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: Hamburg, AR

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

NAME OF AUCTION/MARKET: N/A

CONSIGNOR (OWNER/SHIPPER) NAME: Mitch Stanley

STREET ADDRESS: 154 Stanley Rd

CITY, STATE, ZIP CODE: Hamburg AR 71646

AREA CODE & TELEPHONE NO.: 8708532127

CONSIGNEE (RECEIVER/DESTINATION) NAME: Carnicos de Jerez S.A. de C.V.

STREET ADDRESS: Carretera Jerez Sanchez Romano km 27-5

CITY, STATE, ZIP CODE: Jerez, Zacatecas, Mexico C.P. 99380

AREA CODE & TELEPHONE NO.: 49-45-40-46

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

- ☐ Pregnant mares are not likely to foal (give birth) during the trip. na
- ☐ Foals are older than 6 months of age. na
- ☒ Horses are able to bear weight on all 4 limbs.
- ☒ Horses are not blind in both eyes.
- ☒ 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	USEG	4938	✓							✓				✓				106 months
2		4939						✓		✓						✓		92 months
3		4940					✓			✓				✓				76 months
4		4941						✓		✓				✓				121 months
5		4942	✓							✓						✓		94 months
6		4943	✓							✓				✓				107 months
7		4944						✓		✓						✓		52 months
8		4945						✓		✓				✓				77 months
9		4946						✓		✓				✓				91 months
10		4947					✓			✓				✓				84 months
11		4948						✓		✓						✓		110 months
12		4949						✓		✓				✓				88 months
13		4950						✓		✓				✓				123 month
14		4951	✓							✓				✓				93 month
15		4952						✓		✓				✓				131 months

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 OISA - Piedras Negras, Coah.

DATE 23/01/09

TIME 15:20

PART 1 - INSPECTOR

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

DATE

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Hamburg AR

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

NAME OF AUCTION/MARKET: N/A

CONSIGNOR (OWNER/SHIPPER) NAME: Mitch Stanley

STREET ADDRESS: 154 Stanley Rd

CITY, STATE, ZIP CODE: Hamburg AR 71646

AREA CODE & TELEPHONE NO.: 870 853 2127

CONSIGNEE (RECEIVER/DESTINATION) NAME: Carnicas de Jerez S.A. de C.V.

STREET ADDRESS: Carretera Jerez Sanchez Ramon km 27-5

CITY, STATE, ZIP CODE: Jerez, Zacatecas, Mexico CP 99380

AREA CODE & TELEPHONE NO.: 49-45-40-46

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

- ☐ Pregnant mares are not likely to foal (give birth) during the trip na
- ☐ Foals are older than 6 months of age: na
- ☒ Horses are able to bear weight on all 4 limbs.
- ☒ Horses are not blind in both eyes.
- ☒ 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	USEG	5201	✓							✓				✓				75 months
2		5202	*					✓		✓						✓		103 months
3		5203				✓				✓						✓		59 month
4		5204	*					✓		✓						✓		100 months
5		5205	*					✓		✓				✓				88 months
6		5206						✓		✓						✓		92 months
7		5207	✓							✓						✓		100 months
8		5208						✓		✓						✓		94 months
9		5209						✓		✓						✓		67 months
10		5210		✓						✓						✓		96 months
11		5211		*	✓					✓						✓		99 months
12		5212	*					✓		✓						✓		84 months
13		5213						✓		✓						✓		72 months
14		5214						✓		✓				✓				105 months
15		5215	✓	*						✓				✓				132 months

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.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST. OISA. Piedras Negras, Coah.

DATE 21/01/09

TIME 15:00

PART 1 - INSPECTOR

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	USEG	5216						✓		✓				✓				125 months
17		5217				✓				✓				✓				89 months
18		5218					✓			✓				✓				87 months
19		5219	✓							✓				✓				131 months
20		5220						✓		✓						✓		123 months
21		5221						✓		✓				✓				89 months
22		5222						✓		✓						✓		71 months
23		5223	✓							✓						✓		107 months
24		5224	✓							✓						✓		103 months
25		5225						✓		✓						✓		84 months
26		5226						✓		✓						✓		92 months
27		5227	✓							✓						✓		86 months
28		5228			✓					✓				✓				121 months
29		5229						✓		✓						✓		116 months
30		5230						✓		✓				✓				115 months
31		5231	✓							✓				✓				96 months
32		5232		✓						✓						✓		72 months
33		5233						✓		✓						✓		104 months
34		5234			✓					✓				✓				99 months
35		5235						✓		✓						✓		103 months
36		5236			✓					✓				✓				79 months
37		5237	✓							✓						✓		65 months
38		5238	✓							✓						✓		69 months
39																		
40	Inspección. 39 − 8 = 31 Curzan																	
41																		
42	8 Rechazos.																	
43																		
44																		
45																		

