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 PM

DATE: 1-11-10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: FAIR HAVEN MI

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

NAME OF AUCTION/MARKET: R+R HORSE SALES KY

CONSIGNOR (OWNER/SHIPPER) NAME: JARON GOLD

CONSIGNEE (RECEIVER/DESTINATION) NAME: RICHELIEU MEATS INC

STREET ADDRESS: 6302 MELDRUM RD

STREET ADDRESS:

CITY, STATE, ZIP CODE: FAIR HAVEN, MICH 48023

CITY, STATE, ZIP CODE: MASSOINVILLE, QUEBEC, CANADA

AREA CODE & TELEPHONE NO.: 586 725-8996

AREA CODE & TELEPHONE NO.: 450 539 1499

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	USTO	7734	✓							✓					✓			
2		7735					✓				✓			✓				
3		7736					✓				✓			✓				
4		7737	ROAN								✓			✓				
5		7738			✓						✓			✓				
6		7739	✓							✓				✓				
7		7740					✓			✓						✓		
8		7741					✓			✓				✓				
9		7742					✓			✓				✓				
10		7743				✓				✓				✓				
11		7744			✓					MULE				✓				
12		7745				✓				✓						✓		
13		7746		✓						✓				✓				
14		7747	PALAMINO							✓				✓				
15		7748				✓				✓				✓				

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 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 it

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

CANADIAN FOOD INSPECTION AGENCY Government of Canada / Agence canadienne d'inspection des aliments Gouvernement du Canada

EST.

DATE

TIME

VS FORM 10-13 (SEP 2002) 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	USFO	7749	✓							✓						✓		
17		7750	✓		(P)					✓						✓		
18		7783	✓		[redacted]					✓						✓		
19		7784			✓					✓				✓				
20		7785	APPALUSA							✓						✓		
21		7786				✓				✓				✓				
22		7787	✓							✓						✓		
23		7788	✓							✓				✓				
24		7789	✓							✓				✓				
25		7790				✓				✓				✓				
26		7791					✓			✓						✓		
27		7793	✓							✓				✓				
28		7794	✓							✓				✓				
29		7795					✓			✓				✓				
30		7796	DCW							✓						✓		
31	↓	7797	✓							✓				✓				
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SIGNATURE OF OWNER/SHIPPER [illegible] 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

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FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 9:00 AM

DATE: 1-13-10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: FAIRHAVEN MI

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

NAME OF AUCTION/MARKET: SHIPSHEWANA HORSE SALE IND STEW/OWEN MO

CONSIGNOR (OWNER/SHIPPER) NAME: JARON GOLD

CONSIGNEE (RECEIVER/DESTINATION) NAME: RICHELIEU MEATS INC

STREET ADDRESS: 6302 MELDRUM RD

STREET ADDRESS:

CITY, STATE, ZIP CODE: FAIR HAVEN, MICH 48023

CITY, STATE, ZIP CODE: MASSOINVILLE, QUEBEC, CANADA

AREA CODE & TELEPHONE NO.: 586 725-8996

AREA CODE & TELEPHONE NO.: 450 539 1499

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	USFO	7801				✓				✓				✓				
2		7802					✓			✓				✓		✓		
3		7803					✓			✓						✓		
4		7804		✓						✓				✓				
5		7805	Brown							✓						✓		
6		7806	✓							✓						✓		
7		7807	✓							✓				✓				
8		7808	✓							✓				✓				
9		7809	✓							✓				✓				
10		7810	✓							✓						✓		
11		7811	✓							✓						✓		
12		7812			✓					✓				✓				
13		7813	✓							✓						✓		
14		7814	APPALUSA							✓				✓				
15		7815					✓				✓			✓				

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMI

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

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

VS FORM 10-13 (SEP 2002) 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)

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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	USFO	7819	✓							✓				✓				
17		7820			✓					✓				✓				
18		7821	✓							✓				✓				
19		7822	B Roan ✓							✓				✓				
20		7823	✓							✓						✓		
21		7824					✓			✓						✓		
22		7825					✓			✓				✓				
23		7826				✓				✓				✓				
24		7827				✓				✓						✓		
25		7828	APPALOSA							✓						✓		
26		7830	BUCKSKIN							✓				✓				
27		7831		✓						✓						✓		
28		7832	✓							✓				✓				
29	✓	7833					✓			✓						✓		
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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

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FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 5:30 PM

DATE: 1-14-10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: FAIR HAVEN MI

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

NAME OF AUCTION/MARKET: SHIPSHEWANA HORSE SALES INC.

CONSIGNOR (OWNER/SHIPPER) NAME: JARON GOLD

CONSIGNEE (RECEIVER/DESTINATION) NAME: RICHELIEU MEATS INC

STREET ADDRESS: 6302 MELDRUM Rd

STREET ADDRESS:

CITY, STATE, ZIP CODE: FAIR HAVEN, MICH 48023

CITY, STATE, ZIP CODE: MASSOINVILLE, QUEBEC, CANADA

AREA CODE & TELEPHONE NO.: 586 725-8996

AREA CODE & TELEPHONE NO.: 450 539 1499

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	US70	8851					✓				✓			✓				
2		8853	Brown							✓						✓		
3		8854					✓			✓				✓				
4		8855	✓							✓				✓				
5		8856	✓							✓				✓				
6		8857					✓			✓				✓				
7		8858	Palisa							✓				✓				
8		8859	✓							✓				✓				
9		8860	Brown							✓						✓		
10		8861					✓			✓						✓		
11		8862	✓							✓						✓		
12		8863	✓							✓				✓				
13		8864				✓				✓				✓				
14		8865	Brown							✓				✓				
15	✓	8866					✓			✓				✓				

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IM

SIGNATUF (b)(6)

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SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

CANADIAN FOOD INSPECTION AGENCY Government of Canada

EST.

DATE

TIME

VS FORM 10-13 (SEP 2002) 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.

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	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	USFO	8867					✓			✓				✓				
17		8868	✓							✓				✓				
18		8869	ATPALUSA							✓						✓		
19		8870					✓			✓				✓				
20		8871	✓							✓						✓		
21		8872	Brown							✓				✓				
22		8873					✓			✓						✓		
23		8874	✓							✓				✓				
24		8875	✓							✓				✓				
25		8876				✓				✓						✓		
26		8877	Brown							✓				✓				
27		8878	✓							✓						✓		
28		8880	✓							✓				✓				
29		8881				✓				✓				✓				
30		8883	✓							✓				✓				
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CANADIAN FOOD INSPECTION AGENCY
Government of Canada

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SIGNATURE OF OWNER/SHIPPER [illegible] on 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

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FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 5:00 PM

DATE: 1-14-10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: FAIR HAVEN MI

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

NAME OF AUCTION/MARKET: RYAN HORSE SALES KY

CONSIGNOR (OWNER/SHIPPER) NAME: JARON GOLD

CONSIGNEE (RECEIVER/DESTINATION) NAME: RICHELIEU MEATS INC

STREET ADDRESS: 6302 MELDRUM Rd

STREET ADDRESS:

CITY, STATE, ZIP CODE: FAIR HAVEN, MICH 48023

CITY, STATE, ZIP CODE: MASSOINVILLE, QUEBEC, CANADA

AREA CODE & TELEPHONE NO.: 586 725-8496

AREA CODE & TELEPHONE NO.: 450 539 1499

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.
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- [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	USA	7851					✓					✓				✓		
2		7852	APPALUSA							✓				✓				
3		7853	DUN							✓				✓				
4		7854	✓							✓				✓				
5		7855	✓							✓						✓		
6		7856					✓			✓				✓				
7		7857	PALAMINO							✓				✓				
8		7858				✓				✓				✓				
9		7859					✓			✓				✓				
10		7860	✓							✓				✓				
11		7861					✓			✓						✓		
12		7862	✓							✓				✓				
13		7863					✓			✓				✓				
14		7864			✓					✓				✓				
15		7865	PALAMINO							✓				✓				

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

SIGNATU (b)(6)

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SIGNATURE OF OWNER/SHIPPER/I certify that the information contained in this form is true and correct to

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

VS FORM 10-13 (SEP 2002) 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)

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			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USFO	7866				✓				✓				✓				
17		7867	✓							✓				✓				
18		7868	✓							✓						✓		
19		7869	APPALUSA							✓						✓		
20		7870		✓						✓				✓				
21		7871	✓							✓				✓				
22		7872	APPALUSA							✓						✓		
23		7873					✓			✓				✓				
24		7874	✓							✓						✓		
25		7875			✓					✓				✓				
26		7876			✓					✓				✓				
27		7877					✓			✓				✓				
28		7878					✓			✓				✓				
29		7879					✓			✓						✓		
30		7880					✓				✓					✓		
31		7881					✓				✓					✓		
32		7895					✓			✓						✓		
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SIGNATURE OF OWNER/SHIPPER [illegible] ...ion contained in this form is true and correct to the best of my knowledge.)

