVIDENCE OF COMMUNICABLE DISEASE.
2. THE ANIMAL WAS , TO THE BEST OF THE KNOWLEDGE AND BELIEF OF THE ISSUING VETERINARIAN, NOT EXPOSED TO ANY COMMUNICABLE DISEASE WITHIN 60 DAYS PRECEDING THE DATE OF INSPECTION.
3. THE ANIMAL HAS RESIDED IN THE UNITED STATES OR CANADA SINCE BIRTH.
4. THE ANIMALS, AT THE TIME OF THE INSPECTION, WERE FOUND HEALTHY AND IN A PHYSICAL CONDITION FIT TO BE TRANSPORTED.
5. DURING THE PREVIOUS TWENTY ONE (21) DAYS, THE ANIMALS IN THIS SHIPMENT HAVE NOT BEEN IN THE STATE OF MISSOURI, NEW MEXICO, OR TEXAS.
6. THE EXPORTER HAS BEEN ADVISED THAT ANY DETERIORATION IN HEALTH OR PHYSICAL CONDITION OF THE ANIMALS THAT MAY RENDER ANIMALS UNFIT FOR TRANSPORT MAY RESULT IN THE SHIPMENT TO BE REFUSED ENTRANCE TO CANADA. (FIT TO BE TRANSPORTED MEANS THAT, ON THE DAY OF INSPECTION NO ANIMAL HAS AN INFIRMITY, ILLNESS, INJURY OR ANY OTHER CONDITION THAT COULD BE AGGRAVATED WHEN THE ANIMAL IS BEING TRANSPORTED, CAUSING THE ANIMAL TO SUFFER.)

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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 0579-0160. The time required to complete this information collection is estimated to average 5 min. 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. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: L435404 Qu 9h 30 AM

DATE: 05/30/2010

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: SUGARCREEK OHIO

VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6)

NAME OF AUCTION/MARKET: SUGARCREEK LIVESTOCK AUCT INC

CONSIGNOR (OWNER/SHIPPER) NAME: LEROY H. BAKER

CONSIGNEE (RECEIVER/DESTINATION) NAME: CAVEL CANADA EXPORTS

STREET ADDRESS: 102 BUCKEYE ST P.O BX 452

STREET ADDRESS: 918 SECONDAR WES

CITY, STATE, ZIP CODE: SUGARCREEK OHIO 44681

CITY, STATE, ZIP CODE: OWENSOUND ONTARIO

AREA CODE & TELEPHONE NO.: 330-852-2832

AREA CODE & TELEPHONE NO.: 519 Bang Ste juliest jorlwo

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- [X] Pregnant mares are not likely to foal (give birth) during the trip.
- [X] Foals are older than 6 months of age.
- [X] Horses are able to bear weight on all 4 limbs.
- [X] Horses are not blind in both eyes.
- [X] Horses are able to walk unassisted.

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	26521	5964	X							X						X		
2	↑	5965	X							X				X				
3		5966						DUN		X				X				
4		5967					X			X						X		
5		5968					X			X						X		
6		5969			X					X				X				
7		5970	X							X				X				
8		5971						Red Roan		X				X				
9		5972	X							X						X		
10		5973					X			X				X				
11		5974	X						TH					X				
12		5975					X			X				X				
13		5976			X								TW	X				
14		5977					X			X				X				
15	↓	5978					X			X				X				

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

SIGNATURE: (b)(6)

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. 305

DATE 2010-05-21

TIME 7:45

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

FOIA11F0110341

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*): SUGARCREEK LIVESTOCK AUCTION, INC.

2. CERTIFICATE NO.: L024122

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 5/14/10

5. U.S. PORT OF EMBARKATION (*City and State*): ALEXANDRA BAY, NY

6. STATE CODE: 36

7. CONSIGNOR'S STREET ADDRESS (*Mailing Address*): 102 BUCKEYE ST.

8. CONSIGNOR'S CITY (*or Town*): SUGARCREEK

12. CONSIGNOR'S STATE: OHIO

13. STATE CODE: 39

14. ZIP CODE: 44681

9. SEMEN (*"X" if yes*): [ ]

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [X] 2 - Truck [ ] 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (*Mailing Address*):
CAVEL CANADA EXPORTS
912 SECOND AVENUE WEST
OWEN SOUND, ON

DESTINATION COUNTRY: CANADA

ENTER CODE: CA

15. SPECIES (*"X" one - use VS Form 17-6 for Poultry*)
[ ] 01 BOVINE [ ] 02 PORCINE [ ] 03 OVINE [ ] 04 CAPRINE
[X] 05 EQUINE [ ] 08 OTHER WILDLIFE - MAMMAL
[ ] 09 OTHER (*Specify*)

NEGATIVE TUBERCULIN READING: [ ] 48 HRS [ ] 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

CERTIFIED BRUCELLOSIS FREE AREA

NEGATIVE RESULTS OF OTHER TESTS

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

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

17. FARM ORIGIN	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	DISEASE / TYPE TEST / DATE M	DISEASE / TYPE TEST / DATE N	DISEASE / TYPE TEST / DATE O
SUGARCREEK LIVESTOCK AUCTION, INC.	USEU5964	180	N	QH		STAR, SNIP, LF-PASTERN, LR-SOCK									
102 BUCKEYE ST.	USEU5965	180	F	QH		STAR, RR-SOCK									
SUGARCREEK, OH 44681	USEU5966	120	F	QH		STAR, SNIP, STRIPE, LF, LR-SOCK									
	USEU5967	36	N	QH		STAR									
	USEU5968	120	N	QH		STAR, SNIP, STRIPE, LR-SOCK									
	USEU5969	96	F	QH		NO MARKS									
	USEU5970	300	F	QH		STAR, LR-SOCK									
	USEU5971	240	F	QH		NO MARKS									
	USEU5972	72	N	QH		NO MARKS									
	USEU5973	60	F	QH		STAR, SNIP, STRIPE									
	USEU5974	300	F	TH		STAR									
	USEU5975	60	F	QH		BLAZE, LF, LR, RR-SOCK									
	USEU5976	144	F	TW		STAR									
	USEU5977	24	F	QH		STAR, STRIPE									
	USEU5978	60	F	QH		STAR, SNIP, STRIPE									
	USEU5979	120	F	QH		STAR, LR, RR-SOCK, WHITE SPOTS									
	USEU5980	144	F	TW		STRIPE, SNIP, LF-SOCK									
	USEU5981	36	N	MN		NO MARKS									

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: MAY. 17, 2010

20. NAME OF ISSUING VETERINARIAN (*Last name, first name, middle initial, - please print*): SUMMERS, DENNIS M. 9130

21. STATUS: [ ] 2 Federal [ ] 1 State [X] 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 31

23. Signature of Endorsing Federal Veterinarian: Kellie A Hough DVM

24. NAME OF ENDORSING FEDERAL VET (*Type, print, or stamp*): KELLIE A HOUGH, DVM
VETERINARY MEDICAL OFFICER

25. SIGNATURE OF ISSUING VETERINARIAN:

VS FORM 17-140 (MAR 98) Previous edition may be used.

FOIA11FOM000342

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)*: SUGARCREEK LIVESTOCK AUCTION, INC.

2. CERTIFICATE NO. FROM VS FORM 17-140: L024122

3. PAGE NO.: 2 OF 2

16. CONSIGNEE'S NAME: CAVEL CANADA EXPORTS

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

CERTIFIED BRUCELLOSIS FREE AREA

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

MODIFIED ACCREDITED AREA (TB)

18. INDIVIDUAL IDENTIFICATION

	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	DATE M	DATE N	DATE O
SUGARCREEK LIVESTOCK AUCTION, INC.	USEU5982	144	F	QH			STAR, SNIP, STRIPE								
102 BUCKEYE ST.	USEU5983	120	F	QH			STAR								
SUGARCREEK, OH 44681	USEU5984	96	N	TH			STAR, LF, LR, RR-SOCK								
	USEU5985	72	F	QH			BLAZE								
	USEU5986	72	F	QH			BALD, LF, LR, RF, RR-SOCK								
	USEU5987	48	F	QH			STAR, SNIP, RR-SOCK								
	USEU5988	144	F	QH			NO MARKS								
	USEU5989	180	F	TW			NO MARKS								
	USEU5990	48	N	QH			BLAZE								
	USEU5991	96	F	QH			STRIPE, LF-SOCK, LR, RR-STOCKING								
	USEU5992	300	N	QH			STAR								
	USEU5993	300	F	QH			STAR								
	USEU5994	48	N	TH			STAR, SNIP, LR, RR-SOCK								

1. THE ANIMALS WERE INSPECTED WITHIN 30 DAYS PRIOR TO EXPORT AND FOUND TO BE HEALTHY AND FREE FROM EVIDENCE OF COMMUNICABLE DISEASE.
2. THE ANIMAL WAS , TO THE BEST OF THE KNOWLEDGE AND BELIEF OF THE ISSUING VETERINARIAN, NOT EXPOSED TO ANY COMMUNICABLE DISEASE WITHIN 60 DAYS PRECEDING THE DATE OF INSPECTION.
3. THE ANIMAL HAS RESIDED IN THE UNITED STATES OR CANADA SINCE BIRTH.
4. THE ANIMALS, AT THE TIME OF THE INSPECTION, WERE FOUND HEALTHY AND IN A PHYSICAL CONDITION FIT TO BE TRANSPORTED.
5. DURING THE PREVIOUS TWENTY ONE (21) DAYS, THE ANIMALS IN THIS SHIPMENT HAVE NOT BEEN IN THE STATE OF MISSOURI, NEW MEXICO, OR TEXAS.
6. THE EXPORTER HAS BEEN ADVISED THAT ANY DETERIORATION IN HEALTH OR PHYSICAL CONDITION OF THE ANIMALS THAT MAY RENDER ANIMALS UNFIT FOR TRANSPORT MAY RESULT IN THE SHIPMENT TO BE REFUSED ENTRANCE TO CANADA. (FIT TO BE TRANSPORTED MEANS THAT, ON THE DAY OF INSPECTION NO ANIMAL HAS AN INFIRMITY, ILLNESS, INJURY OR ANY OTHER CONDITION THAT COULD BE AGGRAVATED WHEN THE ANIMAL IS BEING TRANSPORTED, CAUSING THE ANIMAL TO SUFFER.)

Kevin A Hoy, DVM

VS FORM 17-140a (MAR 2005) *Previous edition may be used.*

PART 3 – PORT VETERINARIAN

FOIA11F0112000843

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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 0579-0160. The time required to complete this information collection is estimated to average 5 min. 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. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 7:30 AM

DATE: 12-5-2010

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: SUGARCREEK OHIO

(b)(6)

NAME OF AUCTION/MARKET: SUGARCREEK LIVESTOCK AUCT INC.

CONSIGNOR (OWNER/SHIPPER) NAME: LeRoy N. Baker

CONSIGNEE (RECEIVER/DESTINATION) NAME: Cavel Canada EXPORTS

STREET ADDRESS: 102 Buckeye ST P.O Box 452

STREET ADDRESS: 912 Second Ave West

CITY, STATE, ZIP CODE: SUGARCREEK OHIO 44681

CITY, STATE, ZIP CODE: OWENSOUND ONTARIO

517 King Ste Julest Joviwo

AREA CODE & TELEPHONE NO.: 330-852-2832

AREA CODE & TELEPHONE NO.:

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- [X] Pregnant mares are not likely to foal (give birth) during the trip.
- [X] Foals are older than 6 months of age.
- [X] Horses are able to bear weight on all 4 limbs.
- [X] Horses are not blind in both eyes.
- [X] Horses are able to walk unassisted.

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	2USE21	5812			X				TH						X			
2	↑	5813					X			X				X				
3		5814					X			X						X		
4		5815					DK X						PAINT	X				
5		5816					X						PAINT	X				
6		5817					DK X			X						X		
7		5818			X					X				X				
8		5819					X						PAINT	X				
9		5820	X										SN			X		
10		5821					DK X			X				X				
11		5822					X			X						X		
12		5823	X										SN	X				
13		5824	X										SN			X		
14		5825					X			X						X		
15	↓	5826			X					X				X				

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

SIGNATURE (b)(6)

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.).

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. 505

DATE 2010-05-13

TIME 8:30

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

FOIA11F01A010344

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY
(CONTINUATION SHEET)

(Please type or print in ink)

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 0579-0160. The time required to complete this information collection is estimated to average 5 min. 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. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	2USE21	5827					X			X				X				
17	↑	5828					X			X						X		
18		5829	X										SV			X		
19		5830			X								PAINT	X				
20		5831						SOR					TW			X		
21		5832						white		X					X			
22		5833	X										SV			X		
23		5834						Sor			BL					X		
24		5835						Sor			BL					X		
25		5836			X						PE			X				
26		5837						Sor			BL			X				
27		5838						Sor			BL			X				
28	↓	5839						Sor			BL					X		
29																		
30																		
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I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the

(b)(6)

VS FORM 10-13A
(SEP 2002)

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)*: SUGARCREEK LIVESTOCK AUCTION, INC.

2. CERTIFICATE NO. FROM VS FORM 17-140: L024119

3. PAGE NO.: 2 OF 2

16. CONSIGNEE'S NAME: CAVEL CANADA EXPORTS

NEGATIVE TUBERCULIN READING: ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

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

MODIFIED ACCREDITED AREA (TB) — CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION

	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	DISEASE / TYPE TEST / DATE M	DISEASE / TYPE TEST / DATE N	DISEASE / TYPE TEST / DATE O
SUGARCREEK LIVESTOCK AUCTION, INC.	USEU5830	120	F	PAINT			STAR, SNIP, STRIPE, PAINTED BLACK AND WHITE								
102 BUCKEYE ST.	USEU5831	96	N	TW			BALD, LEFT SIDE HIP BRAND								
SUGARCREEK, OH 44681	USEU5832	60	M	OH			NO MARKS								
	USEU5833	144	N	SN			STAR, LR, RR-PASTERN								
	USEU5834	180	N	BL			STAR, LF, RF-SOCK								
	USEU5835	144	N	BL			STAR, SNIP, STRIPE								
	USEU5836	84	F	PE			STAR								
	USEU5837	180	F	BL			STRIPE								
	USEU5838	144	F	BL			SNIP, STRIPE								
	USEU5839	144	N	BL			STAR, SNIP, LF, LR, RF, RR-SOCK								

1. THE ANIMALS WERE INSPECTED WITHIN 30 DAYS PRIOR TO EXPORT AND FOUND TO BE HEALTHY AND FREE FROM EVIDENCE OF COMMUNICABLE DISEASE.
2. THE ANIMAL WAS , TO THE BEST OF THE KNOWLEDGE AND BELIEF OF THE ISSUING VETERINARIAN, NOT EXPOSED TO ANY COMMUNICABLE DISEASE WITHIN 60 DAYS PRECEDING THE DATE OF INSPECTION.
3. THE ANIMAL HAS RESIDED IN THE UNITED STATES OR CANADA SINCE BIRTH.
4. THE ANIMALS, AT THE TIME OF THE INSPECTION, WERE FOUND HEALTHY AND IN A PHYSICAL CONDITION FIT TO BE TRANSPORTED.
5. DURING THE PREVIOUS TWENTY ONE (21) DAYS, THE ANIMALS IN THIS SHIPMENT HAVE NOT BEEN IN THE STATE OF MISSOURI, NEW MEXICO, OR TEXAS.
6. THE EXPORTER HAS BEEN ADVISED THAT ANY DETERIORATION IN HEALTH OR PHYSICAL CONDITION OF THE ANIMALS THAT MAY RENDER ANIMALS UNFIT FOR TRANSPORT MAY RESULT IN THE SHIPMENT TO BE REFUSED ENTRANCE TO CANADA. (FIT TO BE TRANSPORTED MEANS THAT, ON THE DAY OF INSPECTION NO ANIMAL HAS AN INFIRMITY, ILLNESS, INJURY OR ANY OTHER CONDITION THAT COULD BE AGGRAVATED WHEN THE ANIMAL IS BEING TRANSPORTED, CAUSING THE ANIMAL TO SUFFER.)

FOIA11F0120000846

VS FORM 17-140a (MAR 2005) *Previous edition may be used.*

PART 3 – PORT VETERINARIAN

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): SUGARCREEK LIVESTOCK AUCTION, INC.

2. CERTIFICATE NO.: L024119

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 5/7/10

5. U.S. PORT OF EMBARKATION (City and State): PORT HURON, MICHIGAN

6. STATE CODE: 26

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): 102 BUCKEYE ST.

8. CONSIGNOR'S CITY (or Town): SUGARCREEK

12. CONSIGNOR'S STATE: OHIO

13. STATE CODE: 39

14. ZIP CODE: 44681

9. SEMEN ("X" if yes): [ ]

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [X] 2 - Truck [ ] 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address): CAVEL CANADA EXPORTS
912 SECOND AVENUE WEST
OWEN SOUND, ON

DESTINATION COUNTRY: CANADA

ENTER CODE: CA

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 [X] 09 OTHER (Specify)

NEGATIVE TUBERCULIN READING: [ ] 48 HRS [ ] 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS: DISEASE / TYPE TEST / DISEASE / TYPE TEST / DISEASE / TYPE TEST

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

MODIFIED ACCREDITED AREA (TB)

CERTIFIED BRUCELLOSIS FREE AREA

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	DATE M	DATE N	DATE O
SUGARCREEK LIVESTOCK AUCTION, INC. 102 BUCKEYE ST. SUGARCREEK, OH 44681														
USEU5812	48	M	TH		RR-SOCK									
USEU5813	96	F	QH		STAR, LR, RR-PASTERN									
USEU5814	120	N	QH		BLAZE, LF-PASTERN, LR, RR-SOCK									
USEU5815	180	F	PAINT		STAR, SNIP, STRIPE, PAINTED DARK CHESTNUT AND WHITE									
USEU5816	144	F	PAINT		STAR, SNIP, STRIPE, PAINTED CHESTNUT AND WHITE									
USEU5817	96	N	QH		STAR, SNIP, STRIPE									
USEU5818	96	F	QH		BLAZE									
USEU5819	108	F	PAINT		STAR, SNIP, PAINTED CHESTNUT AND WHITE									
USEU5820	240	N	SN		STAR									
USEU5821	108	F	QH		BLAZE, LF, RF-PASTERN, LR-STOCKING, RR-SOCK									
USEU5822	60	N	QH		STAR, SNIP, STRIPE, LR, RR-SOCK									
USEU5823	48	F	SN		STAR									
USEU5824	96	N	SN		SNIP									
USEU5825	180	N	QH		STAR, SNIP, STRIPE									
USEU5826	120	F	QH		STAR, LF, LR-SOCK, RR-PASTERN									
USEU5827	96	F	QH		STAR, SNIP, STRIPE, LR, RR-SOCK									
USEU5828	120	N	QH		STAR, SNIP, STRIPE, LF, LR, RF, RR-SOCK									
USEU5829	144	N	SN		STAR, LR-CORONET									

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: MAY. 10, 2010

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, - please print): SPECHT, TERRI A. 9542

21. STATUS: [ ] 2 Federal [ ] 1 State [X] 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 28

23. Signature of Endorsing Federal Veterinarian

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): NANCY L HANNAWAY, DVM
VETERINARY MEDICAL OFFICER

25. SIGNATURE OF ISSUING VETERINARIAN: Terri A Specht

VS FORM 17-140 (MAR 98) Previous edition may be used.