4 por sexo
2 Excedentes no certificados
1 Con papera
1 S/identificación

5239
5240

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

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	USEG	4953	✓							✓				✓				59 months
17		4954						✓		✓						✓		107 months
18		4955						✓		✓				✓				60 months
19		4956					✓			✓				✓				100 months
20		4957						✓		✓				✓				105 months
21		4958	✓							✓						✓		64 months
22		4959						✓		✓						✓		76 months
23		4960						✓		✓				✓				81 months
24		4961						✓		✓				✓				84 months
25		4962	✓							✓				✓				117 months
26		4963						✓		✓				✓				120 months
27		4964						✓		✓						✓		85 months
28		4965						✓		✓				✓				61 months
29		4966						✓		✓				✓				77 months
30		4967					✓			✓				✓				66 months
31		4968	✓							✓				✓				91 months
32		4969						✓		✓						✓		99 months
33		4970						✓		✓				✓				109 months
34		4971						✓		✓				✓				89 months
35		4972						✓		✓				✓				87 months
36		4973						✓		✓				✓				64 months
37		4974	✓							✓				✓				124 months
38																		
39																		
40	Se Inspeccionan 31 cbz.																	
41																		
42	(2) Rechazos por sexo.																	
43																		
44	Se Importan 29 cbz.																	
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

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 / DATE	CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Hamburg AR
VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6) redacted	NAME OF AUCTION/MARKET: N/A
CONSIGNOR (OWNER/SHIPPER) NAME: Mitch Stanley	CONSIGNEE (RECEIVER/DESTINATION) NAME: Carnicorde Jerez S.A. de C.V.
STREET ADDRESS: 154 Stanley Rd	STREET ADDRESS: Carretera Jerez Sanchez Roman KM 27-5
CITY, STATE, ZIP CODE: Hamburg AR 71646	CITY, STATE, ZIP CODE: Jerez Zacatecas, Mexico C.P. 99380
AREA CODE & TELEPHONE NO.: 8708532127	AREA CODE & TELEPHONE NO.: 49-45-40-46

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

- ☐ Pregnant mares are not likely to foal (give birth) during the trip. na
- ☐ Foals are older than 6 months of age. na
- ☒ Horses are able to bear weight on all 4 limbs.
- ☒ Horses are not blind in both eyes.
- ☒ 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	USEG	4868						✓		✓						✓		79 months
2		4869						✓		✓				✓				48 months
3		4870	✓							✓				✓				105 months
4		4871	✓							✓				✓				76 months
5		4872						✓		✓						✓		103 months
6		4873						✓		✓						✓		84 months
7		4874						✓		✓				✓				88 months
8		4875	✓							✓				✓				103 months
9		4876						✓		✓						✓		56 months
10		4877						✓		✓				✓				92 months
11		4878						✓		✓				✓				132 months
12		4879	✓							✓				✓				107 months
13		4880						✓		✓						✓		125 months
14		4881	✓							✓				✓				84 months
15		4882						✓		✓				✓				92 months

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

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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) redacted

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST. OISA. Piedras Negras, Coah.

DATE 16/01/09

TIME 16:05

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	MSEG	4883						✓		✓				✓			NO	107 month
17		4884						✓		✓				✓				97 month
18		4885	✓							✓				✓				56 month
19		4886						✓		✓				✓				103 month
20		4887	✓							✓				✓				59 month
21		4888					✓			✓				✓				102 month
22		4889						✓		✓						✓		98 month
23		4890	✓							✓				✓				103 month
24		4891						✓		✓				✓				105 month
25		4892						✓		✓				✓				127 month
26		4893						✓		✓				✓				99 month
27		4894	✓							✓				✓				58 month
28		4895						✓		✓				✓				106 month
29		4896						✓		✓				✓				110 month
30		4897	✓							✓				✓				99 month
31		4898						✓		✓				✓				107 month
32		4899						✓		✓				✓				57 month
33		4900						✓		✓				✓				79 month
34		4901	✓							✓				✓				88 month
35		4902						✓		✓				✓				92 month
36																		
37																		
38	Inspección 27 - 1 = 26																	
39																		
40	- Un rechazo por la edad.																	
41																		
42	Se importan 26.																	
43																		
44																		
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)

(b)(6)

2 003 – 004

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

DATE

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Hamburg AR

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

NAME OF AUCTION/MARKET: N/A

CONSIGNOR (OWNER/SHIPPER) NAME: Mitch Stanley

STREET ADDRESS: 154 Stanley Rd

CITY, STATE, ZIP CODE: Hamburg AR 71646

AREA CODE & TELEPHONE NO.: 8708532127

CONSIGNEE (RECEIVER/DESTINATION) NAME: Carnicas de Jerez S. A. de C.V.