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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: 3:00 PM

DATE: 1-17-10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: FAIR HAVEN MI

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

NAME OF AUCTION/MARKET: R&R HORSE SALES KY

CONSIGNOR (OWNER/SHIPPER) NAME: JARON GOLD

CONSIGNEE (RECEIVER/DESTINATION) NAME: RICHELIEU MEATS INC

STREET ADDRESS: 6302 MELDRUM RD

STREET ADDRESS:

CITY, STATE, ZIP CODE: FAIR HAVEN, MICH 48023

CITY, STATE, ZIP CODE: MASSOINUILLE, QUEBEC, CANADA

AREA CODE & TELEPHONE NO.: 586 725-8996

AREA CODE & TELEPHONE NO.: 450 539 1499

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	1450	7834					✓				✓					✓		
2		7835	✓							✓						✓		
3		7836	✓							✓				✓				
4		7837					✓			✓				✓				
5		7838					✓			✓				✓				
6		7839					✓			✓						✓		
7		7840	✓							✓						✓		
8		7841	✓							✓				✓				
9		7842					✓			✓				✓				
10		7843	✓							✓						✓		
11		7844	✓							✓				✓				
12		7845			✓					✓						✓		
13		7846			✓					✓				✓				
14		7847			✓					✓						✓		
15		7848	✓							✓						✓		

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

SIGNATU (b)(6)

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

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. 076

DATE 18/01/2010

TIME 7h40

VS FORM 10-13 (SEP 2002) 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	USFO	7849			✓					✓				✓				
17		7850	APPALUSA							✓				✓				
18		7884					✓			✓						✓		
19		7885					✓			✓				✓				
20		7886			✓					✓				✓				
21		7887	✓							✓				✓				
22		7888	✓							✓				✓				
23		7889	WHITE FR							✓						✓		
24		7890					✓			✓						✓		
25		7891			✓					✓						✓		
26		7892	✓							✓				✓				
27		7893					✓			✓				✓				
28		7896					✓			✓						✓		
29		7897	GREY							✓				✓				
30		7898	DUN							✓				✓				
31																		
32																		
33																		
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SIGNATURE OF OWNER/SHIPPER [illegible] ation 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)

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FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 1:00 PM

DATE: 1-18-10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: FAIR HAVEN MI

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

NAME OF AUCTION/MARKET: RYAN HORSESALES KY

CONSIGNOR (OWNER/SHIPPER) NAME: JARON GOLD

CONSIGNEE (RECEIVER/DESTINATION) NAME: RICHELIEU MEATS INC

STREET ADDRESS: 6302 MELDRUM RD

STREET ADDRESS:

CITY, STATE, ZIP CODE: FAIR HAVEN, MICH 48023

CITY, STATE, ZIP CODE: MASSOINVILLE, QUEBEC, CANADA

AREA CODE & TELEPHONE NO.: 586 725-8996

AREA CODE & TELEPHONE NO.: 450 539 1499

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	1150	8334					✓			✓						✓		
2		8335			✓					✓						✓		
3		8336	BUCKSKIN							✓				✓				
4		8337	BUCKSKIN							✓						✓		
5		8338	✓							✓				✓				
6		8339			✓						✓			✓				
7		8340	✓						CROSSBRED					✓				
8		8341	✓						CROSSBRED					✓				
9		8342				✓				✓				✓				
10		8343					✓			✓				✓				
11		8344					✓			✓				✓				
12		8345	✓							✓				✓				
13		8346	✓							✓				✓				
14		8347	✓							✓				✓				
15		8348					✓			✓				✓				

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

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

VS FORM 10-13 (SEP 2002) 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)

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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	USO	8549				✓				✓						✓		
17		8884	APPALUSA							✓				✓				
18		8885	APALAMINO							✓				✓				
19		8887			✓					✓						✓		
20		8888					✓			✓				✓				
21		8889					✓			✓				✓				
22		8890				✓				✓						✓		
23		8891	✓							✓						✓		
24		8892	✓							✓				✓				
25		8893	✓							✓				✓				
26		8894					✓			✓				✓				
27		8895		✓						✓				✓				
28		8896	DUN							✓						✓		
29		8897	DUN							✓				✓				
30		8898	✓							✓				✓				
31		8899					✓			✓				✓				
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Si[illegible] tion 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

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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: FAIR HAVEN MI

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

NAME OF AUCTION/MARKET: RYAN HORSE SALES KY

CONSIGNOR (OWNER/SHIPPER) NAME: JARON GOLD

CONSIGNEE (RECEIVER/DESTINATION) NAME: RICHELIEU MEATS INC

STREET ADDRESS: 6302 MELDRUM RD

STREET ADDRESS:

CITY, STATE, ZIP CODE: FAIR HAVEN, MICH 48023

CITY, STATE, ZIP CODE: MASSOINVILLE, QUEBEC, CANADA

AREA CODE & TELEPHONE NO.: 586 725-8996

AREA CODE & TELEPHONE NO.: 450 539 1499

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	USO	8001					✓			✓				✓				
2		8002			✓						✓			✓				
3		8003	✓						ST BRED					✓				
4		8004			✓					✓						✓		
5		8005	Brown							✓						✓		
6		8006		✓						✓				✓				
7		8007	✓							✓				✓				
8		8008	Brown							✓				✓				
9		8009	✓							✓						✓		
10		8010			✓						✓			✓				
11		8011	✓							✓						✓		
12		8012					✓			✓				✓				
13		8013					✓			✓						✓		
14		8014					✓			✓						✓		
15		8015	✓							✓				✓				

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

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

VS FORM 10-13 (SEP 2002) 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)

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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	USO	8016	✓							✓						✓		
17		8017					✓			✓				✓				
18		8018		✓						✓						✓		
19		8019	✓							✓				✓				
20		8020	PALAMINO							✓				✓				
21		8021	✓							✓				✓				
22		8022					✓			✓				✓				
23		8023	APPALUSA							✓				✓				
24		8024					✓			✓				✓				
25		8025	APPALUSA							✓				✓				
26		8026	✓							✓				✓				
27		8027					✓			✓				✓				
28		8028				✓				✓					✓			
29		8029	✓							✓					✓			
30		8030	✓						ST BRED							✓		
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SIGNATURE OF OWNER/SHIPPER ... stion 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)

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FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 9:30 AM

DATE: 1-21-16

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: FAIR HAVEN MI

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

NAME OF AUCTION/MARKET: RYAN HORSE SALES KY

CONSIGNOR (OWNER/SHIPPER) NAME: JARON GOLD

CONSIGNEE (RECEIVER/DESTINATION) NAME: RICHELIEU MEATS INC

STREET ADDRESS: 6302 MELDRUM Rd

STREET ADDRESS:

CITY, STATE, ZIP CODE: FAIR HAVEN, MICH 48023

CITY, STATE, ZIP CODE: MASSOINVILLE, QUEBEC, CANADA

AREA CODE & TELEPHONE NO.: 586 725-8996

AREA CODE & TELEPHONE NO.: 450 539 1499

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

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- [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	USFO	8051	✓							✓				✓				
2		8052				✓				✓				✓				
3		8053					✓				✓			✓				
4		8054					✓			✓				✓				
5		8056	✓							✓						✓		
6		8057	✓							✓						✓		
7		8058	✓							✓						✓		
8		8060	✓							✓				✓				
9		8061	ROAN							✓					✓			
10		8062	✓							✓				✓				
11		8063	✓							✓				✓				
12		8064	✓							✓						✓		
13		8065			✓					✓						✓		
14		8066					✓			✓				✓				
15		8067					✓			✓				✓				

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

SIGNAT (b)(6)

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SIGNATURE OF OWNER/SHIPPER/I certify that the information contained in this form is true and correct to