PART 3 - PORT VETERINARIAN

FOIA11F0100347

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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 0579-0160. The time required to complete this information collection is estimated to average 5 min. 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. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 1:00 PM

DATE: 5-12-10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: SUGARCREEK OHIO

VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6) (b)(6)

NAME OF AUCTION/MARKET: SUGARCREEK LIVESTOCK AUCT INC

CONSIGNOR (OWNER/SHIPPER) NAME: LeRoy H. Baker

CONSIGNEE (RECEIVER/DESTINATION) NAME: Carel Canada EXPORTS

STREET ADDRESS: 102 Buckeye ST P.O BX 452

STREET ADDRESS: 912 Second Ave West OWENSOUND ONTARIO

CITY, STATE, ZIP CODE: SUGARCREEK OH 44681

CITY, STATE, ~~ZIP CODE~~: 517 King Ste jWest jovlw0

AREA CODE & TELEPHONE NO.: 330-852-2832

AREA CODE & TELEPHONE NO.:

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- [X] Pregnant mares are not likely to foal (give birth) during the trip.
- [X] Foals are older than 6 months of age.
- [X] Horses are able to bear weight on all 4 limbs.
- [X] Horses are not blind in both eyes.
- [X] Horses are able to walk unassisted.

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	2USEZL	5872	X										SN		X			
2	↑	5873	X							X					X			
3		5874			X						X					X		
4		5875			X						X			X				
5		5876			X						AE					X		
6		5877						Sor			BL			X				
7		5878						Sor			BL			X				
8		5879						Sor			BL					X		
9		5880						Sor			BL			X				
10		5881	X										SN	X				
11		5882	LT X										SN	X				
12		5883	X							X				X				
13		5884	X							X				X				
14		5885					DK X			X				X				
15	↓	5886	X										SN			X		

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

SIGNATURE (b)(6)

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. 505

DATE 2010-05-13

TIME 9:00

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

FOIA11F0110348

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

OWNER/SHIPPER CERTIFICATE FITNESS TO TRAVEL TO A SLAUGHTER FACILITY (CONTINUATION SHEET)

(Please type or print in ink)

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 0579-0160. The time required to complete this information collection is estimated to average 5 min. 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. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	21SEU	5887	X										SV	X				
17	↑	5888	DK X							X				X				
18		5889						Gavella		X						X		
19		5890	X										SV	X				
20		5891	X										SV	X				
21		5892	X										Donkey	X				
22		5893			X								Donkey	X				
23		5894			X					X						X		
24		5895						Gavella		X				X				
25		5896	X										SV	X				
26		5897					DK X						AS			X		
27		5898	DK X										SV			X		
28		5899	X							X				X				
29		5900	X							X				X				
30	↓	5901					X			X				X				
31																		
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SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6)

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. 0579-0020 and 0101

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*): SUGARCREEK LIVESTOCK AUCTION, INC.

2. CERTIFICATE NO.: L024118

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 5/7/10

5. U.S. PORT OF EMBARKATION (*City and State*): PORT HURON, MICHIGAN

6. STATE CODE: 26

7. CONSIGNOR'S STREET ADDRESS (*Mailing Address*): 102 BUCKEYE ST.

8. CONSIGNOR'S CITY (*or Town*): SUGARCREEK

12. CONSIGNOR'S STATE: OHIO

13. STATE CODE: 39

14. ZIP CODE: 44681

9. SEMEN (*"X" if yes*): [ ]

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [X] 2 - Truck [ ] 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (*Mailing Address*):
CAVEL CANADA EXPORTS
912 SECOND AVENUE WEST
OWEN SOUND, ON

DESTINATION COUNTRY: CANADA

ENTER CODE: CA

15. SPECIES (*"X" one - use VS Form 17-6 for Poultry*): [ ] 01 BOVINE [ ] 02 PORCINE [ ] 03 OVINE [ ] 04 CAPRINE [X] 05 EQUINE [ ] 08 OTHER WILDLIFE - MAMMAL [ ] 09 OTHER (*Specify*)

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

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

MODIFIED ACCREDITED AREA (TB)

CERTIFIED BRUCELLOSIS FREE AREA

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	DATE M	DATE N	DATE O
SUGARCREEK LIVESTOCK AUCTION, INC.	USEU5872	24	M	SN	STAR, LF-SOCKI									
102 BUCKEYE ST.	USEU5873	48	M	QH	STAR, SNIP, STRIPE									
SUGARCREEK, OH 44681	USEU5874	120	N	DRAFT	STAR, SNIP, LR-PASTERN									
	USEU5875	84	F	DRAFT	NO MARKS									
	USEU5876	240	N	PE	BLAZE, LF, RF-SOCK, LR, RR-STOCKING									
	USEU5877	120	F	BL	STAR, SNIP, STRIPE, LR, RR-SOCK									
	USEU5878	240	F	BL	STAR, SNIP, STRIPE, LF, RF-SOCK, WHITE SPOT LEFT SHOULDER									
	USEU5879	120	N	BL	BLAZE, LF, LR, RF, RR-SOCK									
	USEU5880	120	F	BL	STAR, SNIP, STRIPE									
	USEU5881	180	F	SN	STAR, LF, RF-CORONET, LIP TATTOO									
	USEU5882	144	F	SN	STAR, SNIP, STRIPE									
	USEU5883	144	F	QH	LF-PASTERN									
	USEU5884	144	F	QH	WHITE SPOTS ON BACK									
	USEU5885	144	F	QH	STAR, LR-PASTERN									
	USEU5886	180	N	SN	STAR, LR-PASTERN, RR-SOCK									
	USEU5887	144	F	SN	STAR									
	USEU5888	96	F	QH	STAR									
	USEU5889	108	N	QH	RR-SOCK, WHITE SPOTS ON RIGHT HIP									

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: MAY. 10, 2010

20. NAME OF ISSUING VETERINARIAN (*Last name, first name, middle initial, - please print*): SPECHT, TERRI A. 9542

21. STATUS: [ ] 2 Federal [ ] 1 State [X] 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 30

23. Signature of Endorsing Federal Veterinarian

24. NAME OF ENDORSING FEDERAL VET (*Type, print, or stamp*): NANCY L HANNAWAY, DVM
VETERINARY MEDICAL OFFICER

25. SIGNATURE OF ISSUING VETERINARIAN: Terri A Specht

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. Forms 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)*: SUGARCREEK LIVESTOCK AUCTION, INC.

16. CONSIGNEE'S NAME: CAVEL CANADA EXPORTS

2. CERTIFICATE NO. FROM VS FORM 17-140: 1024118 -1

3. PAGE NO.: 2 OF 2

NEGATIVE TUBERCULIN READING: ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

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

SUGARCREEK LIVESTOCK AUCTION, INC.
102 BUCKEYE ST.
SUGARCREEK, OH 44681

MODIFIED ACCREDITED AREA (TB) — CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION

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	DISEASE / TYPE TEST / DATE M	DISEASE / TYPE TEST / DATE N	DISEASE / TYPE TEST / DATE O
USEU5890	96	F	SN			STAR, SNIP, LR, RR-SOCK								
USEU5891	144	F	SN			STAR, LR-PASTERN								
USEU5892	144	F	DONKEY			GRAY MUZZLE, GRAY AROUND EYES								
USEU5893	180	F	DONKEY			GRAY MUZZLE, GRAY AROUND EYES								
USEU5894	120	N	OH			STAR								
USEU5895	180	F	OH			STAR, SNIP, STRIPE								
USEU5896	144	F	SN			STAR, UNREADABLE BRAND								
USEU5897	96	N	AS			STAR, LR-SOCK, RF-PASTERN								
USEU5898	144	N	SN			STAR, SNIP, STRIPE								
USEU5899	120	F	OH			STAR, SNIP, LF, RF-PASTERN, LR, RR-SOCK								
USEU5900	120	F	OH			NO MARKS								
USEU5901	48	F	OH			BLAZE, LF, LR, RF, RR-STOCKING								

1. THE ANIMALS WERE INSPECTED WITHIN 30 DAYS PRIOR TO EXPORT AND FOUND TO BE HEALTHY AND FREE FROM EVIDENCE OF COMMUNICABLE DISEASE.
2. THE ANIMAL WAS , TO THE BEST OF THE KNOWLEDGE AND BELIEF OF THE ISSUING VETERINARIAN, NOT EXPOSED TO ANY COMMUNICABLE DISEASE WITHIN 60 DAYS PRECEDING THE DATE OF INSPECTION.
3. THE ANIMAL HAS RESIDED IN THE UNITED STATES OR CANADA SINCE BIRTH.
4. THE ANIMALS, AT THE TIME OF THE INSPECTION, WERE FOUND HEALTHY AND IN A PHYSICAL CONDITION FIT TO BE TRANSPORTED.
5. DURING THE PREVIOUS TWENTY ONE (21) DAYS, THE ANIMALS IN THIS SHIPMENT HAVE NOT BEEN IN THE STATE OF MISSOURI, NEW MEXICO, OR TEXAS.
6. THE EXPORTER HAS BEEN ADVISED THAT ANY DETERIORATION IN HEALTH OR PHYSICAL CONDITION OF THE ANIMALS THAT MAY RENDER ANIMALS UNFIT FOR TRANSPORT MAY RESULT IN THE SHIPMENT TO BE REFUSED ENTRANCE TO CANADA. (FIT TO BE TRANSPORTED MEANS THAT, ON THE DAY OF INSPECTION NO ANIMAL HAS AN INFIRMITY, ILLNESS, INJURY OR ANY OTHER CONDITION THAT COULD BE AGGRAVATED WHEN THE ANIMAL IS BEING TRANSPORTED, CAUSING THE ANIMAL TO SUFFER.)

Terrence A. Scott
Veterinarian

VS FORM 17-140a (MAR 2005) *Previous edition may be used.*

PART 3 – PORT VETERINARIAN

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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 0579-0160. The time required to complete this information collection is estimated to average 5 min. 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. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 10:30

DATE: 5-7-10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: SUGARCREEK OHIO

VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6) (b)(6)

NAME OF AUCTION/MARKET: SUGARCREEK LIVESTOCK AUCT INC

CONSIGNOR (OWNER/SHIPPER) NAME: LEROY H. BAKER

CONSIGNEE (RECEIVER/DESTINATION) NAME: CAVEL CANADA EXPORTS

STREET ADDRESS: 102 BUCKEYE ST P.O BX 452

STREET ADDRESS: 912 SECOND AVE WEST OWENSOUND ONTARIO

CITY, STATE, ZIP CODE: SUGARCREEK OHIO 44681

CITY, STATE, ZIP CODE: 517 Bang ste juliest jovlwo

AREA CODE & TELEPHONE NO.: 330-852-2832

AREA CODE & TELEPHONE NO.:

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- [X] Pregnant mares are not likely to foal (give birth) during the trip.
- [X] Foals are older than 6 months of age.
- [X] Horses are able to bear weight on all 4 limbs.
- [X] Horses are not blind in both eyes.
- [X] Horses are able to walk unassisted.

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	2ASEU	5779	X										PAINT		X			
2	↑	5780						Brown					PAINT		X			
3		5781					X			X					X			
4		5782						Sor			BL			X				
5		5783	X							X						X		
6		5784	X							X				X				
7		5785			X								SW			X		
8		5786					X						MUSTANG			X		
9		5787						Brown					PAINT	X				
10		5788			X								SW	X				
11		5789						Roan					AP	X				
12		5790					LT X					X				X		
13		5791					X			X				X				
14		5792						Brown		X				X				
15	↓	5793			X								TW	X				

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

SIGNATURE (b)(6)

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. 505

DATE 2010-05-08

TIME 17:15

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

FOIA11F0110352

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY
(CONTINUATION SHEET)

(Please type or print in ink)

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 0579-0160. The time required to complete this information collection is estimated to average 5 min. 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. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	21SEU	5794			X								PAINT	X				
17	↑	5795						Brown					PAINT			X		
18		5796			X								SN	X				
19		5797						Buck		X				X				
20		5798	X										SN			X		
21		5799					X			X						X		
22		5800					X			X						X		
23		5801	X							X				X				
24		5802	X									X		X				
25		5803			X								TW	X				
26		5804					X						PAINT			X		
27		5805			X								TW	X				
28		5806	X							X						X		
29		5807	X							X				X				
30		5808					X			X				X				
31		5809						Red Roan		X				X				
32		5810					X			X				X				
33	↓	5811	X										SN	X				
34																		
35																		
36																		
37																		
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SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6)

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.

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): SUGARCREEK LIVESTOCK AUCTION, INC.

2. CERTIFICATE NO: J 3536

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 4/30/10

5. U.S. PORT OF EMBARKATION (City and State): PORT HURON, MICHIGAN

6. STATE CODE: 26

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): 102 BUCKEYE ST.

8. CONSIGNOR'S CITY (or Town): SUGARCREEK

12. CONSIGNOR'S STATE: OHIO

13. STATE CODE: 39

14. ZIP CODE: 44681

9. SEMEN (Check if yes): [ ]

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: 1 - Rail 3 - Air 2 - Truck 4 - Ocean [2]

16. CONSIGNEES NAME AND STREET ADDRESS (Mailing Address):
CAVEL CANADA EXPORTS
912 SECOND AVENUE WEST
OWEN SOUND, ON

DESTINATION COUNTRY: CANADA

ENTER CODE: CA

15. SPECIES ("X" one - use VS Form 17-6 for Poultry)
[ ] 01 BOVINE [ ] 02 PORCINE [ ] 03 OVINE [ ] 04 CAPRINE
[X] 05 EQUINE [ ] 08 OTHER WILDLIFE - MAMMAL
[ ] 09 OTHER (Specify)

NEGATIVE TUBERCULIN READING: [ ] 48 HRS. [ ] 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

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

MODIFIED ACCREDITED AREA (TB)

CERTIFIED BRUCELLOSIS FREE AREA

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

17. FARM ORIGIN	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	DISEASE / TYPE TEST / DATE M	DISEASE / TYPE TEST / DATE N	DISEASE / TYPE TEST / DATE O
SUGARCREEK LIVESTOCK AUCTION, INC.	USEU5779	60	M	PAINT		STAR, PAINTED BAY & WHITE									
102 BUCKEYE ST.	USEU5780	84	M	PAINT		BLAZE, PAINTED BROWN & WHITE									
SUGARCREEK, OH 44681	USEU5781	36	M	QH		STAR, SNIP, STRIPE, LR, RR-STOCKING									
	USEU5782	120	F	BL		STAR, SNIP, STRIPE									
	USEU5783	180	N	QH		STAR									
	USEU5784	72	F	QH		NO MARKS									
	USEU5785	180	N	SN		STAR									
	USEU5786	276	N	MUSTANG		MUSTANG BRAND									
	USEU5787	96	F	PAINT		SNIP, STRIPE,PAINTED BROWN & WHITE									
	USEU5788	96	F	SN		NO MARKS									
	USEU5789	96	F	AP		BALD									
	USEU5790	96	N	PONY		STAR, LF, LR, RF-SOCK, RR-STOCKING									
	USEU5791	180	F	QH		STAR, SNIP, STRIPE, LF, LR, RF, RR-SOCK									
	USEU5792	144	F	QH		LF, LR, RF, RR-SOCK									
	USEU5793	144	F	TW		NO MARKS									
	USEU5794	120	F	PAINT		STAR, SBIP, STRIPE, PAINTED BLACK & WHITE									
	USEU5795	96	N	PAINT		BLAZE, PAINTED BROWN & WHITE									
	USEU5796	144	F	SN		RR-PASTERN									

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

23. Signature of endorsing federal veterinarian

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. 03, 2010

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial,- please print): SPECHT, TERRI A. 9542

21. STATUS: [ ] 2 Federal [ ] 1 State [X] 3 Accredited

22. TOTAL NO OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 33

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): KELLIE A HOUGH, DVM
VETERINARY MEDICAL OFFICER

25. SIGNATURE OF ISSUING VETERINARIAN: Terri A Specht

VS FORM 17-140 (MAR 98) Previous edition may be used.

PART 3 - PORT VETERINARIAN

FOIA FOIA 2013-00001

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): SUGARCREEK LIVESTOCK AUCTION, INC.

CERTIFICATE NO. FROM VS FORM 17-140: 1-8536

3. PAGE NO. 2 OF 2

16. CONSIGNEE'S NAME: CAVEL CANADA EXPORTS

NEGATIVE TUBERCULIN READING: ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

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

~~SUGARCREEK LIVESTOCK AUCTION, INC.~~
~~102 BUCKEYE ST.~~
~~SUGARCREEK, OH 44681~~

MODIFIED ACCREDITED AREA (TB) ——— CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION

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	DISEASE / TYPE TEST / DATE M	DISEASE / TYPE TEST / DATE N	DISEASE / TYPE TEST / DATE O
USEU5797	120	F	QH		NO MARKS									
USEU5798	120	N	SN		BRAND P15									
USEU5799	120	N	QH		STAR, SNIP, STRIPE, LR, RR-STOCKING									
USEU5800	96	N	QH		STAR, SNIP, STRIPE, LR-PASTERN									
USEU5801	144	F	QH		NO MARKS									
USEU5802	48	F	PONY		PAINTED BAY & WHITE									
USEU5803	144	F	TW		NO MARKS									
USEU5804	72	N	PAINT		STAR, SNIP, STRIPE, PAINTED CHESTNUT & WHITE									
USEU5805	60	F	TW		NO MARKS									
USEU5806	120	N	QH		STAR									
USEU5807	144	F	QH		NO MARKS									
USEU5808	180	F	QH		STAR, SNIP, STRIPE, LR, RR-STOCKING, RF-SOCK									
USEU5809	96	F	QH		LR, RR-PASTERN									
USEU5810	240	F	QH		STRIPE, LR, RF-SOCK									
USEU5811	120	F	SN		STAR, UNREADABLE BRAND									

1. THE ANIMALS WERE INSPECTED WITHIN 30 DAYS PRIOR TO EXPORT AND FOUND TO BE HEALTHY AND FREE FROM EVIDENCE OF COMMUNICABLE DISEASE.
2. THE ANIMAL WAS , TO THE BEST OF THE KNOWLEDGE AND BELIEF OF THE ISSUING VETERINARIAN, NOT EXPOSED TO ANY COMMUNICABLE DISEASE WITHIN 60 DAYS PRECEDING THE DATE OF INSPECTION.
3. THE ANIMAL HAS RESIDED IN THE UNITED STATES OR CANADA SINCE BIRTH.
4. THE ANIMALS, AT THE TIME OF THE INSPECTION, WERE FOUND HEALTHY AND IN A PHYSICAL CONDITION FIT TO BE TRANSPORTED.
5. DURING THE PREVIOUS TWENTY ONE (21) DAYS, THE ANIMALS IN THIS SHIPMENT HAVE NOT BEEN IN THE STATE OF ~~MISSOURI~~, NEW MEXICO, OR TEXAS. (KAH)
6. THE EXPORTER HAS BEEN ADVISED THAT ANY DETERIORATION IN HEALTH OR PHYSICAL CONDITION OF THE ANIMALS THAT MAY RENDER ANIMALS UNFIT FOR TRANSPORT MAY RESULT IN THE SHIPMENT TO BE REFUSED ENTRANCE TO CANADA. (FIT TO BE TRANSPORTED MEANS THAT, ON THE DAY OF INSPECTION NO ANIMAL HAS AN INFIRMITY, ILLNESS, INJURY OR ANY OTHER CONDITION THAT COULD BE AGGRAVATED WHEN THE ANIMAL IS BEING TRANSPORTED, CAUSING THE ANIMAL TO SUFFER.)