STREET ADDRESS: Carretera Jerez Sanchez Roman Km 27-5

CITY, STATE, ZIP CODE: Jerez, Zacatecas, Mexico. C.P. 99380

AREA CODE & TELEPHONE NO.: 49-45-40-46

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

- ☐ Pregnant mares are not likely to foal (give birth) during the trip na
- ☐ Foals are older than 6 months of age na
- ☒ Horses are able to bear weight on all 4 limbs.
- ☒ Horses are not blind in both eyes.
- ☒ 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	USEG	4833	✓							✓				✓				51 months
2		4834						✓		✓						✓		103 months
3		4835	✓							✓				✓				55 months
4		4836	✓							✓				✓				48 months
5		4837						✓		✓				✓				131 months
6		4838						✓		✓				✓				122 months
7		4839						✓		✓				✓				92 months
8		4840	✓							✓				✓				81 months
9		4841						✓		✓						✓		99 months
10		4842	✓							✓				✓				82 months
11		4843	✓							✓				✓				103 months
12		4844						✓		✓						✓		52 months
13		4845						✓		✓				✓				99 months
14		4846						✓		✓				✓				122 months
15		4847						✓		✓						✓		56 months

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.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST. Olga Piedras Negras Coah.

DATE 16/01/09

TIME 14:21

PART 1 – INSPECTOR

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	USEG	4848	✓							✓				✓				102 months
17		4849	✓							✓				✓				52 months
18		4850						✓		✓				✓				82 months
19		4851						✓		✓				✓				101 months
20		4852						✓		✓				✓				98 months
21		4853	✓							✓				✓				101 months
22		4854						✓		✓						✓		53 months
23		4855						✓		✓				✓				132 months
24		4856						✓		✓				✓				125 months
25		4857						✓		✓				✓				77 months
26		4858	✓							✓				✓				65 months
27		4859						✓		✓						✓		66 months
28		4860						✓		✓				✓				54 months
29		4861						✓		✓				✓				103 months
30		4862						✓		✓				✓				55 months
31		4863	✓							✓				✓				104 months
32		4864						✓		✓				✓				66 months
33		4865						✓		✓				✓				78 months
34		4866	✓							✓				✓				102 months
35		4867						✓		✓				✓				125 months
36																		
37																		
38																		
39																		
40																		
41																		
42																		
43																		
44																		
45																		

Inspection 34-2 = 32

2 Rechazos
- Uno por sexo
- Uno por Abscesso

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)

(b)(6)

(4) 0013-9018

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: Hamburg AR

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

NAME OF AUCTION/MARKET: N/A

CONSIGNOR (OWNER/SHIPPER) NAME: Mitch Stanley

CONSIGNEE (RECEIVER/DESTINATION) NAME: Carnicos de Jerez S.A. de C.V.

STREET ADDRESS: 154 Stanley Rd

STREET ADDRESS: Carretera Jerez Sanchez Ramon Km 27-5

CITY, STATE, ZIP CODE: Hamburg AR 71646

CITY, STATE, ZIP CODE: Jerez, Zacatecas, Mexico C.P. 99380

AREA CODE & TELEPHONE NO.: 870 853 2127

AREA CODE & TELEPHONE NO.: 49-45-40-46

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

- ☐ Pregnant mares are not likely to foal (give birth) during the trip. na
- ☐ Foals are older than 6 months of age. na
- ☒ Horses are able to bear weight on all 4 limbs.
- ☒ Horses are not blind in both eyes.
- ☒ 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	USEG	4903						✓		✓				✓				64 month
2		4904						✓		✓				✓				81 month
3		4905	✓							✓				✓				79 month
4		4906						✓		✓						✓		140 month
5		4907						✓		✓				✓				81 month
6		4908						✓		✓				✓				93 month
7		4909						✓		✓				✓				98 month
8		4910						✓		✓						✓		124 month
9		4911	✓							✓				✓				84 month
10		4912						✓		✓				✓				72 month
11		4913	✓							✓				✓				65 month
12		4914						✓		✓				✓				142 month
13		4915						✓		✓						✓		76 month
14		4916					✓			✓				✓				86 month
15		4917	✓							✓				✓				99 month

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. OISA. Piedras Negras, Coah.

DATE 16/09/09

TIME 15:15

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	USEG	4918	✓							✓				✓				66 months
17		4919	✓							✓				✓				72 months
18		4920						✓		✓				✓				93 months
19		4921						✓		✓						✓		103 months
20		4922						✓		✓				✓				109 months
21		4923	✓							✓				✓				52 months
22		4924	✓							✓				✓				98 months
23		4925						✓		✓				✓				104 months
24		4926						✓		✓				✓				76 months
25		4927						✓		✓				✓				111 months
26		4928						✓		✓						✓		81 months
27		4929	✓							✓				✓				107 months
28		4930						✓		✓				✓				47 months
29		4931						✓		✓				✓				48 months
30		4932	✓							✓				✓				61 months
31		4933						✓		✓				✓				59 months
32		4934						✓		✓						✓		127 months
33		4935	✓							✓				✓				120 months
34		4936						✓		✓				✓				71 months
35		4937						✓		✓				✓				76 months
36																		
37																		
38	Inspection: 29 − 4 = 25																	
39																		
40		4 Rechazos.																
41																		
42		(2) abscesos																
43		(1) Hibrido "macho"																
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)

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: Hamburg, AR

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

NAME OF AUCTION/MARKET: NTA

CONSIGNOR (OWNER/SHIPPER) NAME: Mitch Stanley

STREET ADDRESS: 154 Stanley Rd

CITY, STATE, ZIP CODE: Hamburg AR 71646

AREA CODE & TELEPHONE NO.: 8708532127

CONSIGNEE (RECEIVER/DESTINATION) NAME: Carnicos de Jerez S. A. de C.V.