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. 3

DATE

TIME

VS FORM 10-13 (SEP 2002) 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	USFO	8068					✓			✓						✓		
17		8069			✓					✓						✓		
18		8070	PALAMINO							✓						✓		
19		8071					✓				✓			✓				
20		8072					✓				✓			✓				
21		8073	✓							✓				✓				
22		8074	✓							✓				✓				
23		8075					✓			✓				✓				
24		8076	DUN							✓				✓				
25		8077	✓							✓						✓		
26		8078	✓							✓				✓				
27		8080	✓							✓				✓				
28		8081				✓				✓				✓				
29		8082	BROWN							✓						✓		
30		8083					✓			✓				✓				
31																		
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CANADIAN FOOD INSPECTION AGENCY
Government of Canada
Canada

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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

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FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 9:00 AM

DATE: 1-24-10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: FARMAVEN MI

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

NAME OF AUCTION/MARKET: SHIPSHEWANA HORSE SALES IND

CONSIGNOR (OWNER/SHIPPER) NAME: JARON GOLD

CONSIGNEE (RECEIVER/DESTINATION) NAME: RICHELIEU MEATS INC

STREET ADDRESS: 6302 MELDRUM Rd

STREET ADDRESS:

CITY, STATE, ZIP CODE: FAIR HAVEN, MICH 48023

CITY, STATE, ZIP CODE: MASSOINVILLE, QUEBEC, CANADA

AREA CODE & TELEPHONE NO.: 586 725-8996

AREA CODE & TELEPHONE NO.: 450 539 1499

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	USFO	8101			✓						✓			✓				
2		8102			✓				ST	BRED				✓				
3		8103	✓						ST	BRED				✓				
4		8104	✓						ST	BRED						✓		
5		8105	✓						ST	BRED				✓				
6		8106	✓						ST	BRED						✓		
7		8107	Brown						ST	BRED						✓		
8		8108	✓						ST	BRED						✓		
9		8109	✓							✓				✓				
10		8110	✓							✓				✓				
11		8111	✓							✓				✓				
12		8112					✓				✓			✓				
13		8113			✓					✓				✓				
14		8114	✓							✓				✓				
15		8115	Brown							✓						✓		

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 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

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

VS FORM 10-13 (SEP 2002) 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	USFO	8116					✓			✓				✓				
17		8117					✓				✓			✓				
18		8118	✓							✓						✓		
19		8119					✓				✓					✓		
20		8120					✓			✓				✓				
21		8121					✓			✓				✓				
22		8123				✓				✓				✓				
23		8124	BROWN							✓				✓				
24		8125	BROWN							✓						✓		
25		8126					✓		HALFLINGER					✓				
26		8129	APPALUSA							✓				✓				
27		8130				✓				✓				✓				
28		8131					✓			✓						✓		
29		8132	✓							✓						✓		
30		8133					✓			✓						✓		
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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
Government of Canada
Canada
AGENCE CANADIENNE D'INSPECTION DES ALIMENTS

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: 2:30 PM

DATE: 1-26-10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: FAIR HAVEN MI

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

NAME OF AUCTION/MARKET: R+R HORSE SALES KY

CONSIGNOR (OWNER/SHIPPER) NAME: JARON GOLD

CONSIGNEE (RECEIVER/DESTINATION) NAME: RICHELIEU MEATS INC

STREET ADDRESS: 6302 MELDRUM RD

STREET ADDRESS:

CITY, STATE, ZIP CODE: FAIR HAVEN, MICH 48023

CITY, STATE, ZIP CODE: MASSOINVILLE, QUEBEC, CANADA

AREA CODE & TELEPHONE NO.: 586 725-8996

AREA CODE & TELEPHONE NO.: 450 539 1499

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	USFO	8151			✓						✓			✓				
2		8152				✓				✓				✓				
3		8153					✓		MULE					✓				
4		8154			✓				CROSSBRED					✓				
5		8155	✓						MULE					✓				
6		8156					✓				✓			✓				
7		8157	✓								✓			✓				
8		8158	✓								✓			✓				
9		8159				✓				✓				✓				
10		8160					✓			✓						✓		
11		8161					✓			✓				✓				
12		8162					✓		MULE							✓		
13		8163	✓							✓						✓		
14		8164	✓							✓				✓				
15	✓	8165	✓							✓						✓		

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

SIGNATU (b)(6)

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SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

VS FORM 10-13 (SEP 2002) 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)

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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	USFO	8166	✓							✓				✓				
17		8167	✓							✓				✓				
18		8168	✓							✓				✓				
19		8169	✓							✓				✓				
20		8170	✓							✓						✓		
21		8171	✓							✓				✓				
22		8172		✓							✓					✓		
23		8173					✓			MULE				✓				
24		8174					✓				✓			✓				
25		8176					✓			✓						✓		
26		8177	PALAMINO							✓				✓				
27		8178					✓				✓			✓				
28		8179	✓							✓						✓		
29		8181				✓				✓				✓				
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SIGNATURE OF OWNER/SHIPPER ... lion contained in this form is true and correct to the best of my knowledge.)

(b)(6)

CANADIAN FOOD INSPECTION AGENCY

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)

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FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 10:00 AM

DATE: 1-28-10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: FAIR HAVEN MI

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

NAME OF AUCTION/MARKET: R+R HORSE SALES KY

CONSIGNOR (OWNER/SHIPPER) NAME: JARON GOLD

CONSIGNEE (RECEIVER/DESTINATION) NAME: RICHELIEU MEATS INC

STREET ADDRESS: 6302 MELDRUM RD

STREET ADDRESS:

CITY, STATE, ZIP CODE: FAIR HAVEN, MICH 48023

CITY, STATE, ZIP CODE: MASSOINVILLE, QUEBEC, CANADA

AREA CODE & TELEPHONE NO.: 586 725-8996

AREA CODE & TELEPHONE NO.: 450 539 1499

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	USFD	8034	✓							✓				✓				
2		8035					✓			✓				✓				
3		8036				✓				✓				✓				
4		8037	✓							✓				✓				
5		8038	✓							✓						✓		
6		8039			✓					✓						✓		
7		8040					✓			MULE						✓		
8		8041					✓			✓				✓				
9		8042	✓							✓				✓				
10		8043					✓			✓						✓		
11		8044					✓			CROSS BRED				✓				
12		8045					✓			✓						✓		
13		8046					✓			✓				✓				
14		8047	✓							✓				✓				
15	↓	8048	✓							✓				✓				

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

SIGNATU (b)(6)

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SIGNATURE OF OWNER/SHIPPER/I certify that the information contained in this form is true and correct to

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

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	US FO	8045	✓						Cross Fred							✓		
17	FOS	8050	✓						Cross Fred					✓				
18		8084					✓				✓					✓		
19		8085	✓							✓				✓				
20		8086					✓			✓				✓				
21		8087	✓							✓						✓		
22		8088			✓					✓						✓		
23		8089					✓			✓				✓				
24		8090	✓							✓				✓				
25		8091	✓							✓				✓				
26		8092	✓							✓				✓				
27		8093				✓				✓					✓			
28		8095				✓				✓				✓				
29		8096	✓							✓				✓				
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(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)

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FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 5:30 PM

DATE: 1-31-10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: FAIR HAVEN MI

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

NAME OF AUCTION/MARKET: SHIPSHEWANA HORSE SALE TRUD

CONSIGNOR (OWNER/SHIPPER) NAME: JARON GOLD

CONSIGNEE (RECEIVER/DESTINATION) NAME: RICHELIEU MEATS INC

STREET ADDRESS: 6302 MELDRUM RD

STREET ADDRESS:

CITY, STATE, ZIP CODE: FAIR HAVEN, MICH 48023

CITY, STATE, ZIP CODE: MASSOINUILLE, QUEBEC, CANADA

AREA CODE & TELEPHONE NO.: 586 725-8996

AREA CODE & TELEPHONE NO.: 450 539 1499

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

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- [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	USFC	8184					✓				✓					✓		
2		8187					✓		HALFLINGER					✓				
3		8188					✓		HALFLINGER					✓				
4		8189					✓		HALFLINGER					✓				
5		8190	✓							✓				✓				
6		8191	✓							✓						✓		
7		8192	✓							✓				✓				
8		8193	BROWN							✓				✓				
9		8194					✓			✓				✓				
10		8195					✓			✓						✓		
11		8196				✓				✓						✓		
12		8198	✓							✓				✓				
13		8199	✓							✓						✓		
14		8200	APPALOUSA							✓						✓		
15		8134	APPALOUSA							✓						✓		