DVM

VS FORM 17-140a (MAR 2005) *Previous edition may be used.*

PART 3 – PORT VETERINARIAN

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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 0579-0160. The time required to complete this information collection is estimated to average 5 min. 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. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 2:30

DATE: 5 4 10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: SUGARCREEK OHIO

VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6) (b)(6)

NAME OF AUCTION/MARKET: SUGARCREEK LIVESTOCK AUCT INC.

CONSIGNOR (OWNER/SHIPPER) NAME: LeRoy H. Baker

CONSIGNEE (RECEIVER/DESTINATION) NAME: Cavel Canada EXPORTS

STREET ADDRESS: 102 Buckeye ST. P.O Bx 452

STREET ADDRESS: 912 Second Ave WEST

CITY, STATE, ZIP CODE: SUGARCREEK OHIO 44681

CITY, STATE, ZIP CODE: OWENSOUND ONTARIO 517 Bang Ste julliest jovlwo

AREA CODE & TELEPHONE NO.: 330-852-2832

AREA CODE & TELEPHONE NO.:

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- [X] Pregnant mares are not likely to foal (give birth) during the trip.
- [X] Horses are able to bear weight on all 4 limbs.
- [X] Foals are older than 6 months of age.
- [X] Horses are not blind in both eyes.
- [X] Horses are able to walk unassisted.

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	2USEL	5751	X		X								PAINT		X			
2		5752						Sor			BL					X		
3		5753						Sor			BL					X		
4		5754	X								X					X		
5		5755						Sor			BL					X		
6		5756						Sor			BL			X				
7		5757						Sor			BL			X				
8		5758					X			X				X				
9		5759			X								TW	X				
10		5760	X										SW			X		
11		5761					X			X				X				
12		5762						Sor					Hafling	X				
13		5763			X								SW	X				
14		5764	X							X				X				
15		5765			X					X				X				

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

SIGNATURE (b)(6)

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. 505

DATE 2010-05-05

TIME 11:00

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

FOIA11F0110356

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY
(CONTINUATION SHEET)

(Please type or print in ink)

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 0579-0160. The time required to complete this information collection is estimated to average 5 min. 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. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	26E21	5766					X						PAINT	X				
17	↑	5767	DK X										SW	X				
18		5768					X			X				X				
19		5769			X								PAINT	X				
20		5770	X										PAINT			X		
21		5771	X							X						X		
22		5772					X						PAINT	X				
23		5773			X								TW	X				
24		5774	X										SW	X				
25		5775					X			X				X				
26		5776						BROWN		X				X				
27		5777	X							X				X				
28	↓	5778						BROWN		X				X				
29																		
30																		
31																		
32																		
33																		
34																		
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SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6)

Certificate can be validated unless the data requested is provided. FORM APPROVED - OMB NO. 0579-0020 and 0101

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): SUGARCREEK LIVESTOCK AUCTION, INC.

2. CERTIFICATE NO.: L024101

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 4/30/10

5. U.S. PORT OF EMBARKATION (City and State): PORT HURON, MICHIGAN

6. STATE CODE: 26

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): 102 BUCKEYE ST.

8. CONSIGNOR'S CITY (or Town): SUGARCREEK

12. CONSIGNOR'S STATE: OHIO

13. STATE CODE: 39

14. ZIP CODE: 44681

9. SEMEN ("X" if yes): [ ]

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [X] 2 - Truck [ ] 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address): CAVEL CANADA EXPORTS, 912 SECOND AVENUE WEST, OWEN SOUND, ON

DESTINATION COUNTRY: CANADA

ENTER CODE: CA

15. SPECIES ("X" one - use VS Form 17-6 for Poultry): [ ] 01 BOVINE [ ] 02 PORCINE [ ] 03 OVINE [ ] 04 CAPRINE [X] 05 EQUINE [ ] 08 OTHER WILDLIFE - MAMMAL [ ] 09 OTHER (Specify)

NEGATIVE TUBERCULIN READING: [ ] 48 HRS [ ] 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

CERTIFIED BRUCELLOSIS FREE AREA

NEGATIVE RESULTS OF OTHER TESTS

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

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	DISEASE / TYPE TEST / DATE M	DISEASE / TYPE TEST / DATE N	DISEASE / TYPE TEST / DATE O
SUGARCREEK LIVESTOCK AUCTION, INC. 102 BUCKEYE ST. SUGARCREEK, OH 44681														
USEU5751	60	M	PAINT		STAR, SNIP, STRIPE, PAINTED BLACK & WHITE									
USEU5752	168	N	BL		BALD									
USEU5753	240	N	BL		NO MARKS									
USEU5754	120	N	DRAFT		STAR									
USEU5755	144	N	BL		STAR, SNIP, STRIPE									
USEU5756	180	F	BL		STAR, SNIP, STRIPE									
USEU5757	312	F	BL		STAR, SNIP, STRIPE, LF, LR, RF, RR-SOCK									
USEU5758	96	F	QH		STAR, SNIP, STRIPE, LF, RF-SOCK, LR, RR-STOCKING									
USEU5759	120	F	TW		STAR, STRIPE									
USEU5760	96	N	SN		STAR, LR-PASTERN									
USEU5761	120	F	QH		STAR, STRIPE									
USEU5762	120	F	HAFLINGER		STAR									
USEU5763	120	F	SN		STAR, LR-SOCK									
USEU5764	180	F	QH		STAR, RR-SOCK									
USEU5765	120	F	QH		STAR, RR-PASTERN									
USEU5766	60	F	PAINT		BLAZE, LR-SOCK, PAINTED CHESTNUT & WHITE									
USEU5767	120	F	SN		STAR, LR-PASTERN, UNREADABLE BRAND									
USEU5768	144	F	QH		STAR, SNIP, STRIPE, RR-STOCKING									

VALID ONLY IF USDA VETERINARY SEAL IS APPLIED 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. 03, 2010

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, - please print): SPECHT, TERRI A. 9542

21. STATUS: [ ] 2 Federal [ ] 1 State [X] 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 28

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): KELLIE A HOUGH, DVM, VETERINARY MEDICAL OFFICER

25. SIGNATURE OF ISSUING VETERINARIAN

23. Signature of Endorsing Federal Veterinarian

VS FORM 17-140 (MAR 98) Previous edition may be used.

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*): SUGARCREEK LIVESTOCK AUCTION, INC.

2. CERTIFICATE NO. FROM VS FORM 17-140: L0241

3. PAGE NO.: 2 OF 2

16. CONSIGNEE'S NAME: CAVEL CANADA EXPORTS

NEGATIVE TUBERCULIN READING: ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

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

MODIFIED ACCREDITED AREA (TB) — CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION

Owner's name / street address / city/town, state code & zip code	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	DISEASE / TYPE TEST / DATE M	DISEASE / TYPE TEST / DATE N	DISEASE / TYPE TEST / DATE O
SUGARCREEK LIVESTOCK AUCTION, INC.	USEU5769	96	F	PAINT			STAR, SNIP, PAINTED BLACK & WHITE								
102 BUCKEYE ST.	USEU5770	84	N	PAINT			STAR, STRIPE, PAINTED BLAY & WHITE								
SUGARCREEK, OH 44681	USEU5771	120	N	OH			STAR								
	USEU5772	96	F	PAINT			STAR, SNIP, STRIPE, PAINTED CHESTNUT & WHITE								
	USEU5773	72	F	TW			STAR, LR, RF-SOCK								
	USEU5774	84	F	SN			NO MARKS								
	USEU5775	120	F	OH			STAR, SNIP, STRIPE, LF-SOCK, LR, RR-STOCKING								
	USEU5776	72	F	OH			STAR								
	USEU5777	120	F	OH			NO MARKS								
	USEU5778	144	F	OH			STAR								

1. THE ANIMALS WERE INSPECTED WITHIN 30 DAYS PRIOR TO EXPORT AND FOUND TO BE HEALTHY AND FREE FROM EVIDENCE OF COMMUNICABLE DISEASE.
2. ~~THE ANIMAL WAS , TO THE BEST OF THE KNOWLEDGE AND BELIEF OF THE ISSUING VETERINARIAN, NOT EXPOSED TO ANY COMMUNICABLE DISEASE WITHIN 60 DAYS PRECEDING THE DATE OF INSPECTION.~~
3. ~~THE ANIMAL HAS RESIDED IN THE UNITED STATES OR CANADA SINCE BIRTH.~~
4. ~~THE ANIMALS, AT THE TIME OF THE INSPECTION, WERE FOUND HEALTHY AND IN A PHYSICAL CONDITION FIT TO BE TRANSPORTED.~~
5. ~~DURING THE PREVIOUS TWENTY ONE (21) DAYS, THE ANIMALS IN THIS SHIPMENT HAVE NOT BEEN IN THE STATE OF MISSOURI,~~ NEW MEXICO, OR TEXAS.
6. THE EXPORTER HAS BEEN ADVISED THAT ANY DETERIORATION IN HEALTH OR PHYSICAL CONDITION OF THE ANIMALS THAT MAY RENDER ANIMALS UNFIT FOR TRANSPORT MAY RESULT IN THE SHIPMENT TO BE REFUSED ENTRANCE TO CANADA. (FIT TO BE TRANSPORTED MEANS THAT, ON THE DAY OF INSPECTION NO ANIMAL HAS AN INFIRMITY, ILLNESS, INJURY OR ANY OTHER CONDITION THAT COULD BE AGGRAVATED WHEN THE ANIMAL IS BEING TRANSPORTED, CAUSING THE ANIMAL TO SUFFER.)

Terry A. [illegible]

[illegible]

VS FORM 17-140a (MAR 2005) *Previous edition may be used.*

PART 3 – PORT VETERINARIAN

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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 0579-0160. The time required to complete this information collection is estimated to average 5 min. 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. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 12:00pm

DATE: May 4-10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: SugarCreek Ohio

VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6) (b)(6)

NAME OF AUCTION/MARKET: SugarCreek Livestock Auct Inc.

CONSIGNOR (OWNER/SHIPPER) NAME: LeRoy H. Baker

CONSIGNEE (RECEIVER/DESTINATION) NAME: Cavel Canada Exports

STREET ADDRESS: 102 Buckeye St P.O Bx 452

STREET ADDRESS: 912 Second Ave West

CITY, STATE, ZIP CODE: SugarCreek Ohio 44681

CITY, STATE, ZIP CODE: Owensound Ontario 517 Bang Str. Juliest jov1w0

AREA CODE & TELEPHONE NO.: 330-852-2832

AREA CODE & TELEPHONE NO.:

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- [x] Pregnant mares are not likely to foal (give birth) during the trip.
- [x] Foals are older than 6 months of age.
- [x] Horses are able to bear weight on all 4 limbs.
- [x] Horses are not blind in both eyes.
- [x] Horses are able to walk unassisted.

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	CISEU	5717						Red Roan					AP	X				
2		5718					X			X				X				
3		5719			X								Paint	X				
4		5720						PAL					APL	X				
5		5721					X				BL			X				
6		5722	X										Paint			X		
7		5723					X			X				X				
8		5724	✓					Brown		X						X		
9		5725	X							X						X		
10		5726	X							X				X				
11		5727			X					X						X		
12		5728	X										SR			X		
13		5729	X							X					X			
14		5730						Sor		X				X				
15		5731	X							X				X				

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

SIGNATURE (b)(6)

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. 505

DATE 2010-05-05

TIME 7:45

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

FOIA11F0110360

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY
(CONTINUATION SHEET)

(Please type or print in ink)

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 0579-0160. The time required to complete this information collection is estimated to average 5 min. 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. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
	26ED	5732					X			X				X				
17		5733	X										SV	X				
18		5734	X							X				X				
		5735	X							X				X				
20		5736					DK X			X				X				
		5737					SR			X				X				
		5738	X							X						X		
23		5739	X							X				X				
		5740			X tw				P				PAINT	X				
		5741	X							X				X				
		5742					X5			X				X				
		5743	DK X								PE					X		
		5744	X								PE			X				
29		5745						SOR			BL					X		
		5746					X	SOR			BL			X				
		5747					X	SOR			BL					X		
		5748					X	SOR			BL					X		
33	USFE	8638 ✓								X				X				2
34		8639 ✓								X				X				2
35		8640 ✓								X				X				2
36		8641						BLW			Vains			X				3
37		8642						BLW			Plent					X		5
38		8643 X								X				X				2
39		8644 X								X				X				2y
40		8645 X								X				X				2y
41		8646						BROWN		X				X				2y
42		8647						PAR		X				X				5y
43		8648 X								X				X				3yr
44		8649 X								X						X		2y
45																		

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6)

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)

FORM APPROVED - OMB NO. 0579-0020

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

2. CERTIFICATE NO: E21452

3. PAGE NO.: 1 OF 3

4. DATE ISSUED: 5/3/10

5. U.S. PORT OF EMBARKATION (City and State): Detroit, MI

6. STATE CODE: 26

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): 4180 Farr Rd.

8. CONSIGNOR'S CITY (or Town): Peck

12. CONSIGNOR'S STATE: Michigan

13. STATE CODE: 26

14. ZIP CODE: 48466

9. SEMEN (Check if yes): ☐

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: 1 - Rail, 2 - Truck, 3 - Air, 4 - Ocean: 2

16. CONSIGNEES NAME AND STREET ADDRESS (Mailing Address): Caval Canada Exports, 912 2nd Ave., West, Owen Sound, ON Canada N4K6K6

DESTINATION COUNTRY: Canada

ENTER CODE: CA

PLANT: Quebec Est, 505, Petite Nation

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): For Slaughter Only

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

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

MODIFIED ACCREDITED AREA (TB)

CERTIFIED BRUCELLOSIS FREE AREA

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

17. FARM ORIGIN	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	DATE M	DATE N	DATE O
Alexander, James	USEU5718 SOR	6y	F	QH											
4180 Farr Rd.	USEU5721 CHN	5y	F	BL											
Peck, MI (26) 48466	USEU5724 SOR	4y	G	QH											
	USEU5727 BLK	2y	G	QH											
	USEU5728 BAY	9y	G	SN											
	USEU5732 SOR	12y	F	QH											
	USEU5735 BAY	6y	F	QH											
	USEU5737 SOR	6y	F	QH											
	USEU5738 BAY	5y	G	QH											
	USEU5740 BL/W	10y	F	PAINT											
	USEU5741 BAY	5y	F	QH											
	USEU5742 SOR	7y	F	QH											
	USEU5743 BAY	5y	G	PE											
	USEU5744 BAY	8y	F	PE											
	~~MEXXXX~~														
	USEU5746 CHN	25y	F	BL											
	USEU5747 CHN	9y	G	BL											
	USEU5748 CHN	25y	G	BL											

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

FOIA 11-0301-0003-62

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: 05/04/2010

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, - please print): Rabeiter, Robert L.

21. STATUS: ☐ 2 Federal ☐ 1 State ☒ 3 Accredited

22. TOTAL NO OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 29

23. Signature of endorsing federal veterinarian

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): Jennifer Juers-Green, DVM

25. SIGNATURE OF ISSUING VETERINARIAN: DVM

VS FORM 17-140 (MAR 98) Previous edition may be used.

PART 3 - PORT VETERINARIAN

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)*: Alexander, James

16. CONSIGNEE'S NAME: Caval Canada Exports

2. CERTIFICATE NO. FROM VS FORM 17-140: E21452

3. PAGE NO.: 2 of 3

NEGATIVE TUBERCULIN READING: ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

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

MODIFIED ACCREDITED AREA (TB) — CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION

Owner's name / street address / city/town, state code & zip code	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	DISEASE / TYPE TEST / DATE M	DISEASE / TYPE TEST / DATE N	DISEASE / TYPE TEST / DATE O
Alexander, James	USFE8638 BAY	2y	F	QH											
4180 Farr Rd.	USFE8639 BAY	2y	F	QH											
Peck, MI (26) 48466	USFE8640 BAY	2y	F	QH											
	USFE8641 BL/W	3y	F	PAINT											
	USFE8642 BL/W	5y	G	PAINT											
	USFE8643 BAY	2y	F	QH											
	USFE8644 BAY	2y	F	QH											
	USFE8645 BAY	2y	F	QH											
	USFE8646 DUN	2y	F	QH											
	USFE8647 PAL	5y	F	QH											
	USFE8648 BAY	3y	F	QH											
	USFE8649 BAY	2y	G	QH											

[signature] 05/04/2010

FOIA1 F3IA000363

VS FORM 17-140a (MAR 2005) *Previous edition may be used.*

PART 3 – PORT VETERINARIAN

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)*: Alexander, James

16. CONSIGNEE'S NAME: Caval Canada Exports

2. CERTIFICATE NO. FROM VS FORM 17-140: E21452

3. PAGE NO.: 3 of 3

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

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

MODIFIED ACCREDITED AREA (TB) ——

18. INDIVIDUAL IDENTIFICATION

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

—— CERTIFIED BRUCELLOSIS FREE AREA

Alexander, James
41080aFr Rd.
Peck, MI (26) 48466

1. The animal was inspected within 30 days prior to export and found to be healthy and free from evidence of communicable disease and exposure thereto.
2. The animal was, to the best of the knowledge and belief of the issuing veterinarian, not exposed to any communicable disease within 60 days preceding the date of inspection.
3. The animal has resided in the United States or Canada since birth.
4. The horse(s) have not been on premises where T.equigenitalis has been isolated during the 60 days immediately preceding exportation to Canada or a premises currently under quarantine or investigation for CEM. Any female(s) in the shipment have not been bred naturally to, or inseminated with, semen from a stallion positive for CEM, or a stallion resident upon a positive premises or under quarantine or investigation for CEM.
5. Showed no clinical signs of CEM on the day of inspection.
6. The animals, at the time of the inspection, were found healthy and in a physical condition fit to be transported.
7. The exporter has been advised that any deterioration in health or physical condition of the animals that may render animals unfit for transport may result in the shipment to be refused entry to Canada.
8. During the previous twenty-one(21) days, the animals in this shipment have not been in the State of Texas or New Mexico.
9. Fit to be transported means that, on the day of inspection, no animal has an infirmity, illness, injury or any other condition that could be aggravated when the animal is being transported, causing the animal to suffer.