STREET ADDRESS: Carretera Jerez Sanchez Roman KM 27.5

CITY, STATE, ZIP CODE: Jerez, Zacatecas, Mexico C.P. 99380

AREA CODE & TELEPHONE NO.: 49-45-40-41

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

- [ ] Pregnant mares are not likely to foal (give birth) during the trip. na
- [ ] Foals are older than 6 months of age. na
- [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	USCO	1751					✓			✓				✓				76 months
2		1752	✓							✓						✓		49 months
3		1753						✓		✓				✓				107 months
4		1754						✓		✓				✓				84 months
5		1755					✓			✓				✓				79 months
6		1756	✓							✓				✓				53 months
7		1757						✓		✓						✓		100 months
8		1758						✓		✓				✓				84 months
9		1759	✓							✓				✓				98 months
10		1760						✓		✓				✓				59 months
11		1761	✓							✓				✓				103 months
12		1762						✓		✓				✓				101 months
13		1763						✓		✓				✓				99 months
14		1764	✓							✓				✓				120 months
15		1765					✓			✓				✓				77 months

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) OISA

EST. Piedras Negras, Coah. MX.

DATE 12/01/09

TIME 12:23

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	USCO	1766						✓		✓						✓		117 months
17		1767						✓		✓						✓		123 months
18		1768	✓							✓				✓				57 months
19		1769					✓			✓						✓		103 months
20		1770						✓		✓				✓				76 months
21		1771	✓							✓				✓				113 months
22		1772						✓		✓						✓		66 months
23		1773						✓		✓				✓				100 months
24		1774	✓							✓				✓				102 months
25		1775					✓			✓				✓				48 months
26		1776	✓							✓				✓				132 months
27		1777						✓		✓				✓				105 months
28		1778						✓		✓				✓				122 months
29		1779					✓			✓				✓				116 months
30		1780					✓			✓				✓				102 months
31		1781						✓		✓				✓				58 months
32		1782						✓		✓				✓				101 months
33		1783						✓		✓				✓				49 months
34		1784					✓			✓				✓				57 months
35		1785						✓		✓				✓				124 months
36																		
37																		
38																		
39																		
40																		
41																		
42																		
43																		
44																		
45																		

35 - 3 = 32 OK

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

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: Hamburg, AR

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

NAME OF AUCTION/MARKET: N/A

CONSIGNOR (OWNER/SHIPPER) NAME: Mitch Stanley

STREET ADDRESS: 154 Stanley Rd

CITY, STATE, ZIP CODE: Hamburg AR 71646

AREA CODE & TELEPHONE NO.: 870 8532127

CONSIGNEE (RECEIVER/DESTINATION) NAME: Carnicos de Jerez S.A. de C.V.

STREET ADDRESS: Carretera Jerez Sanchez Roman KM 27-5

CITY, STATE, ZIP CODE: Jerez, Zacatecas, Mexico C.P. 99380

AREA CODE & TELEPHONE NO.: 49-45-40-46

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

- [ ] Pregnant mares are not likely to foal (give birth) during the trip. na
- [ ] Foals are older than 6 months of age. na
- [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	USCO	1451	✓							✓				✓				67 month
2		1452	✓							✓				✓				102 month
3		1453					✓			✓				✓				84 month
4		1454					✓			✓				✓				57 month
5		1455						✓		✓				✓				115 month
6		1456						✓		✓				✓				93 month
7		1457						✓		✓				✓				109 month
8		1458	✓							✓				✓				88 month
9		1459					✓			✓				✓				110 month
10		1460						✓		✓				✓				96 month
11		1461		✓						✓				✓				115 month
12		1462					✓			✓				✓				100 month
13		1463	✓							✓				✓				69 month
14		1464						✓		✓				✓				121 month
15		1465						✓		✓				✓				42 month

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) OISA

EST. Piedras Negras, COAH MX

DATE 09-01-09

TIME 15:10.