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

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

VS FORM 10-13 (SEP 2002) 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	USFO	8135	APPALUSA							✓				✓				
17		8136					✓			✓				✓				
18		8137					✓			✓				✓				
19		8138	BROWN							✓				✓				
20		8139	✓							✓				✓				
21		8140	✓							✓				✓				
22		8141				✓				✓				✓				
23		8142					✓			✓				✓				
24		8143	✓							✓				✓				
25		8144	✓							✓				✓				
26		8145	DUN							✓						✓		
27		8146			✓					✓				✓				
28		8147	✓							✓						✓		
29		8149	✓							✓				✓				
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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)

S FORM 10-13A
(REV 2002)

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

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FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 4:30 PM

DATE: 2-2-10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: FAIR HAVEN MI

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

NAME OF AUCTION/MARKET: RYAN HORSE SALE KY

CONSIGNOR (OWNER/SHIPPER) NAME: JARON GOLD

CONSIGNEE (RECEIVER/DESTINATION) NAME: RICHELIEU MEATS INC

STREET ADDRESS: 6302 MELDRUM RD

STREET ADDRESS:

CITY, STATE, ZIP CODE: FAIR HAVEN, MICH 48023

CITY, STATE, ZIP CODE: MASSOINVILLE, QUEBEC, CANADA

AREA CODE & TELEPHONE NO.: 586 725-8996

AREA CODE & TELEPHONE NO.: 450 539 1499

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	USFO	8201					✓			✓				✓				
2		8202					✓			✓				✓				
3		8203					✓			✓						✓		
4		8204	✓							✓						✓		
5		8205	✓							✓						✓		
6		8206	BUCKSKIN							✓				✓				
7		8207			✓					✓						✓		
8		8208	✓							✓				✓				
9		8209	✓							✓				✓				
10		8210	✓							✓				✓				
11		8211	✓							✓				✓				
12		8212					✓				✓			✓				
13		8213					✓				✓					✓		
14		8214	✓							✓				✓				
15		8215	✓							✓				✓				

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

SIGNATU (b)(6)

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

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

CANADIAN FOOD INSPECTION AGENCY Government of Canada

EST.

DATE

TIME

VS FORM 10-13 (SEP 2002) 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	82500	8216					✓			✓				✓				
17		8217	✓							✓				✓				
18		8218	✓							✓						✓		
19		8219			✓					✓				✓				
20		8220					✓			✓						✓		
21		8221			✓					✓					✓			
22		8222					✓			✓				✓				
23		8223					✓			✓						✓		
24		8224					✓			✓						✓		
25		8225	✓							✓				✓				
26		8226	✓							✓				✓				
27		8227	✓							✓						✓		
28		8228				✓				✓				✓				
29		8229	✓							✓				✓				
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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)

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FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 1:30 PM

DATE: 2-4-10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: FAIR HAVEN MI

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

NAME OF AUCTION/MARKET: SHIPSHEWANA HORSE SALE IND

CONSIGNOR (OWNER/SHIPPER) NAME: JARON GOLD

CONSIGNEE (RECEIVER/DESTINATION) NAME: RICHELIEU MEATS INC

STREET ADDRESS: 6302 MELDRUM RD

STREET ADDRESS:

CITY, STATE, ZIP CODE: FAIR HAVEN, MICH 48023

CITY, STATE, ZIP CODE: MASSOINVILLE, QUEBEC, CANADA

AREA CODE & TELEPHONE NO.: 586 725-8996

AREA CODE & TELEPHONE NO.: 450 539 1499

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	USFP	1484					✓			✓				✓				
2		1485	✓							✓						✓		
3		1486	✓							✓				✓				
4		1487	✓							✓				✓				
5		1488					✓				✓			✓				
6		1490	✓				[illegible]			✓						✓		
7		1491	[illegible]				✓					✓		✓				
8		1493	✓							✓				✓				
9		1494	✓							✓				✓				
10		1496					✓			✓						✓		
11		1497					✓			✓				✓				
12		1498					✓			✓				✓				
13		1499	✓							✓				✓				
14	↓	1500	✓							✓				✓				
15	USFP	[illegible]					✓				✓					✓		

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

SIGNATU (b)(6)

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SIGNATURE OF OWNER/SHIPPER I certify that the information contained in this form is true and correct to

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. 0763

DATE 5/2/2010

TIME 0450

VS FORM 10-13 (SEP 2002) 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
(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	USFO	8234	✓							✓				✓				
17		8235			✓					✓						✓		
18		36	DUN							✓				✓				
19		37	WHITE							✓						✓		
20		38	✓							✓				✓				
21		39				✓				✓				✓				
22		40	✓							✓				✓				
23		41			✓					✓				✓				
24		42	✓							✓				✓				
25		43				✓				✓				✓				
26		44	APPALUSA							✓						✓		
27		45	BROWN							✓				✓				
28		46	BROWN							✓				✓				
29		47	✓							✓				✓				
30		48			✓					✓				✓				
31		49	✓							✓				✓				
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SIGNATURE OF OWNER/SHIPPER [illegible] ition 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)

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FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 9:00 AM	DATE: 2-6-10
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: FAIR HAVEN MI	
VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6)	NAME OF AUCTION/MARKET: R&R HORSE SALES KY
CONSIGNOR (OWNER/SHIPPER) NAME: JARON ODLD	CONSIGNEE (RECEIVER/DESTINATION) NAME: RICHELIEU MEATS INC
STREET ADDRESS: 6302 MELDRUM Rd	STREET ADDRESS:
CITY, STATE, ZIP CODE: FAIR HAVEN, MICH 48023	CITY, STATE, ZIP CODE: MASSOINVILLE, QUEBEC, CANADA
AREA CODE & TELEPHONE NO.: 586 725-8996	AREA CODE & TELEPHONE NO.: 450 539 1499

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	USDA	8251			✓					✓					✓			
2		8252					✓				✓			✓				
3		8253					✓				✓					✓		
4		8254				✓				✓				✓				
5		8255			✓					✓				✓				
6		8256					✓			✓						✓		
7		8257	✓							✓				✓				
8		8258	✓							✓				✓				
9		8259					✓			✓				✓				
10		8260					✓			✓				✓				
11		8261					✓			✓						✓		
12		8262				✓				✓				✓				
13		8263				✓				✓				✓				
14		8264				✓				✓				✓				
15		8269			✓					✓				✓				

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

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

VS FORM 10-13 (SEP 2002) 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
(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	[illegible]	8266			✓					✓				✓				
17		8267	✓							✓				✓				
18		8268				✓				✓				✓				
19		8270			✓					✓						✓		
20		8271					✓			✓				✓				
21		8272	✓							✓				✓				
22		8273				✓				✓				✓				
23		8275		[redacted]		✓				✓						✓		
24		8276		Dun						✓				✓				
25		8279					✓				✓			✓				
26		8280					✓			✓						✓		
27		8281		Brown						✓				✓				
28		8282	✓							✓				✓				
29		8285	✓							✓						✓		
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(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)

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FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 12:00 PM

DATE: 2-8-10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: FAIR HAVEN MI

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

NAME OF AUCTION/MARKET: SHENANDOAH HORSE SALES INC

CONSIGNOR (OWNER/SHIPPER) NAME: JARON GOLD

CONSIGNEE (RECEIVER/DESTINATION) NAME: RICHELIEU MEATS INC

STREET ADDRESS: 6302 MELDRUM RD

STREET ADDRESS:

CITY, STATE, ZIP CODE: FAIR HAVEN, MICH 48023

CITY, STATE, ZIP CODE: MASSOINVILLE, QUEBEC, CANADA

AREA CODE & TELEPHONE NO.: 586 725-8996

AREA CODE & TELEPHONE NO.: 450 539 1499

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	USA	8301				✓				✓				✓				
2		8302					✓			✓				✓				
3		8303					✓			✓				✓				
4		8304	✓							✓						✓		
5		8305	✓							✓						✓		
6		8306	BROWN							✓				✓				
7		8307					✓			✓						✓		
8		8308					✓			✓				✓				
9		8309					✓			✓				✓				
10		8310	✓							✓				✓				
11		8311	✓							✓				✓				
12		8312	✓							✓				✓				
13		8313	BROWN							✓				✓				
14		8314	BROWN							✓				✓				
15	↓	8315				✓				✓						✓		

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

SIGNATU (b)(6)

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SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

CANADIAN FOOD INSPECTION AGENCY Government of Canada Canada

EST.