[signature] 05/04/2010

FOIA11F0104000364

VS FORM 17-140a (MAR 2005) *Previous edition may be used.*

PART 3 – PORT VETERINARIAN

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY
(Please type or print in ink)

number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. 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.

APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 3:30 AM
DATE: APR 29/10
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: SUGARCREEK OHIO
(b)(6)
NAME OF AUCTION/MARKET: SUGARCREEK LIVESTOCK AUCT INC.

CONSIGNOR (OWNER/SHIPPER) NAME: LeRoy H Baker
STREET ADDRESS: 102 Buckeye ST PO BX 153
CITY, STATE, ZIP CODE: SUGARCREEK OH 44681
AREA CODE & TELEPHONE NO.: 330-852-2832

CONSIGNEE (RECEIVER/DESTINATION) NAME: Carol Canada EXPORTS
STREET ADDRESS: 913 Second Cour. WB OWEN SOUND ONTARIO
CITY, STATE, ZIP CODE: 517 Farm Sta. Juliet Jordan
AREA CODE & TELEPHONE NO.:

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- [X] Pregnant mares are not likely to foal (give birth) during the trip.
- [X] Foals are older than 6 months of age.
- [X] Horses are able to bear weight on all 4 limbs.
- [X] Horses are not blind in both eyes.
- [X] Horses are able to walk unassisted.

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION: Bay	Grey	Blk.	Pinto	Chestn	Other	BREED/TYPE: TB	QT	Draft	Pony	Other	SEX: Mare	Stal	Geld	BRANDS Tattoos, etc.	REMARKS Include existing conditions
1	USEN	5687	X							X					X			
2	↑	5688					X			X				X				
3		5689						DUN		X				X				
4		5690						PAL					APL	X				
5		5691						BROWN		X				X				
6		5692	X										SW	X				
7		5693	X							X				X				
8		5694			X								PAINT	X				
9		5695			X								PAINT	X				
10		5696	X							X						X		
11		5697	X										SW			X		
12		5698					X			X						X		
13		5699					X			X						X		
14		5700	DK X							X				X				
15	↓	5701			X					X				X				

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

SIGNATURE (b)(6)

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)
EST. 504
DATE 2010-04-30
TIME 12:10

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)
EST.
DATE
TIME

ANIMAL AND PLANT HEALTH INSPECTION SERVICE

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY
(CONTINUATION SHEET)

(Please type or print in ink)

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 0579-0160. The time required to complete this information collection is estimated to average 5 min. 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. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	2USEN	5702			X					X				X				
17	↑	5703			X								SV	X				
18		5704	X							X				X				
19		5705	X							X				X				
20		5706	X							X						X		
21		5707					X						Paint			X		
22		5708			X					X						X		
23		5709						DIN		X						X		
24		5710					X			X						X		
25		5711					X			X						X		
26		5712						Brown					AS	X				
27		5713	X						TH.							X		
28		5714	X						TH							X		
29		5715			X								TW	X				
30	↓	5716						US Sr			PL			X				
31																		
32																		
33																		
34																		
35																		
36																		
37																		
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39																		
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41																		
42																		
43																		
44																		
45																		

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6)

VS FORM 10-13A
(SEP 2002)

This document is authorized by law 21 U.S.C. 116. Valid only if the USDA Veterinary Seal appears on it. No health certificate can be validated unless the data requested is provided.

FORM APPROVED - OMB NO. 0579-0020

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): SUGARCREEK LIVESTOCK AUCTION, INC.

2. CERTIFICATE NO: J 3523

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 4/23/10

5. U.S. PORT OF EMBARKATION (City and State): PORT HURON, MICHIGAN

6. STATE CODE: 26

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): 102 BUCKEYE ST.

8. CONSIGNOR'S CITY (or Town): SUGARCREEK

12. CONSIGNOR'S STATE: OHIO

13. STATE CODE: 39

14. ZIP CODE: 44681

9. SEMEN (Check if yes): ☐

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: 1 - Rail, 2 - Truck, 3 - Air, 4 - Ocean: 2

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address): CAVEL CANADA EXPORTS, 917 SECOND AVENUE WEST, OWEN SOUND, ON

DESTINATION COUNTRY: CANAADA

ENTER CODE: CA

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)

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

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

MODIFIED ACCREDITED AREA (TB)

CERTIFIED BRUCELLOSIS FREE AREA

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

Owner's name	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	DATE M	DATE N	DATE O
SUGARCREEK LIVESTOCK AUCTION, INC.	USEU5687	120	M	OH		STAR									
102 BUCKEYE ST.	USEU5688	144	F	OH		DORSAL STRIPE									
SUGARCREEK, OH 44681	USEU5689	60	F	OH		STAR, SNIP, DORSAL STRIPE									
	USEU5690	84	F	APL		STAR, LR, RR-SOCK									
	USEU5691	60	F	OH		STAR, SNIP, STRIPE									
	USEU5692	300	F	SN		NO MARKS									
	USEU5693	84	F	OH		STAR, SNIP, STRIPE									
	USEU5694	72	F	PAINT		STAR, SNIP, PAINTED BLACK AND WHITE									
	USEU5695	72	F	PAINT		PAINTED BLACK AND WHITE									
	USEU5696	180	N	OH		NO MARKS									
	USEU5697	300	N	SN		STAR, SNIP, LR-SOCK									
	USEU5698	72	N	OH		STAR									
	USEU5699	180	N	OH		STRIPE, LR, RR-STOCKING									
	USEU5700	108	F	OH		NO MARKS									
	USEU5701	72	F	OH		STAR, STRIPE									
	USEU5702	84	F	OH		STAR, SNIP									
	USEU5703	144	F	SN		STAR, SNIP, STRIPE, LR-PASTERN									
	USEU5704	144	F	OH		NO MARKS									

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

FOIA-F31P000367

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. 26, 2010

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, please print): SUMMERS, DENNIS M.

21. STATUS: ☐ 2 Federal ☐ 1 State ☒ 3 Accredited

22. TOTAL NO OF ANIMALS (Certified for export or donated semen) (Include non-form all attached VS Forms 17-140A): 30

23. Signature of endorsing federal veterinarian: Nancy L. Hannaway, DVM

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): NANCY L HANNAWAY, DVM, VETERINARY MEDICAL OFFICER

25. SIGNATURE OF ISSUING VETERINARIAN

VS FORM 17-140 (MAR 99) Previous edition may be used.

PART I - TO ACCOMPANY SHIPMENT

READ INSTRUCTIONS FROM VS FORM 17-140

This certificate is authorized by law (21 USC 152), 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. 0579-0030

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): SUGARCREEK LIVESTOCK AUCTION, INC.

16. CONSIGNEE'S NAME: CAVEL CANADA EXPORTS

2. CERTIFICATE NO. FROM VS FORM 17-140: J 3523

3. PAGE NO.: 2 OF 2

NEGATIVE TUBERCULIN READING: ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

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

MODIFIED ACCREDITED AREA (TB) — CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION

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	DISEASE / TYPE TEST / DATE M	DISEASE / TYPE TEST / DATE N	DISEASE / TYPE TEST / DATE O
SUGARCREEK LIVESTOCK AUCTION, INC.	USEU5705	60	F	OH	DORSAL STRIPE									
102 BUCKEYE ST.	USEU5706	84	N	OH	STAR, SNIP									
SUGARCREEK, OH 44681	USEU5707	74	N	PAINT	BALD, PAINTED CHESTNUT AND WHITE									
	USEU5708	120	N	OH	STAR, STRIPE									
	USEU5709	120	N	OH	STAR, LR, RR-SOCK									
	USEU5710	108	N	OH	STAR, LR, RR-SOCK									
	USEU5711	84	N	OH	STAR									
	USEU5712	240	F	AS	STAR, STRIPE, LR, RR-STOCKING									
	USEU5713	60	N	TH	NO MARKS									
	USEU5714	96	N	TH	BLAZE, LF, LR, RR-SOCK									
	USEU5715	300	F	TW	STAR, LR-SOCK									
	USEU5716	300	F	BL	STAR, SNIP, STRIPE									

1. THE ANIMALS WERE INSPECTED WITHIN 30 DAYS PRIOR TO EXPORT AND FOUND TO BE HEALTHY AND FREE FROM EVIDENCE OF COMMUNICABLE DISEASE.
2. THE ANIMAL WAS , TO THE BEST OF THE KNOWLEDGE AND BELIEF OF THE ISSUING VETERINARIAN, NOT EXPOSED TO ANY COMMUNICABLE DISEASE WITHIN 60 DAYS PRECEDING THE DATE OF INSPECTION.
3. THE ANIMAL HAS RESIDED IN THE UNITED STATES OR CANADA SINCE BIRTH.
4. THE ANIMALS, AT THE TIME OF THE INSPECTION, WERE FOUND HEALTHY AND IN A PHYSICAL CONDITION FIT TO BE TRANSPORTED.
5. DURING THE PREVIOUS TWENTY ONE (21) DAYS, THE ANIMALS IN THIS SHIPMENT HAVE NOT BEEN IN THE STATE OF MISSOURI, NEW MEXICO, OR TEXAS.
6. THE EXPORTER HAS BEEN ADVISED THAT ANY DETERIORATION IN HEALTH OR PHYSICAL CONDITION OF THE ANIMALS THAT MAY RENDER ANIMALS UNFIT FOR TRANSPORT MAY RESULT IN THE SHIPMENT TO BE REFUSED ENTRANCE TO CANADA. (FIT TO BE TRANSPORTED MEANS THAT, ON THE DAY OF INSPECTION NO ANIMAL HAS AN INFIRMITY, ILLNESS, INJURY OR ANY OTHER CONDITION THAT COULD BE AGGRAVATED WHEN THE ANIMAL IS BEING TRANSPORTED, CAUSING THE ANIMAL TO SUFFER.)

SIGN - TO ACCOMPANY SHIPMENT

VS FORM 17-140a
MAR 2003

Previous edition may be used.

FOIA11FS2IP000368

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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 0579-0160. The time required to complete this information collection is estimated to average 5 min. 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. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 9:00 PM

DATE: June 14-10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: SUGARCREEK OHIO

VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6) (b)(6)

NAME OF AUCTION/MARKET: SUGARCREEK LIVESTOCK AUCT INC

CONSIGNOR (OWNER/SHIPPER) NAME: LEROY H. BAKER TR-6990PD ON

CONSIGNEE (RECEIVER/DESTINATION) NAME: CAVEL CANADA EXPORTS

STREET ADDRESS: 102 BUCKEYE ST P.O BX 452

STREET ADDRESS: 912 SECOND AVE WEST

CITY, STATE, ZIP CODE: SUGARCREEK OHIO 44681

CITY, STATE, ZIP CODE: OWENSOUND ONTARIO 517 Rang ste juliet jovland

AREA CODE & TELEPHONE NO.: 330-852-2832

AREA CODE & TELEPHONE NO.:

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- [X] Pregnant mares are not likely to foal (give birth) during the trip.
- [X] Horses are able to bear weight on all 4 limbs.
- [X] Foals are older than 6 months of age.
- [X] Horses are not blind in both eyes.
- [X] Horses are able to walk unassisted.

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	21SEA	6274	X										SN		X			
2	↑	6275					X			X				X				
3		6276	X							X						X		
4		6277					X						TW			X		
5		6278					X			X				X				
6		6279					X						SN			X		
7		6280						Brown					PAINT			X		
8		6281					X			X				X				
9		6282					X			X						X		
10		6283					X			X				X				
11		6284					X						SN	X				
12		6285						Liver		X				X				
13		6286			X					X						X		
14		6287			X								SN			X		
15	↓	6288	X										SN			X		

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

SIGNATURE (b)(6)

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. 505

DATE 15/6/2010

TIME 14:10

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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 0579-0160. The time required to complete this information collection is estimated to average 5 min. 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. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 9pm

DATE: 6-14-10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: SUGARCREEK OHIO

VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6)

NAME OF AUCTION/MARKET: SUGARCREEK LIVESTOCK AUCT INC.

CONSIGNOR (OWNER/SHIPPER) NAME: Leroy H. Baker Jr.

CONSIGNEE (RECEIVER/DESTINATION) NAME: Carvel Canada Exports

STREET ADDRESS: 102 Birkey ST. P.O BX 452

STREET ADDRESS: 913 Second Ave West

CITY, STATE, ZIP CODE: SUGARCREEK OHIO 44681

CITY, STATE, ZIP CODE: OWENSOUND ONTARIO

AREA CODE & TELEPHONE NO.: 330-852-2832

AREA CODE & TELEPHONE NO.: 517 Rang ste julliest jovlwo

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- [X] Pregnant mares are not likely to foal (give birth) during the trip.
- [X] Foals are older than 6 months of age.
- [X] Horses are able to bear weight on all 4 limbs.
- [X] Horses are not blind in both eyes.
- [X] Horses are able to walk unassisted.

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	21SEA	6304			X								SV		X			
2	↑	6305						Sor			BL			X				
3		6306						Sor			BL			X				
4		6307						Sor			BL			X				
5		6308			X						PE					X		
6		6309						Sor			BL			X				
7		6310			X					X				X				
8		6311			X								TW			X		
9		6312					X			X				X				
10		6313			X					X				X				
11		6314	X									X				X		
12		6315	X										SV			X		
13		6316						Cream					PAINT	X				
14		6317	X							X				X				
15	↓	6318					X			X				X				

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

SIGNATURE (b)(6)

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. 505

DATE 15 Juin 2010

TIME 13:50

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

FOIA11F0110370

...the health certificate can be validated unless the data requested is provided. FORM APPROVED - OMB NO. 0579-0020 and 0101

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): SUGARCREEK LIVESTOCK AUCTION, INC.

2. CERTIFICATE NO.: L024128

3. PAGE: 1 OF

4. DATE ISSUED: 6/11/10

5. U.S. PORT OF EMBARKATION (City and State): ALEXANDRA BAY, NY

6. STATE CODE: 36

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): 102 BUCKEYE ST.

8. CONSIGNOR'S CITY (or Town): SUGARCREEK

12. CONSIGNOR'S STATE: OHIO

13. STATE CODE: 39

14. ZIP CODE: 44681

9. SEMEN ("X" if yes): [ ]

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [X] 2 - Truck [ ] 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address):
CAVEL CANADA EXPORTS
912 SECOND AVENUE WEST
OWEN SOUND, ON

DESTINATION COUNTRY: CANADA

ENTER CODE: CA

15. SPECIES ("X" one - use VS Form 17-6 for Poultry): [ ] 01 BOVINE [ ] 02 PORCINE [ ] 03 OVINE [ ] 04 CAPRINE [X] 05 EQUINE [ ] 08 OTHER WILDLIFE - MAMMAL [ ] 09 OTHER (Specify)

NEGATIVE TUBERCULIN READING: [ ] 48 HRS [ ] 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS: DISEASE / TYPE TEST / DISEASE / TYPE TEST / DISEASE / TYPE TEST

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

MODIFIED ACCREDITED AREA (TB)

CERTIFIED BRUCELLOSIS FREE AREA

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)

A ID NO. OR DESCRIPTION	B AGE	C SEX	D BREED	E √	F DATE	G √	H DATE	I VAC	J 1/25	K 1/50	L 1/100	M DATE	N DATE	O DATE
SUGARCREEK LIVESTOCK AUCTION, INC.	USEU6304	48	M	SN	BLACK, STAR									
102 BUCKEYE ST.	USEU6305	144	F	BL	SORREL, BLAZE									
SUGARCREEK, OH 44681	USEU6306	120	F	BL	SORREL, STAR									
	USEU6307	120	F	BL	SORREL, BLAZE									
	USEU6308	144	N	PE	BLACK, NO MARKS									
	USEU6309	120	F	BL	SORREL, STAR, SNIP, STRIPE									
	USEU6310	36	F	QH	BLACK, RR-SOCK									
	USEU6311	132	N	TW	BLACK, NO MARKS									
	USEU6312	60	F	QH	CHESTNUT, STRIPE, SNIP, RR-SOCK									
	USEU6313	60	F	QH	BLACK, BLAZE, LR, RR-STOCKING									
	USEU6314	60	N	PONY	BAY, STAR, STRIPE, LR, RR-SOCK									
	USEU6315	120	N	SN	BAY, STAR, LF-PASTERN, RR-SOCK									
	USEU6316	36	F	PAINT	CREAM, BLAZE, LR-STOCKING, PAINTED CREAM AND WHITE									
	USEU6317	48	F	QH	BAY, LR, RR-SOCK									
	USEU6318	24	F	QH	CHESTNUT, BLAZE, LR, RR-STOCKING, WHITE ON BELLY									
	USEU6319	48	F	QH	BAY, STAR									
	USEU6320	24	F	QH	BAY, STAR, LR, RR-SOCK, DORSAL STRIPE									
	USEU6321	24	F	PAINT	LIVER, STAR, SNIP, PAINTED LIVER AND WHITE									

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: JUN 14,2010

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, - please print): SPECHT, TERRI A. 9542

21. STATUS: [ ] 2 Federal [ ] 1 State [X] 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 32

23. Signature of Endorsing Federal Veterinarian: Kellie A Hough DVM

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): KELLIE A HOUGH, DVM
VETERINARY MEDICAL OFFICER

25. SIGNATURE OF ISSUING VETERINARIAN: Terri A Specht

VS FORM 17-140 (MAR 98) Previous edition may be used.

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): SUGARCREEK LIVESTOCK AUCTION, INC.

2. CERTIFICATE NO.: L024148

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 6/11/10

5. U.S. PORT OF EMBARKATION (City and State): ALEXANDRA BAY, NY

6. STATE CODE: 36

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): 102 BUCKEYE ST.