PART 1 - INSPECTOR

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	USCO	1466						✓		✓						✓		72 month
17		1467						✓		✓				✓				98 month
18		1468						✓		✓						✓		45 month
19		1469	✓							✓				✓				102 month
20		1470						✓		✓						✓		50 month
21		1471	✓							✓						✓		103 month
22		1472					✓			✓						✓		84 month
23		1473						✓		✓						✓		92 month
24		1474						✓		✓						✓		116 month
25		1475	✓							✓				✓				84 month
26		1476					✓			✓				✓				132 month
27		1477						✓		✓				✓				49 month
28		1478						✓		✓				✓				59 month
29		1479	✓							✓				✓				81 month
30		1480					✓			✓				✓				77 month
31		1481						✓		✓				✓				64 month
32		1482	✓							✓				✓				55 month
33		1483						✓		✓				✓				102 month
34		1484					✓			✓				✓				97 month
35		1485						✓		✓						✓		47 month
36																		
37																		
38																		
39																		
40																		
41																		
42																		
43																		
44																		
45																		

31 - 1 = 30 OK

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

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

DATE

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Hamburg AR

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

NAME OF AUCTION/MARKET: N/A

CONSIGNOR (OWNER/SHIPPER) NAME: Mitch Stanley

CONSIGNEE (RECEIVER/DESTINATION) NAME: Carnicos de Jerez S.A. de C.V.

STREET ADDRESS: 154 Stanley Rd

STREET ADDRESS: Carretera Jerez Sanchez Ramon km 27-5

CITY, STATE, ZIP CODE: Hamburg AR 71646

CITY, STATE, ZIP CODE: Jerez Zacatecas Mexico CP 99380

AREA CODE & TELEPHONE NO.: 8708532127

AREA CODE & TELEPHONE NO.: 49-45-40-41

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

- ☐ Pregnant mares are not likely to foal (give birth) during the trip na
- ☐ Foals are older than 6 months of age na
- ☒ Horses are able to bear weight on all 4 limbs.
- ☒ Horses are not blind in both eyes.
- ☒ 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	USEG	5388						✓		✓						✓		71 months
2		5389	✓							✓						✓		102 months
3		5390						✓		✓				✓				100 months
4		5391						✓		✓				✓				84 months
5		5392						✓		✓						✓		83 months
6		5393					✓			✓				✓				62 months
7		5394	✓							✓				✓				107 months
8		5395						✓		✓						✓		103 months
9		5396						✓		✓				✓				66 months
10		5397						✓		✓				✓				101 months
11		5398						✓		✓						✓		67 months
12		5399	✓							✓				✓				103 months
13		5400	✓							✓						✓		112 months
14		5401						✓		✓				✓				61 months
15		5402						✓		✓				✓				76 months

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. Senasica Oficina cd. Acuna Coah. Mex

DATE 5-Febrero-2009

TIME 18:30 hors.

PART 1 - INSPECTOR

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	USEG	5403						✓		✓				✓				116 months
17		5404	✓							✓				✓				120 months
18		5405						✓		✓						✓		68 months
19		5406					✓			✓				✓				112 months
20		5409						✓		✓						✓		102 months
21		5410	✓							✓				✓				73 months
22		5411						✓		✓				✓				71 months
23		5412						✓		✓				✓				57 months
24		5413						✓		✓				✓				55 months
25		5414					✓			✓				✓				121 months
26		5415						✓		✓				✓				115 months
27		5416						✓		✓						✓		61 months
28		5417						✓		✓						✓		51 months
29		5418	✓							✓				✓				122 months
30		5419						✓		✓				✓				76 months
31		5420						✓		✓				✓				72 months
32		5421						✓		✓				✓				66 months
33		5422					✓			✓				✓				64 months
34		5423						✓		✓				✓				61 months
35		5424						✓		✓				✓				120 months
36		5425	✓							✓				✓				119 months
37		5426						✓		✓				✓				72 months
38		5427						✓		✓				✓				87 months
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)

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: Hamburg, AR

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

NAME OF AUCTION/MARKET: N/A

CONSIGNOR (OWNER/SHIPPER) NAME: Mitch Stanley

CONSIGNEE (RECEIVER/DESTINATION) NAME: Carnicos de Jerez S.A. de C.V.

STREET ADDRESS: 154 Stanley Rd

STREET ADDRESS: Carretera Jerez Sanchez Roman Km 27-5

CITY, STATE, ZIP CODE: Hamburg AR 71646

CITY, STATE, ZIP CODE: Jerez, Zacatecas Mexico C.P. 99380

AREA CODE & TELEPHONE NO.: 8708532127

AREA CODE & TELEPHONE NO.: 49-45-40-46

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

- ☐ Pregnant mares are not likely to foal (give birth) during the trip na
- ☐ Foals are older than 6 months of age. na
- ☒ Horses are able to bear weight on all 4 limbs.
- ☒ Horses are not blind in both eyes.
- ☒ 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	USEG	5049						✓		✓				✓				58 months
2		5050	✓							✓				✓				62 months
3		5051					✓			✓				✓				92 months
4		5052						✓		✓						✓		84 months
5		5053	✓							✓						✓		81 months
6		5054						✓		✓				✓				76 months
7		5055						✓		✓				✓				102 months
8		5056	✓							✓				✓				51 months
9		5057						✓		✓				✓				102 months
10		5058						✓		✓						✓		109 months
11		5059	✓							✓				✓				57 months
12		5060					✓			✓				✓				83 months
13		5061						✓		✓				✓				77 months
14		5062						✓		✓				✓				105 months
15		5063						✓		✓						✓		63 months

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. Olga cd. Acuña Coah. Mex

DATE 4-Enero-2009

TIME 16:40 hors.