DATE

TIME

VS FORM 10-13 (SEP 2002) Previous editions are obslete

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)

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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	USPO	8316				✓				✓				✓				
17		8317	Dun							✓				✓				
18		8319					✓			✓						✓		
19		8320					✓			✓				✓				
20		8321	Brown							✓				✓				
21		8322	Brown							✓						✓		
22		8323	✓							✓				✓				
23		8324	✓							✓				✓				
24		8325	✓							✓				✓				
25		8326	✓							✓						✓		
26		8327					✓			✓				✓				
27		8328					✓			✓				✓				
28		8329	Brown							✓				✓				
29		8330	✓							✓						✓		
30		8331					✓			✓				✓				
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SIGNATURE OF OWNER/SHIPPER ... ation 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

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FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 12:30 PM

DATE: 2-11-10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: FAIR HAVEN MI 48023

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

NAME OF AUCTION/MARKET: RYAN HORSE SALES KY

CONSIGNOR (OWNER/SHIPPER) NAME: JARON GOLD

CONSIGNEE (RECEIVER/DESTINATION) NAME: RICHELIEU MEATS INC

STREET ADDRESS: 6302 MELDRUM RD

STREET ADDRESS:

CITY, STATE, ZIP CODE: FAIR HAVEN, MICH 48023

CITY, STATE, ZIP CODE: MASSOINVILLE, QUEBEC, CANADA

AREA CODE & TELEPHONE NO.: 586 725-8996

AREA CODE & TELEPHONE NO.: 450 539 1499

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	USPO	8352					✓			✓						✓		
2		8353	✓							✓				✓				
3		8354	✓							✓						✓		
4		8356	APPALUSA							✓				✓				
5		8357				✓				✓				✓				
6		8358	WHITE							✓				✓				
7		8359					✓			✓				✓				
8		8360	✓						MULE							✓		
9		8361			✓					✓				✓				
10		8362	ROAN							✓				✓				
11		8363	PALAMINO							✓				✓				
12		8364	✓							✓				✓				
13		8365	✓							✓						✓		
14		8366					✓			✓						✓		
15	✓	8367	APPALUSA							✓						✓		

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

SIGNATU (b)(6)

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

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

VS FORM 10-13 (SEP 2002) Previous editions are obslete

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	USPO	8364		✓						✓						✓		
17		8365				✓				✓				✓				
18		8370		FLAMENO						✓						✓		
19		8371				✓				✓				✓				
20		8372			✓					✓				✓				
21		8373					✓				✓					✓		
22		8374					✓				✓			✓				
23		8375					✓			✓						✓		
24		8376	✓							✓				✓				
25		8378					✓			✓				✓				
26		8379	✓							✓				✓				
27		8380					✓			✓				✓				
28		8381	✓							✓				✓				
29		8382					✓			✓				✓				
30		8383					✓			✓				✓				
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SIGNATURE OF OWNER/SHIPPER ... ation 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)

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FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 12 ~~AM~~ PM

DATE: Feb 16/10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: FAIR HAVEN, MI

(b)(6)

NAME OF AUCTION/MARKET: RYAN HORSE SALES, KY

CONSIGNOR (OWNER/SHIPPER) NAME: JARON GOLD

CONSIGNEE (RECEIVER/DESTINATION) NAME: RICHELIEU MEATS INC

STREET ADDRESS: 6302 MELDRUM Rd

STREET ADDRESS:

CITY, STATE, ZIP CODE: FAIR HAVEN, MICH 48023

CITY, STATE, ZIP CODE: MASSOINVILLE, QUEBEC, CANADA

AREA CODE & TELEPHONE NO.: 586 725-8996

AREA CODE & TELEPHONE NO.: 450 539 1499

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	USFO	8384		PALAMINO						CROSSBRED				✓				
2		8385				✓				✓				✓				
3		8386					✓			CROSSBRED				✓				
4		8387					✓			CROSSBRED				✓				
5		8388	✓							CROSSBRED				✓				
6		8389		PALAMINO						✓						✓		
7		8390				✓				✓				✓				
8		8391		✓						✓						✓		
9		8392	✓							✓				✓				
10		8393	DUN							✓				✓				
11		8394			✓					MULE				✓				
12		8395		✓						✓				✓				
13		8396			✓					✓				✓				
14		8397	✓							✓				✓				
15	✓	8398		WHITE						✓						✓		

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

SIGNATU (b)(6)

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SIGNATURE OF OWNER/SHIPPER I certify that the information contained in this form is true and correct to

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

VS FORM 10-13 (SEP 2002) 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
(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	USFO	8399			✓					✓				✓				
17		8400					✓			✓				✓				
18		8284		✓						✓				✓				
19		8285	✓							✓						✓		
20		8286					✓		STAND							✓		
21		8287					✓		STAND							✓		
22		8288					✓			✓				✓				
23		8289				✓				✓				✓				
24		8290			✓					✓				✓				
25		8291				✓				✓				✓				
26		8292					✓			✓				✓				
27		8293			✓					✓						✓		
28		8296		PALAMINO						✓				✓				
29		8298					✓			✓						✓		
30	↓	8299					✓					✓				✓		
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SIGNATURE OF OWNER/SHIPPER ... ...ation contained in this form is true and correct to the best of my knowledge.

(b)(6)

CANADIAN FOOD INSPECTION AGENCY
Government of Canada
AGENCE CANADIENNE D'INSPECTION DES ALIMENTS
Gouvernement du Canada

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: Feb 22/10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: FAIR HAVEN, MICH

(b)(6)

NAME OF AUCTION/MARKET: FAIR HORSE SALES

CONSIGNOR (OWNER/SHIPPER) NAME: JARON GOLD

CONSIGNEE (RECEIVER/DESTINATION) NAME: RICHELIEU MEATS INC

STREET ADDRESS: 6302 MELDRUM RD

STREET ADDRESS:

CITY, STATE, ZIP CODE: FAIR HAVEN, MICH 48023

CITY, STATE, ZIP CODE: MASSOINVILLE, QUEBEC, CANADA

AREA CODE & TELEPHONE NO.: 586 725-8596

AREA CODE & TELEPHONE NO.: 450 539 1499

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	USFO	8501	✓							✓						✓		
2		8502	✓							✓						✓		
3		8503	✓							✓						✓		
4		8504	✓							✓				✓				
5		8505	✓							✓				✓				
6		8506	✓							✓				✓				
7		8507	✓							✓				✓				
8		8508	✓							✓				✓				
9		8509				✓				✓				✓				
10		8510				✓				✓				✓				
11		8511	✓							✓				✓				
12		8512	✓							✓				✓				
13		8513	✓							✓				✓				
14		8514	✓							✓				✓				
15		8515	✓							✓				✓				

HORS[illegible] FOR A MINIMUM OF 6 CONSECUTIVE HOUR[illegible]

(b)(6)

SIGNA[illegible]

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

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

CANADIAN FOOD INSPECTION AGENCY Government of Canada Canada Gouvernement du Canada AGENCE CANADIENNE D'INSPECTION DES ALIMENTS

VS FORM 10-13 (SEP 2002) 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		
5	USFO	8516	✓							✓				✓				
7		8517	✓							✓				✓				
8		8519			DAPPINO					✓					✓			
9		8520			DUN					✓				✓				
0		8521					✓				✓			✓				
1		8522	✓							✓						✓		
2		8523	✓							✓						✓		
3		8524					✓			✓				✓				
4		8525					✓			✓						✓		
5		8526			APPALOSA					✓				✓				
6		8527	✓							✓				✓				
7		8528	✓							✓						✓		
8		8530					✓			✓				✓				
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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)

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FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 1:30 PM
DATE: Feb 23/2010
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: FAIR HAVEN, MI 48023

VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6)
NAME OF AUCTION/MARKET: SHIPSHEWANA, IND

CONSIGNOR (OWNER/SHIPPER) NAME: JARON GOLD
CONSIGNEE (RECEIVER/DESTINATION) NAME: RICHELIEU MEATS INC

STREET ADDRESS: 6302 MELDRUM RD
STREET ADDRESS:

CITY, STATE, ZIP CODE: FAIR HAVEN, MICH 48023
CITY, STATE, ZIP CODE: MASSOINVILLE, QUEBEC, CANADA

AREA CODE & TELEPHONE NO.: 586 725-8996
AREA CODE & TELEPHONE NO.: 450 539 1499

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	USFD	8451	✓						STAND							✓		
2		8452					✓				✓					✓		
3		8453					✓				✓			✓				
4		8454					✓				✓					✓		
5		8455			BROWN					✓				✓		✓		
6		8456			BROWN					✓				✓				
7		8457	✓							✓				✓				
8		8458	✓							✓				✓				
9		8459			ROAN					✓				✓				
10		8460			✓					✓						✓		
11		8461					✓			✓						✓		
12		8462					✓				PALFLINGER					✓		
13		8463	✓								STAND			✓				
14		8464	✓							✓				✓				
15	↓	8465	✓								STAND			✓				

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

SIGNATU (b)(6)

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SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to (b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

CANADIAN FOOD INSPECTION AGENCY Government of Canada Canada Agence canadienne d'inspection des aliments

EST.
DATE
TIME

VS FORM 10-13 (SEP 2002) 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	USFO	8466		PALAMINO						✓				✓				
17		8467		✓						✓				✓				
18		8468					✓			✓				✓				
19		8469		BROWN						✓				✓				
20		8470	✓							✓				✓				
21		8471	✓							✓						✓		
22		8472					✓									✓		
23		8473			✓					✓				✓				
24		8474		DUN						✓						✓		
25		8475		DUN						✓				✓				
26		8476				✓				✓				✓				
27		8477	✓							✓				✓				
28		8478	✓							✓				✓				
29	✓	8482	✓							✓				✓				
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CANADIAN FOOD INSPECTION AGENCY
Government of Canada
Canada
ALIMENTS

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SI[illegible] lion 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)

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FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 8:30 PM

DATE: 2-25-10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: FAIR HAVEN MI

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

NAME OF AUCTION/MARKET: R&R HORSE SALES LLC

CONSIGNOR (OWNER/SHIPPER) NAME: JARON GOLD

CONSIGNEE (RECEIVER/DESTINATION) NAME: RICHELIEU MEATS INC

STREET ADDRESS: 6302 MELDRUM RD

STREET ADDRESS:

CITY, STATE, ZIP CODE: FAIR HAVEN, MICH 48023

CITY, STATE, ZIP CODE: MASSOINVILLE, QUEBEC, CANADA

AREA CODE & TELEPHONE NO.: 586 725-8996

AREA CODE & TELEPHONE NO.: 450 539 1499

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	0850	8535	✓							✓						✓		
2	0850	8536	✓							✓				✓				
3		8537					✓			✓						✓		
4		8538					✓			✓				✓				
5		8539					✓				✓					✓		
6		8540					✓				✓			✓				
7		8541	✓							✓						✓		
8		8542	✓							✓						✓		
9		8543	✓							✓				✓				
10		8544	✓							✓				✓				
11		8545	✓							✓				✓				
12		8546	PCYAN							✓						✓		
13		8547	✓							✓						✓		
14		8548			✓					✓								
15		8549	✓							✓						✓		

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

SIGNATU (b)(6)

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

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. 076

DATE 01-03-2010

TIME 7 HRS

VS FORM 10-13 (SEP 2002) Previous editions are obslete

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	MSFO	8550					✓				✓					✓		
17		8484					✓			✓				✓				
18		8485					✓			✓				✓				
19		8486	✓							✓				✓				
20		8487			✓					✓				✓				
21		8488				✓				✓				✓				
22		8489				✓				✓				✓				
23		8490					✓			✓				✓				
24		8491	✓							✓				✓				
25		8492					✓				✓			✓				
26		8493	✓							✓						✓		
27		8494					✓			✓				✓				
28		8495			✓					✓				✓				
29		8496	✓							✓				✓				
30		8497					✓			✓						✓		
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Si[illegible] ition 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)

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FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 1:30 PM

DATE: 5-1-10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: FAIR HAVEN ME

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

NAME OF AUCTION/MARKET: SHEASHEWANA HORSE SALES INC

CONSIGNOR (OWNER/SHIPPER) NAME: JARON GOLD

CONSIGNEE (RECEIVER/DESTINATION) NAME: RICHELIEU MEATS INC

STREET ADDRESS: 6302 MELDRUM RD

STREET ADDRESS:

CITY, STATE, ZIP CODE: FAIR HAVEN, MICH 48023

CITY, STATE, ZIP CODE: MASSOINVILLE, QUEBEC, CANADA

AREA CODE & TELEPHONE NO.: 586 725-8996

AREA CODE & TELEPHONE NO.: 450 539 1499

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	USFO	8551					✓			✓				✓				
2		8552					✓			✓					✓			
3		8553					✓			✓				✓				
4		8554				✓				✓				✓				
5		8555	APPALUSA							✓				✓				
6		8556	BUCKSKIN							✓				✓				
7		8557					✓			✓				✓				
8		8558					✓			✓				✓				
9		8559					✓			✓				✓				
10		8560					✓				✓					✓		
11		8561	✓							✓				✓				
12		8564	✓							✓				✓				
13		8565	✓							✓				✓				
14		8566	✓							✓				✓				
15	✓	8567	BROWN									✓		✓				

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS

SIGNA (b)(6)

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

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

Canadian Food Inspection Agency — Government of Canada — Canada

EST

DATE 03 05 2010

TIME

VS FORM 10-13 (SEP 2002) Previous editions are obslete

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	USA	8566					✓			✓						✓		
17		8569	Brown							✓				✓				
18		8570	✓							✓				✓				
19		8571	Brown							✓						✓		
20		8572					✓			✓						✓		
21		8573					✓			✓						✓		
22		8574	✓							✓				✓				
23		8575	✓							✓				✓				
24		8576	✓							✓				✓				
25		8577	Roan							✓				✓				
26		8578	✓							✓				✓				
27		8579					✓			✓						✓		
28		8580	✓							✓				✓				
29		8581	✓							✓				✓				
30	✓	8582	✓							✓						✓		
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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
AGENCE CANADIENNE D'INSPECTION DES ALIMENTS

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)

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FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 1:30 PM
DATE: MARCH 3/10
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: FAIR HAVEN, MI

VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6)
NAME OF AUCTION/MARKET: RYAN HORSE SALES

CONSIGNOR (OWNER/SHIPPER) NAME: JARON GOLD
CONSIGNEE (RECEIVER/DESTINATION) NAME: RICHELIEU MEATS INC

STREET ADDRESS: 6302 MELDRUM Rd
STREET ADDRESS:

CITY, STATE, ZIP CODE: FAIR HAVEN, MICH 48023
CITY, STATE, ZIP CODE: MASSOINVILLE, QUEBEC, CANADA

AREA CODE & TELEPHONE NO.: 586 725-8996
AREA CODE & TELEPHONE NO.: 450 539 1499

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	Chesta	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USFO	8601					✓			✓				✓				
2		8602	✓							MULE						✓		
3		8603	✓							✓				✓				
4		8604	✓							✓				✓				
5		8605					✓				✓			✓				
6		8606		✓						✓				✓				
7		8607					✓			✓				✓				
8		8608			✓					✓				✓				
9		8609	✓							✓				✓				
10		8610	✓							✓				✓				
11		8611	✓							✓				✓				
12		8612	✓							✓						✓		
13		8613	ROAN							✓				✓				
14		8614				✓				✓				✓				
15		8615	ROAN							✓				✓				

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

CANADIAN FOOD INSPECTION AGENCY (CFIA)

SIGNAT (b)(6)

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SIGNATURE OF OWNER/SHIPPER/I certify that the information contained in this form is true and correct. (b)(6)

076

DATE: 4.03.2010

TIME: 8h00

VS FORM 10-13 (SEP 2002) 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	USFO	8616				✓				✓						✓		
17		8617					✓			✓				✓				
18		8618		Roan						✓				✓				
19		8619		Roan						✓				✓				
20		8620				✓				✓				✓				
21		8621	✓							✓				✓				
22		8622			Roan					✓				✓				
23		8623					✓			✓						✓		
24		8624			✓					✓						✓		
25		8625					✓			✓						✓		
26		8626				✓				✓				✓				
27		8627	✓							✓				✓				
28		8629	✓							✓				✓				
29		8630	✓							✓						✓		
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SIGNATURE OF OWNER

tion 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

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FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 12:00 PM