8. CONSIGNOR'S CITY (or Town): SUGARCREEK

12. CONSIGNOR'S STATE: OHIO

13. STATE CODE: 39

14. ZIP CODE: 44681

9. SEMEN ("X" if yes): [ ]

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [X] 2 - Truck [ ] 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address): CAVEL CANADA EXPORTS, 912 SECOND AVENUE WEST, OWEN SOUND, ON

DESTINATION COUNTRY: CANADA

ENTER CODE: CA

15. SPECIES ("X" one - use VS Form 17-6 for Poultry): [ ] 01 BOVINE [ ] 02 PORCINE [ ] 03 OVINE [ ] 04 CAPRINE [X] 05 EQUINE [ ] 08 OTHER WILDLIFE - MAMMAL [ ] 09 OTHER (Specify)

NEGATIVE TUBERCULIN READING: [ ] 48 HRS [ ] 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

CERTIFIED BRUCELLOSIS FREE AREA

NEGATIVE RESULTS OF OTHER TESTS: DISEASE / TYPE TEST; DISEASE / TYPE TEST; DISEASE / TYPE TEST

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

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

17. FARM ORIGIN	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	DATE M	DATE N	DATE O
SUGARCREEK LIVESTOCK AUCTION, INC.	USEU6274	288	M	SN			BAY, NO MARKS								
102 BUCKEYE ST.	USEU6275	96	F	QH			CHESTNUT, STAR, LR, RR-SOCK, RF-PASTERN								
SUGARCREEK, OH 44681	USEU6276	120	N	QH			BAY, NO MARKS								
	USEU6277	168	N	TW			CHESTNUT, STAR, STRIPE, LR-PASTERN								
	USEU6278	84	F	QH			CHESTNUT, STAR, SNIP, STRIPE								
	USEU6279	60	N	SN			CHESTNUT, BLAZE, RR-PASTERN								
	USEU6280	120	N	PAINT			BROWN, STAR, SNIP, PAINTED BROWN AND WHITE								
	USEU6281	120	F	QH			CHESTNUT, STAR, SNIP								
	USEU6282	120	N	QH			CHESTNUT, STAR, RR-SOCK								
	USEU6283	120	F	QH			CHESTNUT, STAR, LEFT HIP BRAND								
	USEU6284	96	F	SN			CHESTNUT, BLAZE, LR-PASTERN								
	USEU6285	120	F	QH			LIVER, BLAZE, LR, RR-STOCKING								
	USEU6286	120	N	QH			BLACK, STAR, SNIP, LR-SOCK								
	USEU6287	180	N	SN			BLACK, STRIPE, LR-SOCK								
	USEU6288	120	N	SN			BAY, STRIPE, LF, LR, RF, RR-SOCK								
	USEU6289	60	F	TW			CREAM, NO MARKS								
	USEU6290	144	F	SN			BAY, NO MARKS								
	USEU6291	144	F	PAINT			BAY, BALD, LR, RR-STOCKING, PAINTED BAY AND WHITTE								

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: JUN 14, 2010

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, - please print): SPECHT, TERRI A. 9542

21. STATUS: [ ] 2 Federal [ ] 1 State [X] 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 30

23. Signature of Endorsing Federal Veterinarian: Kellie A. Hough, DVM

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): KELLIE A HOUGH, DVM, VETERINARY MEDICAL OFFICER

25. SIGNATURE OF ISSUING VETERINARIAN: Terri A. Specht

VS FORM 17-140 (MAR 98) Previous edition may be used.

FOIA11FS0400002

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): SUGARCREEK LIVESTOCK AUCTION, INC.

2. CERTIFICATE NO. FROM VS FORM 17-140: L024143

3. PAGE NO.: 2 OF 2

16. CONSIGNEE'S NAME: CAVEL CANADA EXPORTS

NEGATIVE TUBERCULIN READING: ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS: DISEASE / TYPE TEST; DISEASE / TYPE TEST; DISEASE / TYPE TEST

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

SUGARCREEK LIVESTOCK AUCTION, INC.
102 BUCKEYE ST.
SUGARCREEK, OH 44681

MODIFIED ACCREDITED AREA (TB) ✓ — CERTIFIED BRUCELLOSIS FREE AREA ✓

18. INDIVIDUAL IDENTIFICATION

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	DATE M	DATE N	DATE O
USEU6292	240	N	QH				BAY, STAR, WHITE SPOT ON LEFT SIDE							7/6/10
USEU6293	144	F	QH				DARK CHESTNUT, LF-PASTERN						RR	
USEU6294	96	N	QH				LIVER, STAR, SNIP, STRIPE, LF, LR, RF, RR-STOCKING							
USEU6295	120	N	SN				BLACK, NO MARKS							
USEU6296	108	N	TH				CHESTNUT, STRIPE, LF-CORONT, RF, RR-SOCK							
USEU6297	48	N	QH				CHESTNUT, STAR, SNIP, RF, RR-SOCK							
USEU6298	36	N	TH				BAY, STRIPE, LR, RR-SOCK, RF-CORONET							
USEU6299	60	N	TH				CHESTNUT, BLAZE							
USEU6300	48	F	TH				CHESTNUT, STAR							
USEU6301	72	N	TH				BAY, STAR							
USEU6302	108	N	TH				BAY, STAR							
USEU6303	120	N	TH				BAY, NO MARKS							

.) THE ANIMALS WERE INSPECTED WITHIN 30 DAYS PRIOR TO EXPORT AND FOUND TO BE HEALTHY AND FREE FROM EVIDENCE OF COMMUNICABLE DISEASE.

:) THE ANIMAL WAS, TO THE BEST OF THE KNOWLEDGE AND BELIEF OF THE ISSUING VETERINARIAN, NOT EXPOSED TO ANY COMMUNICABLE DISEASE WITHIN 60 DAYS PRECEDING THE DATE OF INSPECTION.

) THE ANIMAL HAS RESIDED IN THE UNITED STATES OR CANADA SINCE BIRTH.

) THE ANIMALS, AT THE TIME OF THE INSPECTION, WERE FOUND HEALTHY AND IN A PHYSICAL CONDITION FIT TO BE TRANSPORTED.

) DURING THE PREVIOUS TWENTY ONE (21) DAYS, THE ANIMALS IN THIS SHIPMENT HAVE NOT BEEN IN THE STATE OF ARIZONA, NEW MEXICO OR TEXAS.

) THE EXPORTER HAS BEEN ADVISED THAT ANY DETERIORATION IN HEALTH OR PHYSICAL CONDITION OF THE ANIMALS THAT MAY RENDER ANIMALS UNFIT FOR TRANSPORT MAY RESULT IN THE SHIPMENT TO BE REFUSED ENTRANCE TO CANADA. (FIT TO BE TRANSPORTED MEANS THAT, ON THE DAY OF INSPECTION NO ANIMAL HAS AN INFIRMITY, ILLNESS, INJURY OR ANY OTHER CONDITION THAT COULD BE AGGRAVATED WHEN THE ANIMAL IS BEING TRANSPORTED, CAUSING THE ANIMAL TO SUFFER.)

Terri A. [illegible]

[illegible] DVM

FORM 17-140a
(MAR 2005)

Previous edition may be used.

PART 2 – VS RIVERDALE, MARYLAND

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*): SUGARCREEK LIVESTOCK AUCTION, INC.

16. CONSIGNEE'S NAME: CAVEL CANADA EXPORTS

CERTIFICATE NO. (FROM VS FORM 17-140): H024128

PAGE NO. 1 OF 1

NEGATIVE TUBERCULIN READING: ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

DISEASE | TYPE TEST | DISEASE | TYPE TEST | DISEASE | TYPE TEST

MODIFIED ACCREDITED AREA (TB) — CERTIFIED BRUCELLOSIS FREE AREA

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

18. INDIVIDUAL IDENTIFICATION

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	DATE M	DATE N	DATE O
~~SUGARCREEK LIVESTOCK AUCTION, INC.~~	USEU6322	36	F	QH			RED ROAN, STAR, LF-SOCK							
~~102 BUCKEYE ST.~~	USEU6323	12	N	PAINT			CHESTNUT, BLAZE, NO MARKS ON LEGS							
~~SUGARCREEK, OH 44681~~	USEU6324	120	F	QH			GREY, STAR							
	USEU6325	24	F	QH			CHESTNUT, STAR							
	USEU6326	12	F	QH			CHESTNUT, STAR							
	USEU6327	84	F	PAINT			CHESTNUT, BLAZE, PAINTED CHESTNUT AND WHITE							
	USEU6328	60	F	QH			CREAM, NO MARKS							
	USEU6329	144	F	PAINT			SORREL, BALD, PAINTED SORREL AND WHITE							
	USEU6330	180	N	QH			CHESTNUT, BLAZE, LF, RR-STOCKING							
	USEU6331	96	N	PAINT			CHESTNUT, STAR, SNIP, PAINTED CHESTNUT AND WHITE							
	USEU6332	96	F	PAINT			CHESTNUT, BLAZE, LF, LR, RF, RR-STOCKING, PAINTED CHESTNU							
	USEU6333	180	F	QH			LIVER, STAR, LR, RR-SOCK							AND WHITE
	USEU6334	60	N	QH			CHESTNUT, BLAZE, RF-SOCK							
	USEU6335	48	F	TW			CHESTNUT, STAR							

1. ~~THE ANIMALS WERE INSPECTED WITHIN 30 DAYS PRIOR TO EXPORT AND FOUND TO BE HEALTHY AND FREE FROM EVIDENCE OF COMMUNICABLE~~ DISEASE.
2. THE ANIMAL WAS , TO THE BEST OF THE KNOWLEDGE AND BELIEF OF THE ISSUING VETERINARIAN, NOT EXPOSED TO ANY COMMUNICABLE DISEASE WITHIN 60 DAYS PRECEDING THE DATE OF INSPECTION.
3. THE ANIMAL HAS RESIDED IN THE UNITED STATES OR CANADA SINCE BIRTH.
4. THE ANIMALS, AT THE TIME OF THE INSPECTION, WERE FOUND HEALTHY AND IN A PHYSICAL CONDITION FIT TO BE TRANSPORTED.
5. DURING THE PREVIOUS TWENTY ONE (21) DAYS, THE ANIMALS IN THIS SHIPMENT HAVE NOT BEEN IN THE STATE OF MISSOURI, ARIZONA NEW MEXICO, OR TEXAS.
6. THE EXPORTER HAS BEEN ADVISED THAT ANY DETERIORATION IN HEALTH OR PHYSICAL CONDITION OF THE ANIMALS THAT MAY RENDER ANIMALS UNFIT FOR TRANSPORT MAY RESULT IN THE SHIPMENT TO BE REFUSED ENTRANCE TO CANADA. (FIT TO BE TRANSPORTED MEANS THAT, ON THE DAY OF INSPECTION NO ANIMAL HAS AN INFIRMITY, ILLNESS, INJURY OR ANY OTHER CONDITION THAT COULD BE AGGRAVATED WHEN THE ANIMAL IS BEING TRANSPORTED, CAUSING THE ANIMAL TO SUFFER.)

Terri A. Krecke

Terri A. Krecke, DVM

VS FORM 17-140a (MAR 2005) *Previous edition may be used.*

PART 2 - VS RIVERDALE, MARYLAND

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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 0579-0160. The time required to complete this information collection is estimated to average 5 min. 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. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 10:PM

DATE: 6-9-10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Sugarcreek OHIO

(b)(6) (b)(6)

NAME OF AUCTION/MARKET: SUGARCREEK LIVESTOCK AUCT INC.

CONSIGNOR (OWNER/SHIPPER) NAME: Leroy H. Baker

CONSIGNEE (RECEIVER/DESTINATION) NAME: Cavel Canada EXPORTS

STREET ADDRESS: 1102 Buckeye ST. P.O Bx 452

STREET ADDRESS: 912 Second ave WEST

CITY, STATE, ZIP CODE: SUGARCREEK OHIO 44681

CITY, STATE, ZIP CODE: OWENSOUND ONTARIO 517 Bang Ste juliest jovlwo

AREA CODE & TELEPHONE NO.: 330-852-2832

AREA CODE & TELEPHONE NO.:

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- [x] Pregnant mares are not likely to foal (give birth) during the trip.
- [x] Foals are older than 6 months of age.
- [x] Horses are able to bear weight on all 4 limbs.
- [x] Horses are not blind in both eyes.
- [x] Horses are able to walk unassisted.

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USDA	6212			X								Paint		X			
2		6213			X								TW	X				
3		6214					X			X				X				
4		6215	X							X				X				
5		6216					X			X						X		
6		6217	X										SN			X		
7		6218	X							X				X				
8		6219			X								TW			X		
9		6220			X								SN	X				
10		6221			X					X				X				
11		6222					X			X						X		
12		6223						Red Roan		X						X		
13		6224					X			X						X		
14		6225	X							X				X				
15		6226	X							X				X				

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

SIGNATURE (b)(6)

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. 505

DATE 2010-06-10

TIME 11:15

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

FOIA11F0110000375

VS FORM 10-13 (AUG 2004) Previous editions are obsolete

FORM APPROVED - OMB NO. 0579-0020 and 0101

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): SUGARCREEK LIVESTOCK AUCTION, INC.

2. CERTIFICATE NO.: L024140

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 6/4/10

5. U.S. PORT OF EMBARKATION (City and State): =ALEXANDRA BAY, NY

6. STATE CODE: 36

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): 102 BUCKEYE ST.

8. CONSIGNOR'S CITY (or Town): SUGARCREEK

12. CONSIGNOR'S STATE: OHIO

13. STATE CODE: 39

14. ZIP CODE: 44681

9. SEMEN ("X" if yes): [ ]

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [X] 2 - Truck [ ] 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address): CAVAL CANADA EXPORTS
912 SECOND AVENUE WEST
OWEN SOUND, ON

DESTINATION COUNTRY: CANADA

ENTER CODE: CA

15. SPECIES ("X" one - use VS Form 17-6 for Poultry): [ ] 01 BOVINE [ ] 02 PORCINE [ ] 03 OVINE [ ] 04 CAPRINE [X] 05 EQUINE [ ] 08 OTHER WILDLIFE - MAMMAL [ ] 09 OTHER (Specify)

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
DATE M	DATE N	DATE O

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

GARCREEK LIVESTOCK AUCTION, INC.
2 BUCKEYE ST.
GARCREEK, OH 44681

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	DATE M	DATE N	DATE O
USEU6212	36	M	PAINT		BLAZE, PAINTED BLACK AND WHITE									
USEU6213	72	F	TW		BLACK, NO MARKS									
USEU6214	120	F	QH		CHESTNUT, STAR									
USEU6215	300	F	QH		BAY, STAR									
USEU6216	36	N	QH		CHESTNUT, BLAZE, LF, LR, RR-SOCK									
USEU6217	72	N	SN		BAY, NO MARKS									
USEU6218	156	F	QH		BAY, LF, LR, RR-PASTERN									
USEU6219	120	N	TW		BLACK, NO MARKS									
USEU6220	120	F	SN		BLACK, STAR, LR, RR-SOCK									
USEU6221	180	F	QH		BLACK, NO MARKS									
USEU6222	144	N	QH		CHESTNUT, STRIPE, LR-STOCKING									
USEU6223	60	N	QH		RED ROAN, BLAZE									
USEU6224	48	N	QH		CHESTNUT, STRIPE									
USEU6225	84	F	QH		BAY, SCAR ABOVE EYE, LR, RR-PASTERN									
USEU6226	120	F	QH		BAY, NO MARKS									
USEU6227	72	F	TW		BLACK, STAR, LR, RR-PASTERN									
USEU6228	60	N	QH		CHESTNUT, BLAZE									
USEU6229	180	F	TW		DARK CHESTNUT, NO MARKS									

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

Signature of Endorsing Federal Veterinarian

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: JUN 7 2010

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, - please print): SUMMERS, DENNIS M. 9130

21. STATUS: [ ] 2 Federal [ ] 1 State [X] 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 30

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): KELLIE A. HOUGH, DVM
VETERINARY MEDICAL OFFICER

25. SIGNATURE OF ISSUING VETERINARIAN

FORM 17-140 (MAR 98) Previous edition may be used.

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)*: SUGARCREEK LIVESTOCK AUCTION, INC.

2. CERTIFICATE NO. FROM VS FORM 17-140: L024140

3. PAGE NO.: 2 OF 2

16. CONSIGNEE'S NAME: CAVEL CANADA EXPORTS

NEGATIVE TUBERCULIN READING: ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

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

MODIFIED ACCREDITED AREA (TB)

CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION

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	DISEASE / TYPE TEST / DATE M	DISEASE / TYPE TEST / DATE N	DISEASE / TYPE TEST / DATE O
UGARCREEK LIVESTOCK AUCTION, INC.	USEU6230	24	N	OH								GREY, STRIPE, SNIP, LR, RR-STOCKING		
02 BUCKEYE ST.	USEU6231	96	N	OH								CHESTNUT, STAR, SNIP, STRIPE, LR-PASTERN, LR, RR-STOCKING		
UGARCREEK, OH 44681	USEU6232	180	F	SN								BAY, STAR, NECK BRAND TE260		
	USEU6233	180	F	OH								BAY, LR, RR-PASTERN		
	USEU6234	144	N	OH								CHESTNUT, STRIPE, SNIP, LF, LR, RR-STOCKING		
	USEU6235	300	N	SN								BAY, NECK BRAND 16		
	USEU6236	180	N	SN								BAY, NO MARKS		
	USEU6237	84	F	OH								SORREL, STAR		
	USEU6238	300	F	PE								BLACK, BLAZE, LF, LR, RR-SOCK		
	USEU6239	120	F	OH								BAY, STRIPE, SNIP, LR-PASTERN		
	USEU6240	120	F	MN								BLACK, NO MARKS		
	USEU6241	72	F	OH								PALOMIND, STRIPE, LF, LR, RF, RR-SOCK		

THE ANIMALS WERE INSPECTED WITHIN 30 DAYS PRIOR TO EXPORT AND FOUND TO BE HEALTHY AND FREE FROM EVIDENCE OF COMMUNICABLE DISEASE.

THE ANIMAL WAS, TO THE BEST OF THE KNOWLEDGE AND BELIEF OF THE ISSUING VETERINARIAN, NOT EXPOSED TO ANY COMMUNICABLE DISEASE WITHIN 60 DAYS PRECEDING THE DATE OF INSPECTION.

THE ANIMAL HAS RESIDED IN THE UNITED STATES OR CANADA SINCE BIRTH.

THE ANIMALS, AT THE TIME OF THE INSPECTION, WERE FOUND HEALTHY AND IN A PHYSICAL CONDITION FIT TO BE TRANSPORTED.

DURING THE PREVIOUS TWENTY ONE (21) DAYS, THE ANIMALS IN THIS SHIPMENT HAVE NOT BEEN IN THE STATE OF ARIZONA, NEW MEXICO OR TEXAS.