PART 1 - INSPECTOR

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	USEG	5064	✓							✓						✓		95 months
17		5065						✓		✓						✓		113 months
18		5066	✓							✓				✓				114 months
19		5067						✓		✓				✓				67 months
20		5068						✓		✓				✓				72 months
21		5069					✓			✓				✓				88 months
22		5070						✓		✓				✓				125 months
23		5071	✓							✓				✓				129 months
24		5072						✓		✓				✓				54 months
25		5073						✓		✓						✓		117 months
26		5074						✓		✓						✓		76 months
27		5075					✓			✓				✓				84 months
28		5076						✓		✓				✓				88 months
29		5077						✓		✓				✓				72 months
30		5078	✓							✓				✓				117 months
31		5079						✓		✓				✓				91 months
32		5080					✓			✓				✓				114 months
33		5081						✓		✓						✓		75 months
34		5082	✓							✓				✓				119 months
35		5083						✓		✓				✓				134 months
36		5084						✓		✓				✓				71 months
37		5085						✓		✓				✓				121 months
38																		
39																		
40																		
41																		
42																		
43																		
44																		
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

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: Hamburg AR

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

NAME OF AUCTION/MARKET: N/A

CONSIGNOR (OWNER/SHIPPER) NAME: Mitch Stanley

CONSIGNEE (RECEIVER/DESTINATION) NAME: Carnicos de Jerez S.A. de C.V.

STREET ADDRESS: 154 Stanley Rd.

STREET ADDRESS: Carretera Jerez Sanchez Roman KM 27-5

CITY, STATE, ZIP CODE: Hamburg AR 71646

CITY, STATE, ZIP CODE: Jerez Zacatecas, Mexico C.P. 99380

AREA CODE & TELEPHONE NO.: 8708532127

AREA CODE & TELEPHONE NO.: 49-45-40-46

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

- [ ] Pregnant mares are not likely to foal (give birth) during the trip. na
- [ ] Foals are older than 6 months of age. na
- [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	USEG	5466						✓		✓						✓		50 months
2		5467	✓							✓				✓				116 months
3		5468						✓		✓				✓				110 months
4		5469					✓			✓				✓				115 months
5		5470						✓		✓				✓				51 months
6		5471						✓		✓						✓		62 months
7		5472	✓							✓						✓		117 months
8		5473						✓		✓				✓				52 months
9		5474						✓		✓				✓				66 months
10		5475					✓			✓				✓				72 months
11		5476	✓							✓				✓				113 months
12		5477						✓		✓				✓				117 months
13		5478						✓		✓				✓				122 months
14		5479	✓							✓				✓				121 months
15		5480						✓		✓						✓		65 months

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. Senasica Oisa Cd. Acuña Coah. Mex.

DATE 5-Febrero-2009

TIME 18:30 hors.

(4)

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	USEG	5481	✓							✓				✓				63 months
17		5482						✓		✓				✓				66 months
18		5483						✓		✓						✓		72 months
19		5484						✓		✓						✓		103 months
20		5485	✓							✓				✓				77 months
21		5486					✓			✓				✓				102 months
22		5487						✓		✓				✓				100 months
23		5488						✓		✓				✓				84 months
24		5489	✓							✓				✓				88 months
25		5490					✓			✓				✓				76 months
26		5491						✓		✓						✓		99 months
27		5492	✓							✓				✓				105 months
28		5493						✓		✓				✓				86 months
29		5494						✓		✓				✓				109 months
30		5495						✓		✓				✓				110 months
31		5496						✓		✓						✓		98 months
32		5497	✓							✓				✓				122 months
33		5498						✓		✓				✓				120 months
34		5499						✓		✓						✓		71 months
35		5500						✓		✓						✓		79 months
36		5501						✓		✓				✓				84 months
37		5502					✓			✓				✓				89 months
38		5503						✓		✓				✓				109 months
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)

(3)

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: Hamburg, AR

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

NAME OF AUCTION/MARKET: N/A

CONSIGNOR (OWNER/SHIPPER) NAME: Mitch Stanley

CONSIGNEE (RECEIVER/DESTINATION) NAME: Carnicos de Jerez S.A. de C.V.