DATE: March 4/10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: FAIR HAVEN, MI

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

NAME OF AUCTION/MARKET: RYAN HORSE SALES, KY

CONSIGNOR (OWNER/SHIPPER) NAME: JARON GOLD

CONSIGNEE (RECEIVER/DESTINATION) NAME: RICHELIEU MEATS INC

STREET ADDRESS: 6302 MELDRUM RD

STREET ADDRESS:

CITY, STATE, ZIP CODE: FAIR HAVEN, MICH 48023

CITY, STATE, ZIP CODE: MASSOINUILLE, QUEBEC, CANADA

AREA CODE & TELEPHONE NO.: 586 725-8996

AREA CODE & TELEPHONE NO.: 450 539 1499

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	US FO	8584				✓				✓						✓		
2		8585				✓				✓						✓		
3		8586					✓			✓						✓		
4		8587		✓						✓						✓		
5		8588	✓							✓				✓				
6		8589				✓				✓				✓				
7		8590				✓				✓				✓				
8		8591				✓				✓				✓				
9		8592	✓							✓				✓				
10		8593				✓				✓						✓		
11		8594	✓							✓				✓				
12		8595				✓				✓				✓				
13		8596					✓			✓						✓		
14		8597	✓							✓				✓				
15	✓	8598	✓							✓								

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

SIGNATU (b)(6)

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SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to (b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

Canada — Government of Canada — Agence canadienne d'inspection des aliments — Gouvernement du Canada

EST.

DATE 05/03/2010

TIME 8:30

VS-FORM 10-13 (SEP. 2002) 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
(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	VSFO	8599	✓							✓						✓		
17		8600				✓				✓				✓				
18		8634					✓				MULE			✓				
19		8635					✓				MULE			✓				
20		8636	✓							✓						✓		
21		8637	✓							✓				✓				
22		8639					✓			✓				✓				
23		8640				✓				✓				✓				
24		8641	✓							✓				✓				
25		8644					✓				✓			✓				
26		8646		PALAMINO						✓						✓		
27		8647		BROWN ROAN						✓				✓				
28		8648			✓					✓						✓		
29		8649	✓							✓				✓				
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SIG[illegible] n 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: 1:30 PM

DATE: 3-5-10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: FAIR HAVEN MI

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

NAME OF AUCTION/MARKET: SHIPSHEWANA HORSE SALE IND

CONSIGNOR (OWNER/SHIPPER) NAME: JARON GOLD

CONSIGNEE (RECEIVER/DESTINATION) NAME: RICHELIEU MEATS INC

STREET ADDRESS: 6302 MELDRUM RD

STREET ADDRESS:

CITY, STATE, ZIP CODE: FAIR HAVEN, MICH 48023

CITY, STATE, ZIP CODE: MASSOINVILLE, QUEBEC, CANADA

AREA CODE & TELEPHONE NO.: 586 725-8996

AREA CODE & TELEPHONE NO.: 450 539 1499

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	USA	9951	✓							✓				✓				
2		9952	✓							✓				✓				
3		9953					✓			✓				✓				
4		9954		✓						✓				✓				
5		9955				✓				✓				✓				
6		9956					✓			✓						✓		
7		9957					✓			✓						✓		
8		9958					✓			✓				✓				
9		9959					✓			✓				✓				
10		9960	ATTALUSA							✓				✓				
11		9961					✓			✓				✓				
12		9962				✓				✓						✓		
13		9963					✓			✓				✓				
14		9964					✓			✓				✓				
15		9965	✓							✓				✓				

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS II

SIGNATU (b)(6)

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

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

CANADIAN FOOD INSPECTION AGENCY — Government of Canada — Canada — Gouvernement du Canada — AGENCE CANADIENNE D'INSPECTION DES ALIMENTS

EST.

DATE

TIME

VS FORM 10-13 (SEP 2002) 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
(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	USIO	9966	✓							✓						✓		
17		9967	✓							✓				✓				
18		9968	PALAMINO							✓				✓				
19		9969	BROWN							✓				✓				
20		9970			✓					✓				✓				
21		9972				✓				✓				✓				
22		9973	✓							✓				✓				
23		9974	✓							✓						✓		
24		9975	✓							✓						✓		
25		9977	BROWN							✓				✓				
26		9978	✓							✓				✓				
27		9979	BROWN							✓				✓				
28		9980					✓				✓			✓				
29		9981	✓							✓						✓		
30		9982	✓							✓						✓		
31		9983	✓							✓				✓				
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CANADIAN FOOD INSPECTION AGENCY
Government of Canada
Canada
AGENCE CANADIENNE D'INSPECTION DES ALIMENTS
Gouvernement du Canada

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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)

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FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 12 30 PM

DATE: March 2/2010

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: FAIR HAVEN, MI

(b)(6)

NAME OF AUCTION/MARKET: SMIRNAM / L. SEAL / ALISA

CONSIGNOR (OWNER/SHIPPER) NAME: JARON GOLD

CONSIGNEE (RECEIVER/DESTINATION) NAME: RICHELIEU MEATS INC

STREET ADDRESS: 6302 MELDRUM RD

STREET ADDRESS:

CITY, STATE, ZIP CODE: FAIR HAVEN, MICH 48023

CITY, STATE, ZIP CODE: MASSOINVILLE, QUEBEC, CANADA

AREA CODE & TELEPHONE NO.: 586 725-8996

AREA CODE & TELEPHONE NO.: 450 539 1499

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	Chesta	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USFO	8701					✓			✓						✓		
2		8702					✓			✓				✓				
3		8703					✓			✓				✓				
4		8704	✓							✓				✓				
5		8705		BROWN						✓				✓				
6		8706	✓							✓				✓				
7		8707	✓							STAND				✓				
8		8708	✓							STAND				✓				
9		8709			✓					✓				✓				
10		8710			✓					✓				✓				
11		8711		✓						STAND						✓		
12		8713			✓						✓			✓				
13		8714					✓			✓				✓				
14		8715					✓				✓							
15		8716			PALAMINO					✓								

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS

SIGNAT (b)(6)

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

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. 0716

DATE 8-03-2010

TIME 9h45

VS FORM 10-13 (SEP. 2002) 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
(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	VSFO	8717		PACAMINO						✓				✓				
17		8718	✓							✓				✓				
18		8719	✓							✓				✓		✓		
19		8720		Brown						✓				✓				
20		8721	✓							✓						✓		
21		8722			✓					✓						✓		
22		8723					✓			✓				✓				
23		8724			Dun					✓				✓				
24		8725					✓			✓						✓		
25		8726	✓							✓				✓				
26		8727	✓							✓				✓				
27		8729				✓				✓				✓				
28		8730	✓							✓				✓				
29		8731			Appaloosa					✓				✓				
30		8732		Brown						✓				✓				
31		8733	✓							✓						✓		
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CANADIAN FOOD INSPECTION AGENCY
Government of Canada
Canada

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)

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FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 2:00 pm

DATE: 3-9-10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: FAIR HAVEN MI

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

NAME OF AUCTION/MARKET: R&R HORSE SALES KY

CONSIGNOR (OWNER/SHIPPER) NAME: JARON GOLD

CONSIGNEE (RECEIVER/DESTINATION) NAME: RICHELIEU MEATS INC

STREET ADDRESS: 6302 MELDRUM RD

STREET ADDRESS:

CITY, STATE, ZIP CODE: FAIR HAVEN, MICH 48023

CITY, STATE, ZIP CODE: MASSOINVILLE, QUEBEC, CANADA

AREA CODE & TELEPHONE NO.: 586 725-8996

AREA CODE & TELEPHONE NO.: 450 539 1499

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	USTO	8651					✓				✓			✓				
2		8652	Red							✓				✓				
3		8653				✓				✓				✓				
4		8654					✓			✓						✓		
5		8655					✓			✓				✓				
6		8656					✓			✓				✓				
7		8657					✓			✓				✓				
8		8658	✓							✓						✓		
9		8659	✓							✓				✓				
10		8660					✓			✓				✓				
11		8661	✓							✓						✓		
12		8662	✓							✓						✓		
13		8663	✓							✓						✓		
14		8664	Brown							✓				✓				
15	✓	8665	Brown							✓				✓				