THE EXPORTER HAS BEEN ADVISED THAT ANY DETERIORATION IN HEALTH OR PHYSICAL CONDITION OF THE ANIMALS THAT MAY RENDER ANIMALS UNFIT FOR TRANSPORT MAY RESULT IN THE SHIPMENT TO BE REFUSED ENTRANCE TO CANADA. (FIT TO BE TRANSPORTED MEANS THAT, ON THE DAY OF INSPECTION NO ANIMAL HAS AN INFIRMITY, ILLNESS, INJURY OR ANY OTHER CONDITION THAT COULD BE AGGRAVATED WHEN THE ANIMAL IS BEING TRANSPORTED, CAUSING THE ANIMAL TO SUFFER.)

FORM 17-140a
(R 2005)

Previous edition may be used.

PART 2 – VS RIVERDALE, MARYLAND

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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 0579-0160. The time required to complete this information collection is estimated to average 5 min. 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. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 8:00

DATE: 6-3-10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: SUGARCREEK OHIO

VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6) (b)(6)

NAME OF AUCTION/MARKET: SUGARCREEK LIVESTOCK AUCT INC

CONSIGNOR (OWNER/SHIPPER) NAME: LEROY N. BAKER

CONSIGNEE (RECEIVER/DESTINATION) NAME: CAVEL CANADA EXPORTS

STREET ADDRESS: 102 BICKEL ST. P.O. BX 452

STREET ADDRESS: 912 SECOND AVE WEST OWENSOUND ONTARIO

CITY, STATE, ZIP CODE: SUGARCREEK OHIO 44681

CITY, STATE, ZIP CODE: 517 Rang Ste Julie QUEBEC J0V1W0

AREA CODE & TELEPHONE NO.: 330-852-2332

AREA CODE & TELEPHONE NO.:

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- [X] Pregnant mares are not likely to foal (give birth) during the trip.
- [X] Foals are older than 6 months of age.
- [X] Horses are able to bear weight on all 4 limbs.
- [X] Horses are not blind in both eyes.
- [X] Horses are able to walk unassisted.

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USEU	6121	X							X						X		
2		6122						Sor			BL					X		
3		6123					X			X					X			
4		6124					X			X				X				
5		6125	X							X						X		
6		6126			X								PAINT	X				
7		6127	X							X				X				
8		6128					X			X				X				
9		6129	X							X				X				
10		6130						BL					APL			X		
11		6131	X							X				X				
12		6132			X								SW			X		
13		6133						Roan					AP	X				
14		6134			X								SW			X		
15		6135			X					X						X		

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

SIGNATURE (b)(6)

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. #505

DATE June 4th, 2010

TIME 12h30,

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

FOIA REQ 2011-000378

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY
(CONTINUATION SHEET)

(Please type or print in ink)

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 0579-0160. The time required to complete this information collection is estimated to average 5 min. 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. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	PASEN	6136			X								TW	X				
17	↑	6137					X			X				X				
18		6138			X								SN	X				
19		6139					X			X				X				
20		6140		X						X						X		
21		6141			X								PAINT	X				
22		6142					X			X				X				
23		6143			X								SN			X		
24		6144						Roan		X						X		
25		6145	X							X						X		
26		6146			X					X				X				
27		6147					X			X						X		
28		6148			X								AB	X				
29		6149					X						PAINT			X		
30		6150					DK X			X				X				
31		6151	X							X				X				
32	↓	6152					X			X				X				
33																		
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I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6)

FOIA11F0110379

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

FORM APPROVED - OMB NO. 0579-0020 and 0101

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): SUGARCREEK LIVESTOCK AUCTION, INC.

2. CERTIFICATE NO.: L024134

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 5/28/10

5. U.S. PORT OF EMBARKATION (City and State): ALEXANDRA BAY, NY

6. STATE CODE: 36

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): 102 BUCKEYE ST.

8. CONSIGNOR'S CITY (or Town): SUGARCREEK

12. CONSIGNOR'S STATE: OHIO

13. STATE CODE: 39

14. ZIP CODE: 44681

9. SEMEN ("X" if yes): [ ]

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [X] 2 - Truck [ ] 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address): CAVEL CANADA EXPORTS, 912 SECOND AVENUE WEST, OWEN SOUND, ON

DESTINATION COUNTRY: CANADA

ENTER CODE: CA

15. SPECIES ("X" one - use VS Form 17-6 for Poultry): [ ] 01 BOVINE [ ] 02 PORCINE [ ] 03 OVINE [ ] 04 CAPRINE [X] 05 EQUINE [ ] 08 OTHER WILDLIFE - MAMMAL [ ] 09 OTHER (Specify)

NEGATIVE TUBERCULIN READING: [ ] 48 HRS [ ] 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

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

GARCREEK LIVESTOCK AUCTION, INC.
2 BUCKEYE ST.
GARCREEK, OH 44681

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

MODIFIED ACCREDITED AREA (TB)

CERTIFIED BRUCELLOSIS FREE AREA

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	DISEASE / TYPE TEST / DATE M	DISEASE / TYPE TEST / DATE N	DISEASE / TYPE TEST / DATE O
USEU6121	120	N	OH		BAY, NO MARKS									
USEU6122	120	N	BL		SORREL, STAR, STRIPE									
USEU6123	120	M	OH		CHESTNUT, LR, RR-SOCK									
USEU6124	300	F	OH		CHESTNUT, STAR, STRIPE									
USEU6125	60	N	OH		BAY, NO MARKS									
USEU6126	109	F	PAINT		BLACK, STRIPE, SNIP, PAINTED BLACK & WHITE									
USEU6127	84	F	OH		BAY, LR, RR-SOCK									
USEU6128	120	F	OH		CHESTNUTM, STAR, SNIP, STRIPE, LR-SOCK									
USEU6129	36	F	OH		BAY, NO MARKS									
USEU6130	36	N	APL		PALOMINO, STAR									
USEU6131	180	F	OH		BAY, BLAZE, LR, RF, RR-STOCKING									
USEU6132	60	N	SN		BLACK, STAR									
USEU6133	300	F	AP		ROAN, NO MARKS									
USEU6134	36	N	SN		BLACK, BLAZE, LF-SOCK, LR, RR-STOCKING									
USEU6135	144	N	OH		BLACK, STAR									
USEU6136	60	F	TW		BLACK, NO MARKS									
USEU6137	24	F	OH		CHESTNUT, STAR, STRIPE, LR, RR-SOCK									
USEU6138	24	F	SN		BLACK, LR, RR-SOCK									

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: JUN 01, 2010

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, - please print): SUMMERS, DENNIS M. 9130

21. STATUS: [ ] 2 Federal [ ] 1 State [X] 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 32

23. Signature of Endorsing Federal Veterinarian

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): NANCY L HANNAWAY, DVM, VETERINARY MEDICAL OFFICER

25. SIGNATURE OF ISSUING VETERINARIAN

FOLD HERE

VS FORM 17-140 (MAR 98) Previous edition may be used.

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): SUGARCREEK LIVESTOCK AUCTION, INC.

16. CONSIGNEE'S NAME: CAVEL CANADA EXPORTS

PAGE NO. 2 OF 2

NEGATIVE TUBERCULIN READING: ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

RESULTS OF OTHER TESTS: DISEASE / TYPE TEST

17. FARM ORIGIN
owner's name (Last name, two initials, & business name)
owner's street address
owner's city/town, state code & zip code

~~SUGARCREEK LIVESTOCK AUCTION, INC.~~
~~102 BUCKEYE ST.~~
~~SUGARCREEK, OH 44681~~

MODIFIED ACCREDITED AREA (TB) ✓ ____ CERTIFIED BRUCELLOSIS FREE AREA ✓

18. INDIVIDUAL IDENTIFICATION

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	DATE M	DATE N	DATE O
USEU6139	24	F	QH				CHESTNUT, STAR, SNIP, LR-SOCK							
USEU6140	60	N	QH				GREY, LT, RF-BLACK SOCKS							
USEU6141	36	F	PAINT				BLACK, PAINTED BLACK AND WHITE							
USEU6142	84	F	QH				CHESTNUT, STRIPE							
USEU6143	36	N	SN				BLACK, WHITE SPOTS ON CHEST							
USEU6144	300	N	QH				ROAN, NO MARKS							
USEU6145	180	N	QH				BAY, STAR, LR-SOCK, RR-PASTERN							
USEU6146	144	F	QH				BLACK, STAR, LR, RR-SOCK							
USEU6147	60	N	QH				CHESTNUT, BLAZE, LR, RF-STOCKING							
USEU6148	144	F	AB				BLACK, NO MARKS							
USEU6149	72	N	PAINT				CHESTNUT, BALD, PAINTED CHESTNUT AND WHITE							
USEU6150	36	F	QH				DARK CHESTNUT, STAR, LR-SOCK							
USEU6151	72	F	QH				BAY, STAR							
USEU6152	60	F	QH				CHESTNUT, STRIPE, SNIP							

. ~~THE ANIMALS WERE INSPECTED WITHIN 30 DAYS PRIOR TO EXPORT AND FOUND TO BE HEALTHY AND FREE FROM EVIDENCE OF COMMUNICABLE~~ DISEASE.
. THE ANIMAL WAS , TO THE BEST OF THE KNOWLEDGE AND BELIEF OF THE ISSUING VETERINARIAN, NOT EXPOSED TO ANY COMMUNICABLE DISEASE WITHIN 60 DAYS PRECEDING THE DATE OF INSPECTION.
. THE ANIMAL HAS RESIDED IN THE UNITED STATES OR CANADA SINCE BIRTH.
. THE ANIMALS, AT THE TIME OF THE INSPECTION, WERE FOUND HEALTHY AND IN A PHYSICAL CONDITION FIT TO BE TRANSPORTED.
. DURING THE PREVIOUS TWENTY ONE (21) DAYS, THE ANIMALS IN THIS SHIPMENT HAVE NOT BEEN IN THE STATE OF ~~MISSOURI~~, NEW MEXICO, OR TEXAS. OR ARIZONA.
THE EXPORTER HAS BEEN ADVISED THAT ANY DETERIORATION IN HEALTH OR PHYSICAL CONDITION OF THE ANIMALS THAT MAY RENDER ANIMALS UNFIT FOR TRANSPORT MAY RESULT IN THE SHIPMENT TO BE REFUSED ENTRANCE TO CANADA. (FIT TO BE TRANSPORTED MEANS THAT, ON THE DAY OF INSPECTION NO ANIMAL HAS AN INFIRMITY, ILLNESS, INJURY OR ANY OTHER CONDITION THAT COULD BE AGGRAVATED WHEN THE ANIMAL IS BEING TRANSPORTED, CAUSING THE ANIMAL TO SUFFER.)

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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 0579-0160. The time required to complete this information collection is estimated to average 5 min. 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. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 8:00

DATE: June 1-10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: SUGARCREEK OHIO

VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6) (b)(6)

NAME OF AUCTION/MARKET: SUGARCREEK LIVESTOCK AUCT INC

CONSIGNOR (OWNER/SHIPPER) NAME: LEROY N. BAKER

CONSIGNEE (RECEIVER/DESTINATION) NAME: CAVEL CANADA EXPORTS

STREET ADDRESS: 102 BUCKEYE ST P.O BX 452

STREET ADDRESS: 913 SECOND AVE WEST

CITY, STATE, ZIP CODE: SUGARCREEK OHIO 44681

CITY, STATE, ZIP CODE: OWENSOUND ONTARIO

AREA CODE & TELEPHONE NO.: 330-852-2832

AREA CODE & TELEPHONE NO.: 517 Bang Ste jwest jowlwa

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- [x] Pregnant mares are not likely to foal (give birth) during the trip.
- [x] Foals are older than 6 months of age.
- [x] Horses are able to bear weight on all 4 limbs.
- [x] Horses are not blind in both eyes.
- [x] Horses are able to walk unassisted.

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USE21	6061	X							X					X			
2		6062						Sor		X						X		
3		6063						Roan		X				X				
4		6064					X			X						X		
5		6065						Cremello		X				X				
6		6066	X							X				X				
7		6067					X			X						X		
8		6068	X										SV			X		
9		6069			X								SV	X				
10		6070					X			X				X				
11		6071		X									AP	X				
12		6072						Brown		X				X				
13		6073					X			X				X				
14		6074					X			X				X				
15		6075	X										SV			X		

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

SIGNATURE (b)(6)

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. 505

DATE 2 JUNE 2010

TIME 11:45

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE FDIA11E01000382

TIME

FORM APPROVED - OMB NO. 0579-0020 and 0101

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): SUGARCREEK LIVESTOCK AUCTION, INC.

2. CERTIFICATE NO.: L024127

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 5/28/10

5. U.S. PORT OF EMBARKATION (City and State): ALEXANDRA BAY, NY

6. STATE CODE: 36

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): 102 BUCKEYE ST.

8. CONSIGNOR'S CITY (or Town): SUGARCREEK

9. SEMEN ("X" if yes): [ ]

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [X] 2 - Truck [ ] 4 - Ocean

12. CONSIGNOR'S STATE: OHIO

13. STATE CODE: 39

14. ZIP CODE: 44681

15. SPECIES ("X" one - use VS Form 17-6 for Poultry): [ ] 01 BOVINE [ ] 02 PORCINE [ ] 03 OVINE [ ] 04 CAPRINE [X] 05 EQUINE [ ] 08 OTHER WILDLIFE - MAMMAL [ ] 09 OTHER (Specify)

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address): CAVEL CANADA EXPORTS, 912 SECOND AVENUE WEST, OWEN SOUND, ON

DESTINATION COUNTRY: CANADA

ENTER CODE: CA

NEGATIVE TUBERCULIN READING: [ ] 48 HRS [ ] 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

CERTIFIED BRUCELLOSIS FREE AREA

NEGATIVE RESULTS OF OTHER TESTS: DISEASE / TYPE TEST / DISEASE / TYPE TEST / DISEASE / TYPE TEST

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

GARCREEK LIVESTOCK AUCTION, INC.
2 BUCKEYE ST.
GARCREEK, OH 44681

MODIFIED ACCREDITED AREA (TB)

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	DATE M	DATE N	DATE O
USEU6061	120	M	QH		BAY, STAR, LR, RF, RR-SOCK									
USEU6062	180	N	QH		SORREL, BALD, LF, LR, RF, RR-STOCKING, DORSAL STRIPE									
USEU6063	84	F	QH		ROAN, BALD, LF, LR, RF, RR-STOCKING									
USEU6064	120	N	QH		CHESTNUT, STAR, STRIPE, SNIP									
USEU6065	120	F	QH		CREAMELLO, NO MARKS									
USEU6066	84	F	QH		BAY, NO MARKS									
USEU6067	144	N	QH		STRIPE, SNIP, LF, LR-SOCK, RR-PASTERN, CHESTNUT									
USEU6068	120	N	SN		BAY, LR-PASTERN									
USEU6069	180	F	SN		BLACK, STAR, RR-SOCK									
USEU6070	144	F	QH		CHESTNUT, BLAZE									
USEU6071	120	F	AP		GREY, LEOPARD SPOTS									
USEU6072	180	F	QH		BROWN, STAR, STRIPE, LR-SOCK									
USEU6073	300	F	QH		CHESTNUT, STAR									
USEU6074	72	F	QH		CHESTNUT, STAR, RR-PASTERN									
USEU6075	120	N	SN		BAY, NO MARKS									
USEU6076	180	F	QH		CHESTNUT, STAR									
USEU6077	72	F	QH		BAY, BLAZE, LR, RR-SOCK, RF-PASTERN									
USEU6078	300	N	QH		CHESTNUT, BLAZE, LR, RR-SOCK									

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

FOD11F3IP000383

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: JUN 01, 2010

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, - please print): SUMMERS, DENNIS M. 9130

21. STATUS: [ ] 2 Federal [ ] 1 State [X] 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 30

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): NANCY L HANNAWAY, DVM, VETERINARY MEDICAL OFFICER

25. SIGNATURE OF ISSUING VETERINARIAN

Signature of Endorsing Federal Veterinarian

FORM 17-140 (MAR 98) Previous edition may be used.

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): SUGARCREEK LIVESTOCK AUCTION, INC.

2. CERTIFICATE NO. FROM: [illegible] TO: [illegible] 024127

3. PAGE NO. 2 OF 2

16. CONSIGNEE'S NAME: CAVEL CANADA EXPORTS

NEGATIVE TUBERCULIN READING: ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

DISEASE | TYPE TEST | DISEASE | TYPE TEST | DISEASE | TYPE TEST

17. FARM ORIGIN

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

~~SUGARCREEK LIVESTOCK AUCTION, INC.~~
~~202 BUCKEYE ST.~~
~~SUGARCREEK, OH 44681~~

MODIFIED ACCREDITED AREA (TB)

CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION

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	DATE M	DATE N	DATE O
USEU6079	144	F	SN			BAY, STAR								
USEU6080	72	N	OH			CHRSTNUT, STAR, SNIP, STRIPE, LR, RR-STOCKING								
USEU6081	180	F	OH			BLACK, STAR								
USEU6082	96	F	MN			BLACK, NO MARKS								
USEU6083	180	F	OH			BUCKSKIN, STAR, SNIP, LR, RF-SOCK								
USEU6084	72	F	TW			BLACK, STAR, LR, RR-SOCK								
USEU6085	84	N	OH			BAY, NO MARKS								
USEU6086	72	F	OH			BAY, BLAZE, LF, RR-STOCKING								
USEU6087	120	F	SN			BAY, STAR								
USEU6088	96	F	OH			CHRSTNUT, NO MARKS								
USEU6089	48	F	OH			CHRSTNUT, LF, RR-STOCKING								
USEU6090	300	N	MN			BLACK, STAR								

~~THE ANIMALS WERE INSPECTED WITHIN 30 DAYS PRIOR TO EXPORT AND FOUND TO BE HEALTHY AND FREE FROM EVIDENCE OF COMMUNICABLE DISEASE.~~

THE ANIMAL WAS , TO THE BEST OF THE KNOWLEDGE AND BELIEF OF THE ISSUING VETERINARIAN, NOT EXPOSED TO ANY COMMUNICABLE DISEASE WITHIN 60 DAYS PRECEDING THE DATE OF INSPECTION.

THE ANIMAL HAS RESIDED IN THE UNITED STATES OR CANADA SINCE BIRTH.

THE ANIMALS, AT THE TIME OF THE INSPECTION, WERE FOUND HEALTHY AND IN A PHYSICAL CONDITION FIT TO BE TRANSPORTED.