STREET ADDRESS: 154 Stanley Rd

STREET ADDRESS: Carretera Jerez Sanchez Roman km 27-5

CITY, STATE, ZIP CODE: Hamburg AR 71646

CITY, STATE, ZIP CODE: Jerez Zacatecas, Mexico C.P. 99380

AREA CODE & TELEPHONE NO.: 8708532127

AREA CODE & TELEPHONE NO.: 49-45-40-46

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

- [ ] Pregnant mares are not likely to foal (give birth) during the trip na
- [ ] Foals are older than 6 months of age. na
- [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	USEG	5428						✓		✓						✓		121 month
2		5429	✓							✓				✓				116 month
3		5430					✓			✓				✓				75 month
4		5431						✓		✓						✓		71 month
5		5432						✓		✓				✓				107 month
6		5433						✓		✓						✓		103 month
7		5434	✓							✓						✓		115 month
8		5435	✓							✓				✓				76 month
9		5436						✓		✓						✓		88 month
10		5437						✓		✓				✓				86 month
11		5438					✓			✓				✓				72 month
12		5439						✓		✓						✓		108 month
13		5440					✓			✓				✓				102 month
14		5441						✓		✓						✓		116 month
15		5442						✓		✓				✓				112 month

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)

Senasica

EST. Oisacd. Acuña Coah. Mex.

DATE 30-Enero-2009

TIME 19:00 hors

PART 1 - INSPECTOR

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	USEG	5443						✓		✓						✓		69 months
17		5444						✓		✓						✓		76 months
18		5445	✓							✓						✓		52 months
19		5446						✓		✓				✓				51 months
20		5447						✓		✓				✓				66 months
21		5448					✓			✓				✓				72 months
22		5449						✓		✓				✓				104 months
23		5450						✓		✓						✓		105 months
24		5451	✓							✓				✓				56 months
25		5452					✓			✓				✓				116 months
26		5453						✓		✓						✓		118 months
27		5454	✓							✓						✓		66 months
28		5455	✓							✓				✓				69 months
29		5456						✓		✓				✓				72 months
30		5457						✓		✓				✓				76 months
31		5458						✓		✓						✓		55 months
32		5459						✓		✓				✓				51 months
33		5460	✓							✓				✓				66 months
34		5461					✓			✓				✓				102 months
35		5462						✓		✓						✓		73 months
36		5463						✓		✓				✓				76 months
37		5464						✓		✓				✓				81 months
38		5465						✓		✓				✓				72 months
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)

(3)

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: Hamburg, AR
VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6)	NAME OF AUCTION/MARKET: N/A
CONSIGNOR (OWNER/SHIPPER) NAME: Mitch Stanley	CONSIGNEE (RECEIVER/DESTINATION) NAME: Carnicos de Jerez S.A. de C.V.
STREET ADDRESS: 154 Stanley Rd	STREET ADDRESS: Carretera Jerez Sanchez Roman km 27-5
CITY, STATE, ZIP CODE: Hamburg AR 71646	CITY, STATE, ZIP CODE: Jerez, Zacatecas, Mexico. C.P. 99380
AREA CODE & TELEPHONE NO.: 8708532127	AREA CODE & TELEPHONE NO.: 49-45-40-46

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

- ☐ Pregnant mares are not likely to foal (give birth) during the trip. na
- ☐ Foals are older than 6 months of age. na
- ☒ Horses are able to bear weight on all 4 limbs.
- ☒ Horses are not blind in both eyes.
- ☒ 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	USEG	5012	✓							✓				✓				92 months
2		5013						✓		✓						✓		49 months
3		5014	✓							✓						✓		84 months
4		5015						✓		✓				✓				102 months
5		5016					✓			✓				✓				76 months
6		5017						✓		✓				✓				102 months
7		5018						✓		✓						✓		122 months
8		5019	✓							✓				✓				96 months
9		5020					✓			✓				✓				77 months
10		5021						✓		✓				✓				76 months
11		5022						✓		✓				✓				88 months
12		5023						✓		✓				✓				92 months
13		5024						✓		✓				✓				103 months
14		5025	✓							✓				✓				116 months
15		5026						✓		✓						✓		117 months

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)

Senasica

EST. Olsa cd. Acuña coah. Mex

DATE 30-Enero-2009

TIME 15:00 hors.

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	USEG	5027						✓		✓						✓		122 months
17		5028						✓		✓				✓				136 months
18		5029					✓			✓				✓				142 months
19		5030	✓							✓				✓				116 months
20		5031						✓		✓				✓				72 months
21		5032	✓							✓				✓				76 months
22		5033	✓							✓						✓		123 months
23		5034						✓		✓						✓		133 months
24		5035						✓		✓				✓				66 months
25		5036						✓		✓				✓				53 months
26		5037						✓		✓				✓				59 months
27		5038	✓							✓				✓				126 months
28		5039						✓		✓						✓		94 months
29		5040					✓			✓				✓				115 months
30		5041						✓		✓				✓				72 months
31		5042						✓		✓				✓				112 months
32		5043						✓		✓				✓				55 months
33		5044	✓							✓				✓				76 months
34		5045						✓		✓				✓				103 months
35		5046						✓		✓				✓				117 months
36		5047						✓		✓				✓				55 months
37		5048						✓		✓				✓				72 months
38																		
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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 | DATE

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Hamburg, AR

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

NAME OF AUCTION/MARKET: N/A

CONSIGNOR (OWNER/SHIPPER) NAME: Mitch Stanley

CONSIGNEE (RECEIVER/DESTINATION) NAME: Carnicos de Jerez S.A. de C.V.