DURING THE PREVIOUS TWENTY ONE (21) DAYS, THE ANIMALS IN THIS SHIPMENT HAVE NOT BEEN IN THE STATE OF ~~MISSOURI,~~ NEW MEXICO, OR TEXAS. OR ARIZONA. NEW

THE EXPORTER HAS BEEN ADVISED THAT ANY DETERIORATION IN HEALTH OR PHYSICAL CONDITION OF THE ANIMALS THAT MAY RENDER ANIMALS UNFIT FOR TRANSPORT MAY RESULT IN THE SHIPMENT TO BE REFUSED ENTRANCE TO CANADA. ~~(UNFIT TO BE TRANSPORTED MEANS THAT, ON THE DAY OF INSPECTION NO ANIMAL HAS AN INFIRMITY, ILLNESS, INJURY OR ANY OTHER CONDITION THAT COULD BE AGGRAVATED WHEN THE ANIMAL IS BEING TRANSPORTED, CAUSING THE ANIMAL TO SUFFER.)~~

FORM 17-140a (R 2005) *Previous edition may be used.*

PART 2 – VS RIVERDALE, MARYLAND

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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 0579-0160. The time required to complete this information collection is estimated to average 5 min. 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. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 8:00 AM Alain Côté

DATE: 6-2-10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: SugarCreek Ohio

VEHICLE LICENSE NO. AND DRIVER'S: (b)(6)

NAME OF AUCTION/MARKET: SugarCreek Livestock Auct. Inc.

CONSIGNOR (OWNER/SHIPPER) NAME: LeRoy W. Baker

CONSIGNEE (RECEIVER/DESTINATION) NAME: Cavel Canada Exports

STREET ADDRESS: 102 Buckeye St. P.O Box 452

STREET ADDRESS: 912 Second Ave. West Owensound Ontario

CITY, STATE, ZIP CODE: SugarCreek Ohio 44681

CITY, STATE, ZIP CODE: 517 Rang ste Julie St Jovite

AREA CODE & TELEPHONE NO.: 330-852-2832

AREA CODE & TELEPHONE NO.: St Andre-Avelin QC

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- [X] Pregnant mares are not likely to foal (give birth) during the trip.
- [X] Foals are older than 6 months of age.
- [X] Horses are able to bear weight on all 4 limbs.
- [X] Horses are not blind in both eyes.
- [X] Horses are able to walk unassisted.

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USDA	6153					DK X			X						X		
2		6154					DK X			X				X				
3		6155					DK X						AB	X				
4		6156			X					X				X				
5		6157					X			X				X				
6		6158					X			X				X				
7		6159	X										SN	X				
8		6160					X			X						X		
9		6161	X										SN	X				
10		6162			X								PAINT	X				
11		6163	X										SN	X				
12		6164	X							X				X				
13		6165					X						PAINT	X				
14		6166	X										SN			X		
15		6167					DK X		TH							X		

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

SIGNATURE: (b)(6)

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. 505

DATE 3 JUNE 2010

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

Canada

FOIA11F00000385

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

OWNER/SHIPPER CERTIFICATE FITNESS TO TRAVEL TO A SLAUGHTER FACILITY (CONTINUATION SHEET)

(Please type or print in ink)

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 0579-0160. The time required to complete this information collection is estimated to average 5 min. 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. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	21SEZU	6168	X							X						X		
17	↑	6169	X										SV			X		
18		6170						Sor		X						X		
19		6171					X			X				X				
20		6172					X			X				X				
21		6173	X										SV	X				
22		6174	X										SV			X		
23		6175						Sor					Hat	X				
24		6176	X										SV			X		
25		6177	X							X						X		
26		6178						Buck		X				X				
27		6179						Liver		X				X				
28		6180						Sor		X				X				
29		6181	X							X						X		
30	↓	6182					X						PAINT	X				
31																		
32																		
33																		
34																		
35																		
36																		
37																		
38																		
39																		
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SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6)

FOIA11F0110386

FORM APPROVED - OMB NO. 0579-0020 and 0101

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*): SUGARCREEK LIVESTOCK AUCTION, INC.

2. CERTIFICATE NO.: L024135

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 5/28/10

5. U.S. PORT OF EMBARKATION (*City and State*): ALEXANDRA BAY, NY

6. STATE CODE: 36

7. CONSIGNOR'S STREET ADDRESS (*Mailing Address*): 102 BUCKEYE ST.

8. CONSIGNOR'S CITY (*or Town*): SUGARCREEK

12. CONSIGNOR'S STATE: OHIO

13. STATE CODE: 39

14. ZIP CODE: 44681

9. SEMEN (*"X" if yes*): ☐

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: ☐ 1 - Rail ☐ 3 - Air ☒ 2 - Truck ☐ 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (*Mailing Address*): CAVEL CANADA EXPORTS
912 SECOND AVENUE WEST
OWEN SOUND, ON

DESTINATION COUNTRY: CANADA

ENTER CODE: CA

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*)

NEGATIVE TUBERCULIN READING: ☐ 48 HRS ☐ 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS: DISEASE / TYPE TEST / DATE — DISEASE / TYPE TEST / DATE — DISEASE / TYPE TEST / DATE

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

MODIFIED ACCREDITED AREA (TB)

CERTIFIED BRUCELLOSIS FREE AREA

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

UGARCREEK LIVESTOCK AUCTION, INC.
02 BUCKEYE ST.
UGARCREEK, OH 44681

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	DATE M	DATE N	DATE O
USEU6153	96	N	QH		DARK CHESTNUT, STAR, LR, RF, RR-STOCKING									
USEU6154	72	F	QH		DARK CHESTNUT, BLAZE, LR-SOCK, RR-PASTERN									
USEU6155	36	F	AB		DARK CHEXTNUT, BLAZE									
USEU6156	48	F	QH		BLACK, LR-CORONET									
USEU6157	84	F	QH		CHESTNUT, BLAZE, LF, RF-SOCK, LR-STOCKING									
USEU6158	36	F	QH		CHESTNUT, SNIP									
USEU6159	120	F	SN		BAY, STAR, LR-SOCK									
USEU6160	36	N	QH		CHESTNUT, BLAZE, LR-SOCK, RR-STOCKING									
USEU6161	180	F	SN		BAY, STAR, SNIP, LR, RR-SOCK									
USEU6162	84	F	PAINT		BLACK, STAR, SNIP, STRIPE, PAINTED BLACK AND WHITE									
USEU6163	36	F	SN		BAY, STAR, SNIP, LR, RF-PASTERN, RR-SOCK									
USEU6164	24	F	QH		BAY, STAR									
USEU6165	24	F	PAINT		CHESTNUT, BLAZE, PAINTED CHESTNUT AND WHITE									
USEU6166	36	N	SN		BAY, UNREADABLE BRAND									
USEU6167	36	N	TH		DARK CHESTNUT, STAR, LR-SOCK									
USEU6168	60	N	QH		BAY, STAR, LR, RR-PASTERN									
USEU6169	144	N	SN		BAY, STAR, RR-SOCK									
USEU6170	180	N	QH		SORREL, BLAZE									

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: JUN 01, 2010

20. NAME OF ISSUING VETERINARIAN (*Last name, first name, middle initial, - please print*): SUMMERS, DENNIS M. 9130

21. STATUS: ☐ 2 Federal ☐ 1 State ☒ 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 30

23. Signature of Endorsing Federal Veterinarian

24. NAME OF ENDORSING FEDERAL VET (*Type, print, or stamp*): NANCY L HANNAWAY, DVM
VETERINARY MEDICAL OFFICER

25. SIGNATURE OF ISSUING VETERINARIAN

VS FORM 17-140 (MAR 98) Previous edition may be used.

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)*: SUGARCREEK LIVESTOCK AUCTION, INC.

16. CONSIGNEE'S NAME: CAVEL CANADA EXPORTS

CERTIFICATE NO. FROM VS FORM 17-140: L024135

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, & business name)*
owner's street address
owner's city/town, state code & zip code

MODIFIED ACCREDITED AREA (TB) — CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION

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	DATE M	DATE N	DATE O
USEU6171	144	F	QH				CHESTNUT, STAR							
USEU6172	84	F	QH				CHESTNUT, BLAZE, RR-SOCK							
USEU6173	144	F	SN				BAY, STAR, LF-PASTERN, LR-SOCK							
USEU6174	120	N	SN				BAY, LF-BRAND, NECK BRAND 68162							
USEU6175	60	F	HAFLINGER				SORREL, BLAZE							
USEU6176	144	N	SN				BAY, NECK BRAND R6349							
USEU6177	180	N	QH				BAY, STAR							
USEU6178	48	F	QH				BUCKSKIN, SORSAL STRIPE							
USEU6179	120	F	QH				LIVER, NO MARKS							
USEU6180	144	F	QH				SORREL, SNIP							
USEU6181	96	N	QH				BAY, STAR, SNIP, STRIPE, RR-SOCK							
USEU6182	96	F	PAINT				CHESTNUT, BALD, PAINTED CHESTNUT AND WHITE							

SUGARCREEK LIVESTOCK AUCTION, INC.
102 BUCKEYE ST.
SUGARCREEK, OH 44681

- THE ANIMALS WERE INSPECTED WITHIN 30 DAYS PRIOR TO EXPORT AND FOUND TO BE HEALTHY AND FREE FROM EVIDENCE OF COMMUNICABLE DISEASE.
- THE ANIMAL WAS , TO THE BEST OF THE KNOWLEDGE AND BELIEF OF THE ISSUING VETERINARIAN, NOT EXPOSED TO ANY COMMUNICABLE DISEASE WITHIN 60 DAYS PRECEDING THE DATE OF INSPECTION.
- THE ANIMAL HAS RESIDED IN THE UNITED STATES OR CANADA SINCE BIRTH.
- THE ANIMALS, AT THE TIME OF THE INSPECTION, WERE FOUND HEALTHY AND IN A PHYSICAL CONDITION FIT TO BE TRANSPORTED.
- DURING THE PREVIOUS TWENTY ONE (21) DAYS, THE ANIMALS IN THIS SHIPMENT HAVE NOT BEEN IN THE STATE OF MISSOURI, NEW MEXICO, OR TEXAS, OR ARIZONA.
- THE EXPORTER HAS BEEN ADVISED THAT ANY DETERIORATION IN HEALTH OR PHYSICAL CONDITION OF THE ANIMALS THAT MAY RENDER ANIMALS UNFIT FOR TRANSPORT MAY RESULT IN THE SHIPMENT TO BE REFUSED ENTRANCE TO CANADA. (FIT TO BE TRANSPORTED MEANS THAT, ON THE DAY OF INSPECTION NO ANIMAL HAS AN INFIRMITY, ILLNESS, INJURY OR ANY OTHER CONDITION THAT COULD BE AGGRAVATED WHEN THE ANIMAL IS BEING TRANSPORTED, CAUSING THE ANIMAL TO SUFFER.)

PART 5 – ISSUING VETERINARIAN

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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 0579-0160. The time required to complete this information collection is estimated to average 5 min. 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. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 8:10 AM

DATE: 02-06-10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: SUGARCREEK OHIO

VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6)redacted

NAME OF AUCTION/MARKET: SUGARCREEK LIVESTOCK AUCT INC.

CONSIGNOR (OWNER/SHIPPER) NAME: Leroy N. Baker

CONSIGNEE (RECEIVER/DESTINATION) NAME: Cavel Canada Exports

STREET ADDRESS: 102 Buckeye ST. P.O. Box 452

STREET ADDRESS: 912 Second Ave West

CITY, STATE, ZIP CODE: SUGARCREEK OHIO 44681

CITY, STATE, ZIP CODE: OWENSOUND ONTARIO

AREA CODE & TELEPHONE NO.: 330-852-2832

AREA CODE & TELEPHONE NO.: 517 Rang Ste Juliet JOV1W0 St Andre-Avellin QC

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- [X] Pregnant mares are not likely to foal (give birth) during the trip.
- [X] Foals are older than 6 months of age.
- [X] Horses are able to bear weight on all 4 limbs.
- [X] Horses are not blind in both eyes.
- [X] Horses are able to walk unassisted.

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	2USEU	6091					X			X					X			
2	↑	6092					DK X			X				X				
3		6093	X										SV			X		
4		6094	X										SV	X				
5		6095					X			X						X		
6		6096	X						TH							X		
7		6097	X										SV	X				
8		6098			X								SV			X		
9		6099	X										SV	X				
10		6100	X										SV			X		
11		6101					X						SV			X		
12		6102	X										SV	X				
13		6103	X										TW			X		
14		6104					X			X						X		
15	↓	6105	DK X										SV			X		

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

SIGNATURE (b)(6)redacted

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6)redacted

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. 505

DATE 3 JUNE 2010

TIME 8:30

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

Canada

FOIA11F0110003

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

OWNER/SHIPPER CERTIFICATE FITNESS TO TRAVEL TO A SLAUGHTER FACILITY (CONTINUATION SHEET)

(Please type or print in ink)

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 0579-0160. The time required to complete this information collection is estimated to average 5 min. 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. 0579-0160

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			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	DISEL	6106	X										SV	X				
17	↑	6107	X										SV			X		
18		6108	DK X							X				X				
19		6109	X										SV			X		
20		6110	X										SV			X		
21		6111	X										SV			X		
22		6112	X										SV			X		
23		6113	X										SV			X		
24		6114						Roan		X				X				
25		6115	X										SV			X		
26		6116	X										SV			X		
27		6117	X										SV	X				
28		6118											SV			X		
29		6119	X										SV			X		
30	↓	6120					X						SV			X		
31																		
32																		
33																		
34																		
35																		
36																		
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SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6)

FOIA11F0110390

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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 0579-0160. The time required to complete this information collection is estimated to average 5 min. 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. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 8:10 AM

DATE: 02-06-10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: SUGARCREEK OHIO

VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6)redacted

NAME OF AUCTION/MARKET: SUGARCREEK LIVESTOCK AUCT INC.

CONSIGNOR (OWNER/SHIPPER) NAME: LeRoy N. Baker

CONSIGNEE (RECEIVER/DESTINATION) NAME: Gavel Canada Exports

STREET ADDRESS: 102 Buckeye ST. P.O. Box 452

STREET ADDRESS: 912 Second Line West

CITY, STATE, ZIP CODE: SUGARCREEK OHIO 44681

CITY, STATE, ZIP CODE: QUEENSWND ONTARIO

AREA CODE & TELEPHONE NO.: 330-852-2832

AREA CODE & TELEPHONE NO.: 517 Rang Ste julie est J0V1W0 St Andre-Avellin QC

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- [X] Pregnant mares are not likely to foal (give birth) during the trip.
- [X] Foals are older than 6 months of age.
- [X] Horses are able to bear weight on all 4 limbs.
- [X] Horses are not blind in both eyes.
- [X] Horses are able to walk unassisted.

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USEZ	6091					X			X					X			
2		6092					DK X			X				X				
3		6093	X										SV			X		
4		6094	X										SV	X				
5		6095					X			X						X		
6		6096	X						TH							X		
7		6097	X										SV	X				
8		6098			X								SV			X		
9		6099	X										SV	X				
10		6100	X										SV			X		
11		6101					X						SV			X		
12		6102	X										SV	X				
13		6103	X										TW			X		
14		6104					X			X						X		
15		6105	DK X										SV			X		

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

SIGNATURE: (b)(6)redacted

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6)redacted

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. 505

DATE 3 JUNE 2010

TIME 09:30

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE EDIA-1-31IA-00397

TIME

FORM APPROVED - OMB NO. 0579-0020 and 0101

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): SUGARCREEK LIVESTOCK AUCTION, INC.

2. CERTIFICATE NO.: L024125

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 5/28/10

5. U.S. PORT OF EMBARKATION (City and State): ALEXANDRA BAY, NY

6. STATE CODE: 36

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): 102 BUCKEYE ST.

8. CONSIGNOR'S CITY (or Town): SUGARCREEK

9. SEMEN ("X" if yes): [ ]

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [X] 2 - Truck [ ] 4 - Ocean

12. CONSIGNOR'S STATE: OHIO

13. STATE CODE: 39

14. ZIP CODE: 44681

15. SPECIES ("X" one - use VS Form 17-6 for Poultry): [ ] 01 BOVINE [ ] 02 PORCINE [ ] 03 OVINE [ ] 04 CAPRINE [X] 05 EQUINE [ ] 08 OTHER WILDLIFE - MAMMAL [ ] 09 OTHER (Specify)

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address): CAVEL CANADA EXPORTSS
912 SECOND AVENUE WEST
OWEN SOUND, ON

DESTINATION COUNTRY: CANADA

ENTER CODE: CA

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

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

GARCREEK LIVESTOCK AUCTION, INC.
2 BUCKEYE ST.
GARCREEK, OH 44681

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	DATE M	DATE N	DATE O
USEU6091	60	M	QH		CHESTNUT, BLAZE, LF, LR, RF-SOCK									
USEU6092	144	F	QH		DARK CHESTNUT, STAR, LF, LR, RR-SOCK									
USEU6093	48	N	SN		BAY, STAR, LR, RR-SOCK									
USEU6094	144	F	SN		BAY, STAR, UNREADABLE BRAND									
USEU6095	300	N	QH		CHESTNUT, STAR									
USEU6096	72	N	TH		BAY, BLAZE, LR, RR-STOCKING									
USEU6097	120	F	SN		BAY, STAR									
USEU6098	300	N	SN		BLACK, NO MARKS									
USEU6099	120	F	SN		BAY, RR-CORONET									
USEU6100	180	N	SN		BAY, STAR, SNIP, LR-SOCK									
USEU6101	180	N	SN		CHESTNUT, STAR									
USEU6102	48	F	SN		BAY, STAR, SNIP, NECK BRAND 2C552									
USEU6103	120	N	TW		BAY, LR, RR-SOCK									
USEU6104	300	N	QH		CHESTNUT, STAR, SNIP									
USEU6105	48	N	SN		DARK BAY, STAR, LR, RR-PASTERN									
USEU6106	300	F	SN		BAY, NO MARKS									
USEU6107	48	N	SN		BAY, STAR									
USEU6108	300	F	QH		DARK BAY, STAR, STRIPE									

FOLD TO RIGHT

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

Signature of Endorsing Federal Veterinarian

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: JUN 01, 2010

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, - please print): SUMMERS, DENNIS M. 9130

21. STATUS: [ ] 2 Federal [ ] 1 State [X] 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 30

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): NANCY L. HANNAWAY, DVM
VETERINARY MEDICAL OFFICER

25. SIGNATURE OF ISSUING VETERINARIAN

FORM 17-140 (MAR 98) Previous edition may be used.

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)*: SUGARCREEK LIVESTOCK AUCTION, INC.