STREET ADDRESS: 154 Stanley Rd

STREET ADDRESS: Carretera Jerez Sanchez Roman KM 27-5

CITY, STATE, ZIP CODE: Hamburg AR 71646

CITY, STATE, ZIP CODE: Jerez, Zacatecas, Mexico C.P. 99380

AREA CODE & TELEPHONE NO.: 870 853 2127

AREA CODE & TELEPHONE NO.: 49-45-40-46

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

- [ ] Pregnant mares are not likely to foal (give birth) during the trip. na
- [ ] Foals are older than 6 months of age. na
- [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	USEG	4975						✓		✓						✓		97 months
2		4976					✓			✓				✓				68 months
3		4977						✓		✓				✓				49 months
4		4978						✓		✓				✓				119 months
5		4979						✓		✓				✓				72 months
6		4980						✓		✓				✓				64 months
7		4981	✓							✓				✓				82 months
8		4982					✓			✓				✓				77 months
9		4983						✓		✓				✓				72 months
10		4984						✓		✓				✓				98 months
11		4985	✓							✓						✓		99 months
12		4986	✓							✓				✓				104 months
13		4987						✓		✓				✓				52 months
14		4988						✓		✓				✓				124 months
15		4989						✓		✓						✓		136 months

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.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

Senasica

EST. Oisa cd. Acuña Coah. Mex

DATE 30-Enero-2009

TIME 19:00 hrs.

VS FORM 10-13 (AUG 2004) Previous editions are obsolete

PART 1 - INSPECTOR

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: Hamburg AR

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

NAME OF AUCTION/MARKET: N/A

CONSIGNOR (OWNER/SHIPPER) NAME: Mitch Stanley

CONSIGNEE (RECEIVER/DESTINATION) NAME: Carnicos de Jerez S.A. de C.V.

STREET ADDRESS: 154 Stanley Rd

STREET ADDRESS: Carretera Jerez Sanchez Romon KM 27-5

CITY, STATE, ZIP CODE: Hamburg AR 71646

CITY, STATE, ZIP CODE: Jerez, Zacatecas, Mexico C.P. 99380

AREA CODE & TELEPHONE NO.: 8708532127

AREA CODE & TELEPHONE NO.: 49-45-40-46

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

- ☐ Pregnant mares are not likely to foal (give birth) during the trip. na
- ☐ Foals are older than 6 months of age. na
- ☒ Horses are able to bear weight on all 4 limbs.
- ☒ Horses are not blind in both eyes.
- ☒ 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	USEG	5300						✓		✓				✓				60 months
2		5351	✓							✓				✓				86 months
3		5352						✓		✓						✓		58 months
4		5353	✓							✓						✓		72 months
5		5354						✓		✓				✓				70 months
6		5355					✓			✓				✓				61 months
7		5356						✓		✓						✓		98 months
8		5357	✓							✓				✓				101 months
9		5358	✓							✓				✓				72 months
10		5359					✓			✓						✓		59 months
11		5360					✓			✓				✓				70 months
12		5361						✓		✓				✓				102 months
13		5362						✓		✓				✓				101 months
14		5363						✓		✓						✓		62 months
15		5364						✓		✓						✓		66 months

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.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST. Senasica Oisacd. Acuñacoah. Mex.

DATE 4-Enero-2009

TIME 16:40 hors.

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	USEG	5365	✓							✓				✓				73 months
17		5366						✓		✓						✓		81 months
18		5367						✓		✓				✓				92 months
19		5368					✓			✓						✓		58 months
20		5369	✓							✓				✓				102 months
21		5370						✓		✓				✓				66 months
22		5371						✓		✓						✓		84 months
23		5372						✓		✓				✓				133 months
24		5373						✓		✓				✓				61 months
25		5374						✓		✓				✓				130 months
26		5375	✓							✓				✓				77 months
27		5376						✓		✓						✓		62 months
28		5377						✓		✓						✓		58 months
29		5378						✓		✓				✓				111 months
30		5379	✓							✓						✓		65 months
31		5380						✓		✓				✓				121 months
32		5381						✓		✓				✓				116 months
33		5382						✓		✓						✓		52 months
34		5383						✓		✓						✓		72 months
35		5384					✓			✓				✓				61 months
36		5385	✓							✓				✓				75 months
37		5386						✓		✓						✓		89 months
38		5387						✓		✓				✓				76 months
39																		
40																		
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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)