2. CERTIFICATE NO. FROM VS FORM 17-140: UZ4125

3. PAGE NO.: 2 OF 2

16. CONSIGNEE'S NAME: CAVEL CANADA EXPORTS

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	DATE	DATE

17. FARM ORIGIN
wner's name *(Last name, two initials, & business name)*
wner's street address
wner's city/town, state code & zip code

MODIFIED ACCREDITED AREA (TB) ——

CERTIFIED BRUCELLOSIS FREE AREA ——

18. INDIVIDUAL IDENTIFICATION

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	DATE M	DATE N	DATE O
UGARCREEK LIVESTOCK AUCTION, INC.	USEU6109	144	N	SN			BAY, NECK BRAND 22507							
02 BUCKEYE ST.	USEU6110	120	N	SN			BAY, STAR, LR-CORONET							
UGARCREEK, OH 44681	USEU6111	120	N	SN			BAY, STAR, LF, LR, RF, RR-SOCK							
	USEU6112	48	N	SN			BAY, STAR							
	USEU6113	48	N	SN			BAY, BLAZE							
	USEU6114	120	F	QH			ROAN, BLAZE, LR-STOCKING							
	USEU6115	84	N	SN			BAY, STAR, NECK BRAND 26518							
	USEU6116	72	N	SN			BAY, STAR, SNIP							
	USEU6117	120	F	SN			BAY, NO MARKS							
	USEU6118	48	N	SN			BLACK, BLAZE, LR-SOCK							
	USEU6119	72	N	SN			BAY, LR, RR-PASTERN							
	USEU6120	60	N	SN			CHESTNUT, STAR, RR-SOCK							

, THE ANIMALS WERE INSPECTED WITHIN 30 DAYS PRIOR TO EXPORT AND FOUND TO BE HEALTHY AND FREE FROM EVIDENCE OF COMMUNICABLE DISEASE.

, THE ANIMAL WAS , TO THE BEST OF THE KNOWLEDGE AND BELIEF OF THE ISSUING VETERINARIAN, NOT EXPOSED TO ANY COMMUNICABLE DISEASE WITHIN 60 DAYS PRECEDING THE DATE OF INSPECTION.

, THE ANIMAL HAS RESIDED IN THE UNITED STATES OR CANADA SINCE BIRTH.

, THE ANIMALS, AT THE TIME OF THE INSPECTION, WERE FOUND HEALTHY AND IN A PHYSICAL CONDITION FIT TO BE TRANSPORTED.

, DURING THE PREVIOUS TWENTY ONE (21) DAYS, THE ANIMALS IN THIS SHIPMENT HAVE NOT BEEN IN THE STATE OF MISSOURI, ARIZONA NEW MEXICO, OR TEXAS.

, THE EXPORTER HAS BEEN ADVISED THAT ANY DETERIORATION IN HEALTH OR PHYSICAL CONDITION OF THE ANIMALS THAT MAY RENDER ANIMALS UNFIT FOR TRANSPORT MAY RESULT IN THE SHIPMENT TO BE REFUSED ENTRANCE TO CANADA. (FIT TO BE TRANSPORTED MEANS THAT, ON THE DAY OF INSPECTION NO ANIMAL HAS AN INFIRMITY, ILLNESS, INJURY OR ANY OTHER CONDITION THAT COULD BE AGGRAVATED WHEN THE ANIMAL IS BEING TRANSPORTED, CAUSING THE ANIMAL TO SUFFER.)

ORM 17-140a
t 2005)

Previous edition may be used.

PART 5 – ISSUING VETERINARIAN

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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 0579-0160. The time required to complete this information collection is estimated to average 5 min. 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. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 4 PM

DATE: 07-06-10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: SUGARCREEK OHIO

VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6)

NAME OF AUCTION/MARKET: SUGARCREEK LIVESTOCK AUCT INC.

CONSIGNOR (OWNER/SHIPPER) NAME: LEROY N. BAKER

CONSIGNEE (RECEIVER/DESTINATION) NAME: CAVEL CANADA EXPORTS

STREET ADDRESS: 102 BUCKEYE ST P.O BX 452

STREET ADDRESS: 912 SECOND AVE WEST

CITY, STATE, ZIP CODE: SUGARCREEK OHIO 44681

CITY, STATE, ZIP CODE: OWENSOUND ONTARIO 519 Bang Ste juliast jovlwo

AREA CODE & TELEPHONE NO.: 330-852-2832

AREA CODE & TELEPHONE NO.:

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- [X] Pregnant mares are not likely to foal (give birth) during the trip.
- [X] Foals are older than 6 months of age.
- [X] Horses are able to bear weight on all 4 limbs.
- [X] Horses are not blind in both eyes.
- [X] Horses are able to walk unassisted.

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	21SE21	6183			X								TW			X		
2		6184					X			X				X				
3		6185					X			X				X				
4		6186					X			X				X				
5		6187	X										MN			X		
6		6188	X										SN	X				
7		6189	X							X				X				
8		6190					DK X						TW	X				
9		6191	X										SN	X				
10		6192						LIVER		X				X				
11		6193						LIVER		X				X				
12		6194						Rib		X				X				
13		6195					X			X				X				
14		6196					DK X						TW	X				
15		6197			X								TW	X				

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

SIGNATURE (b)(6)

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. 505

DATE 2010-06-08

TIME 14:10

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

FOIA11F0110394

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY
(CONTINUATION SHEET)

(Please type or print in ink)

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 0579-0160. The time required to complete this information collection is estimated to average 5 min. 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. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	26SEZ1	6198					X			X				X				
17	↑	6199					X						PAINT	X				
18		6200					X						SN	X				
19		6201					X			X				X				
20		6202					X						AP			X		
21		6203		X									AP			X		
22		6204			X					X				X				
23		6205					DK X						TW	X				
24		6206			X								TW	X				
25		6207			X								TW	X				
26		6208			X								TW	X				
27		6209					X						TW	X				
28		6210					X			X				X				
29	↓	6211			X								TW	X				
30																		
31																		
32																		
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I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6)

FOIA11F0110395

FORM APPROVED - OMB NO. 0579-0020 and 0101

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): SUGARCREEK LIVESTOCK AUCTION, INC.

2. CERTIFICATE NO.: L024141

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 6/4/10

5. U.S. PORT OF EMBARKATION (City and State): ALEXANDRA BAY, NY

6. STATE CODE: 36

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): 102 BUCKEYE ST.

8. CONSIGNOR'S CITY (or Town): SUGARCREEK

12. CONSIGNOR'S STATE: OHIO

13. STATE CODE: 39

14. ZIP CODE: 44681

9. SEMEN ("X" if yes): [ ]

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [X] 2 - Truck [ ] 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address): CAVEL CANADA EXPORTS, 912 SECOND AVENUE WEST, OWEN SOUND, ON

DESTINATION COUNTRY: CANADA

ENTER CODE: CA

15. SPECIES ("X" one - use VS Form 17-6 for Poultry): [ ] 01 BOVINE [ ] 02 PORCINE [ ] 03 OVINE [ ] 04 CAPRINE [X] 05 EQUINE [ ] 08 OTHER WILDLIFE - MAMMAL [ ] 09 OTHER (Specify)

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

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

GARCREEK LIVESTOCK AUCTION, INC.
2 BUCKEYE ST.
GARCREEK, OH 44681

MODIFIED ACCREDITED AREA (TB)

CERTIFIED BRUCELLOSIS FREE AREA

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	DATE M	DATE N	DATE O
USEU6183	120	N	TW		BLACK, NO MARKS									
USEU6184	120	F	QH		CHESTNUT, BLAZE, LF, LR, RF, RR-STOCKING									
USEU6185	60	F	QH		CHESTNUT, STAR, LR-SOCK, WHITE SPOT ON LEFT SIDE NECK									
USEU6186	144	F	QH		CHESTNUT, BLAZE, LR, RR-STOCKING									
USEU6187	84	N	MN		BAY, STAR, SNIP, STRIPE									
USEU6188	36	F	SN		BAY, STAR, SNIP, LR-SOCK									
USEU6189	120	F	QH		BAY, STAR, SNIP, STRIPE									
USEU6190	84	F	TW		DARK CHESTNUT, STAR, SNIP									
USEU6191	120	F	SN		BAY, STAR, SNIP, LF-PASTERN									
USEU6192	144	F	QH		LIVER, STAR									
USEU6193	72	F	QH		LIVER, STAR, SNIP, STRIPE, LF, LR, RR-SOCK									
USEU6194	300	F	QH		PALOMINO, STRIPE, SNIP, LR, RR-SOCK									
USEU6195	60	F	QH		CHESTNUT, STAR, LF-SOCK									
USEU6196	120	F	TW		DARK CHESTNUT, STAR									
USEU6197	168	F	TW		BLACK, STAR, SNIP, STRIPE, LF, LR, RF, RR-SOCK									
USEU6198	144	F	QH		CHESTNUT, STAR, LF-PASTERN, RF-SOCK									
USEU6199	84	F	PAINT		CHESTNUT, BALD, PAINTED CHESTNUT AND WHITE									
USEU6200	96	F	SN		CHESTNUT, STAR, SNIP, STRIPE, LR-STOCKING									

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

FOLD IF 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: JUN 7 2010

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, - please print): SUMMERS, DENNIS M.

21. STATUS: [ ] 2 Federal [ ] 1 State [X] 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 29

23. Signature of Endorsing Federal Veterinarian: Kellie A. Hough, DVM

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): KELLIE A. HOUGH, DVM, VETERINARY MEDICAL OFFICER

25. SIGNATURE OF ISSUING VETERINARIAN

VS FORM 17-140 (MAR 98) Previous edition may be used.

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): SUGARCREEK LIVESTOCK AUCTION, INC.

2. CERTIFICATE NO. FROM VS FORM 17-140: L024141

3. PAGE NO.: 2 OF 2

16. CONSIGNEE'S NAME: CAVEL CANADA EXPORTS

NEGATIVE TUBERCULIN READING: ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

17. FARM ORIGIN
owner's name (Last name, two initials, & business name)
owner's street address
owner's city/town, state code & zip code

UGARCREEK LIVESTOCK AUCTION, INC.
02 BUCKEYE ST.
UGARCREEK, OH 44681

MODIFIED ACCREDITED AREA (TB) ✓ — CERTIFIED BRUCELLOSIS FREE AREA ✓

18. INDIVIDUAL IDENTIFICATION

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	DISEASE / TYPE TEST / DATE M	DISEASE / TYPE TEST / DATE N	DISEASE / TYPE TEST / DATE O
USEU6201	84	F	QH				CHESTNUT, STRIPE, SNIP, LR, RR-SOCK							
USEU6202	96	N	AP				CHESTNUT, LEOPARD SPOT							
USEU6203	180	N	AP				BGREY, SPOTTED							
USEU6204	96	F	QH				BLACK, LR-SOCK							
USEU6205	84	F	TW				DARK CHESTNUT, NO MARKS							
USEU6206	144	F	TW				BLACK, NO MARKS							
USEU6207	144	F	TW				BLACK, NO MARKS							
USEU6208	36	F	TW				BLACK, NO MARKS							
USEU6209	120	F	TW				CHESTNUT, LR-SOCK							
USEU6210	36	F	QH				CHESTNUTM, STAR, STRIPE, LR, RR-SOCK							
USEU6211	84	F	TW				BLACK, STAR, LF-CORONET, RR-SOCK							

) THE ANIMALS WERE INSPECTED WITHIN 30 DAYS PRIOR TO EXPORT AND FOUND TO BE HEALTHY AND FREE FROM EVIDENCE OF COMMUNICABLE DISEASE.

) THE ANIMAL WAS, TO THE BEST OF THE KNOWLEDGE AND BELIEF OF THE ISSUING VETERINARIAN, NOT EXPOSED TO ANY COMMUNICABLE DISEASE WITHIN 60 DAYS PRECEDING THE DATE OF INSPECTION.

) THE ANIMAL HAS RESIDED IN THE UNITED STATES OR CANADA SINCE BIRTH.

) THE ANIMALS, AT THE TIME OF THE INSPECTION, WERE FOUND HEALTHY AND IN A PHYSICAL CONDITION FIT TO BE TRANSPORTED.

) DURING THE PREVIOUS TWENTY ONE (21) DAYS, THE ANIMALS IN THIS SHIPMENT HAVE NOT BEEN IN THE STATE OF ARIZONA, NEW MEXICO OR TEXAS.

THE EXPORTER HAS BEEN ADVISED THAT ANY DETERIORATION IN HEALTH OR PHYSICAL CONDITION OF THE ANIMALS THAT MAY RENDER ANIMALS UNFIT FOR TRANSPORT MAY RESULT IN THE SHIPMENT TO BE REFUSED ENTRANCE TO CANADA. (FIT TO BE TRANSPORTED MEANS THAT, ON THE DAY OF INSPECTION NO ANIMAL HAS AN INFIRMITY, ILLNESS, INJURY OR ANY OTHER CONDITION THAT COULD BE AGGRAVATED WHEN THE ANIMAL IS BEING TRANSPORTED CAUSING THE ANIMAL TO SUFFER.)

Veterinarian

FORM 17-140a
(2005)

Previous edition may be used.

PART 2 – VS RIVERDALE, MARYLAND

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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 0579-0160. The time required to complete this information collection is estimated to average 5 min. 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. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 9:PM

DATE: 7-7-10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: SUGARCREEK OHIO

VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6) (b)(6)

NAME OF AUCTION/MARKET: SUGARCREEK LIVESTOCK AUCT INC

CONSIGNOR (OWNER/SHIPPER) NAME: LEROY N. Baker

CONSIGNEE (RECEIVER/DESTINATION) NAME: Lavel Canada EXPORTS

STREET ADDRESS: 102 Buckeye ST P.O BX 452

STREET ADDRESS: 912 Second Cut West

CITY, STATE, ZIP CODE: SUGARCREEK OHIO 44681

CITY, STATE, ZIP CODE: OWENSOUND ONTARIO 517 Rang Ste Julirst jovlw0

AREA CODE & TELEPHONE NO.: 330-852-2832

AREA CODE & TELEPHONE NO.:

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- [X] Pregnant mares are not likely to foal (give birth) during the trip.
- [X] Foals are older than 6 months of age.
- [X] Horses are able to bear weight on all 4 limbs.
- [X] Horses are not blind in both eyes.
- [X] Horses are able to walk unassisted.

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USEU	6242	X							X				X				
2		6243					X			X				X				
3		6244					X			X				X				
4		6245					X			X						X		
5		6246					X			X				X				DECLARED REMOVED FROM LOAD
6		6247					X						TW	X				
7		6248					X			X						X		
8		6249					X			X				X				
9		6250						Sor			BL					X		
10		6251	X										TW	X				
11		6252	X										SN			X		
12		6253					X			X				X				
13		6254						Blue Roan		X				X				
14		6255						Red Roan					AP	X				
15		6256					X			X				X				

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

SIGNATURE (b)(6)

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. 505

DATE 2010-05-08

TIME 15:30

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE FOIA11F0IA0003 98

TIME

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY
(CONTINUATION SHEET)

(Please type or print in ink)

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 0579-0160. The time required to complete this information collection is estimated to average 5 min. 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. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	265E2L	6257						LIVER		X				X				
17	↑	6258	X							X				X				
18		6259						Sor			BL			X				
19		6260			X								PAINT	X				
20		6261	X										SV	X				
21		6262			X								SV	X				
22		6263						Roan		X				X				
23		6264			X					X				X				
24		6265	X							X				X				
25		6266						Sor			BL					X		
26		6267			X								TW	X				
27		6268			X					X						X		
28		6269						Red Roan		X					X			
29		6270					X			X					X			
30		6271					X			X					X			
31		6272		X						X				X				
32	↓	6273					DkX			X				X				
33																		
34																		
35																		
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I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6)

FOIA11F0110399

...; no health certificate can be validated unless the data requested is provided.

FORM APPROVED - OMB NO. 0579-0020 and 0101

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): SUGARCREEK LIVESTOCK AUCTION, INC.

2. CERTIFICATE NO.: L024139

3. PAGE NO.: 1 OF 2

DATE ISSUED: 6/4/10

5. U.S. PORT OF EMBARKATION (City and State): ALEXANDRA BAY, NY

6. STATE CODE: 36

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): 102 BUCKEYE ST.

8. CONSIGNOR'S CITY (or Town): SUGARCREEK

12. CONSIGNOR'S STATE: OHIO

13. STATE CODE: 39

14. ZIP CODE: 44681

SEMEN ("X" if yes): [ ]

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [X] 2 - Truck [ ] 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address): CAVEL CANADA EXPORTS, 912 SECOND AVENUE WEST, OWEN SOUND, ON

DESTINATION COUNTRY: CANADA

ENTER CODE: CA

5. SPECIES ("X" one - use VS Form 17-6 for Poultry): [ ] 01 BOVINE [ ] 02 PORCINE [ ] 03 OVINE [ ] 04 CAPRINE [X] 05 EQUINE [ ] 08 OTHER WILDLIFE - MAMMAL [ ] 09 OTHER (Specify)

NEGATIVE TUBERCULIN READING: [ ] 48 HRS [ ] 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

CERTIFIED BRUCELLOSIS FREE AREA

NEGATIVE RESULTS OF OTHER TESTS: DISEASE / TYPE TEST / DATE

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

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	DISEASE / TYPE TEST / DATE M	DISEASE / TYPE TEST / DATE N	DISEASE / TYPE TEST / DATE O
GARCREEK LIVESTOCK AUCTION, INC.	USEU6242	36	F	QH	BAY, STAR									
2 BUCKEYE ST.	USEU6243	84	F	QH	CHESTNUT, STAR, SNIP, STRIPE									
GARCREEK, OH 44681	USEU6244	60	F	QH	CHESTNUT, STAR, LR-SOCK									
	USEU6245	96	N	QH	CHESTNUT, STAR, SNIP, STRIPE, LF, LR, RF, RR-SOCK									
	USEU6246	300	F	QH	CHESTNUT, BLAZE									
	USEU6247	84	F	TW	CHESTNUT, STAR									
	USEU6248	84	N	QH	CHESTNUT, STRIPE, SNIP									
	USEU6249	84	F	QH	CHESTNUT, BLAZE, LR, RR-SOCK									
	USEU6250	180	N	BL	SORREL, BLAZE									
	USEU6251	60	F	TW	BAY, NO MARKS									
	USEU6252	96	N	SN	BAY, NO MARKS									
	USEU6253	120	F	QH	CHESTNUT, STAR									
	USEU6254	144	F	QH	BLUE ROAN, BLAZE, LR, RR-STOCKING									
	USEU6255	300	F	AP	RED ROAN, BLAZE, LR-SOCK, SPOTTED									
	USEU6256	120	F	QH	CHESTNUT, STAR, SNIP, STRIPE									
	USEU6257	60	F	QH	LIVER, STAR									
	USEU6258	24	F	QH	BAY, NO MARKS									
	USEU6259	300	F	BL	SORREL, STAR, SNIP, STRIPE									

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

FOA: 1F31A000500

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: JUN 7 2010

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, - please print): SUMMERS, DENNIS M. 9130

21. STATUS: [ ] 2 Federal [ ] 1 State [X] 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 32

Kellie A. Hough, DVM
Signature of Endorsing Federal Veterinarian

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): KELLIE A. HOUGH, DVM, VETERINARY MEDICAL OFFICER

25. SIGNATURE OF ISSUING VETERINARIAN

FORM 17-140 (MAR 98) Previous edition may be used.

PART 1 - TO ACCOMPANY SHIPMENT