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS

SIGNAT (b)(6)

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SIGNATURE OF OWNER/SHIPPER I certify that the information contained in this form is true and correct to

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

Canadian Food Inspection Agency — Gouvernement du Canada — Agence canadienne d'inspection des aliments

EST. 076

DATE 10 Mars 2010

TIME 10h20

VS-FORM 10-13 (SEP 2002) Previous editions are obslete

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	USA	8666					✓			✓				✓				
17		8667					✓			✓				✓				
18		8668	✓							✓				✓				
19		8669	✓							✓						✓		
20		8670	✓							✓				✓				
21		8671	✓							✓						✓		
22		8672				✓				✓				✓				
23		8673	✓							✓				✓				
24		8674	✓							✓						✓		
25		8676				✓				✓				✓				
26		8679			✓					✓				✓				
27		8680	Dun							✓				✓				
28		8681	Roan							✓				✓				
29		8682				✓				✓						✓		
30	↓	8683	✓							✓				✓				
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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)

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FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 1:45 PM

DATE: 3-13-10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: FAIR HAVEN MI

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

NAME OF AUCTION/MARKET: SHEPSHEWANA HORSE SALES INC

CONSIGNOR (OWNER/SHIPPER) NAME: JARON GOLD

CONSIGNEE (RECEIVER/DESTINATION) NAME: RICHELIEU MEATS INC

STREET ADDRESS: 6302 MELDRUM RD

STREET ADDRESS:

CITY, STATE, ZIP CODE: FAIR HAVEN, MICH 48023

CITY, STATE, ZIP CODE: MASSOINVILLE, QUEBEC, CANADA

AREA CODE & TELEPHONE NO.: 586 725-8996

AREA CODE & TELEPHONE NO.: 450 539 1499

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	USFO	8684					✓			✓				✓				
2		8685	✓							✓						✓		
3		8686					✓				✓			✓				
4		8687				✓				✓				✓				
5		8688	PALANZO							✓				✓				
6		8689	PALAMINO							✓						✓		
7		8690				✓				✓				✓				
8		8691				✓				✓						✓		
9		8692					✓			✓						✓		
10		8693					✓			✓				✓				
11		8694	DUN							✓				✓				
12		8695					✓			✓				✓				
13		8696					✓			✓				✓				
14		8697				✓				✓				✓				
15	↓	8698					✓			✓				✓				

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

SIGNATI (b)(6)

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SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

CANADIAN FOOD INSPECTION AGENCY Government of Canada Canada Gouvernement du Canada AGENCE CANADIENNE D'INSPECTION DES ALIMENTS

EST.

DATE

TIME

VS-1 OHM 10-13 (SEP 2002) Previous editions are obslete

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	USA	8698					✓			✓				✓				
17		8700				✓				✓				✓		✓		
18		8734	✓							✓						✓		
19		8735	✓							✓						✓		
20		8737	Brown							✓				✓				
21		8738					✓			✓				✓				
22		8739	✓							✓						✓		
23		8740	✓							✓				✓				
24		8741			✓					✓				✓				
25		8742	Brown							✓				✓				
26		8743	✓							✓				✓				
27		8744	✓							✓						✓		
28		8746					✓				✓			✓				
29		8747					✓			✓						✓		
30		8748	✓							✓						✓		
31																		
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CANADIAN FOOD INSPECTION AGENCY
Government of Canada
Canada
ACCEPTED FOR ENDORSEMENT
Government of Canada

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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)

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FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 1:00 PM

DATE: March 16/10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: FAIR HAVEN, MI

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

NAME OF AUCTION/MARKET: RYAN HORSE SALES

CONSIGNOR (OWNER/SHIPPER) NAME: JARON GOLD

CONSIGNEE (RECEIVER/DESTINATION) NAME: RICHELIEU MEATS INC

STREET ADDRESS: 6302 MELDRUM RD

STREET ADDRESS:

CITY, STATE, ZIP CODE: FAIR HAVEN, MICH 48023

CITY, STATE, ZIP CODE: MASSOINVILLE, QUEBEC, CANADA

AREA CODE & TELEPHONE NO.: 586 725-8996

AREA CODE & TELEPHONE NO.: 450 539 1499

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	VSFO	8751		DUN						MULE						✓		
2		8752					✓			MULE						✓		
3		8753					✓			MULE				✓				
4		8754					✓				✓					✓		
5		8755					✓				✓					✓		
6		8756					✓				✓			✓				
7		8757		✓							✓					✓		
8		8758					✓				✓			✓				
9		8759					✓			MULE				✓				
10		8760	✓							✓						✓		
11		8761	✓							✓				✓				
12		8762	✓							✓						✓		
13		8763				✓				✓						✓		
14		8764					✓				✓			✓				
15	✓	8765	✓							✓				✓				

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS I

SIGNATU (b)(6)

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

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

CANADIAN FOOD INSPECTION AGENCY — Government of Canada — Canada — Gouvernement du Canada — AGENCE CANADIENNE D'INSPECTION DES ALIMENTS

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DATE

TIME

VS FORM 10-13 (SEP 2002) 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
(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	USFO	8766	✓							✓				✓				
17		8767					✓			✓						✓		
18		8768	Dun							✓				✓				
19		8769	✓							✓						✓		
20		8770	✓							✓				✓				
21		8771			✓					✓				✓				
22		8772	✓							✓						✓		
23		8774	Brown							✓						✓		
24		8775				✓				✓				✓				
25		8777					✓			✓						✓		
26		8778					✓			✓				✓				
27		8781					✓			✓				✓				
28		8782	✓							✓				✓				
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CANADIAN FOOD INSPECTION AGENCY Government of Canada Canada AGENCE CANADIENNE D'INSPECTION DES ALIMENTS Gouvernement du Canada

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SIGNATURE OF OWNER/SHIPPER ... ion 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)

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FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 1:00 PM

DATE: 3-22-10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: FAIR HAVEN MI

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

NAME OF AUCTION/MARKET: RYAN HORSE SALES KY

CONSIGNOR (OWNER/SHIPPER) NAME: JARON GOLD

CONSIGNEE (RECEIVER/DESTINATION) NAME: RICHELIEU MEATS INC

STREET ADDRESS: 6302 MELDRUM RD

STREET ADDRESS:

CITY, STATE, ZIP CODE: FAIR HAVEN, MICH 48023

CITY, STATE, ZIP CODE: MASSOINVILLE, QUEBEC, CANADA

AREA CODE & TELEPHONE NO.: 586 725-8996

AREA CODE & TELEPHONE NO.: 450 539 1499

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	USFO	8951			✓					✓				✓				
2		8952	✓							✓						✓		
3		8953	✓							✓						✓		
4		8954					✓			✓				✓				
5		8955					✓			✓				✓				
6		8956					✓			✓				✓				
7		8957					✓			✓				✓				
8		8958					✓			✓				✓				
9		8959					✓			✓				✓				
10		8960	✓							✓				✓				
11		8961	✓							✓				✓				
12		8962	✓							✓				✓				
13		8963	✓							✓				✓				
14		8964	✓							✓				✓				
15		8965			✓					✓						✓		

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS!

SIGNATU (b)(6)

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SIGNATURE OF OWNER/SHIPPER/I certify that the information contained in this form is true and correct to

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CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

CANADIAN FOOD INSPECTION AGENCY Government of Canada Canada AGENCE CANADIENNE D'INSPECTION DES ALIMENTS Gouvernement du Canada

VS FORM 10-13 (SEP. 2002) 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)

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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	USFO	8966		ATRALUSA						✓						✓		
17		8967					✓			CROSSBRED						✓		
18		8968		✓						✓				✓				
19		8969	DUN							✓				✓				
20		8970	BUCKSKIN							✓				✓				
21		8971	✓							✓				✓				
22		8972	✓							✓				✓				
23		8973	✓							✓						✓		
24		8974	BROWN							✓				✓				
25		8975	BROWN							✓				✓				
26		8976	✓							✓						✓		
27		8977					✓			✓				✓				
28		8978			✓					✓				✓				
29		8979	✓							✓						✓		
30		8980					✓			✓				✓				
31		8981				✓				✓				✓				
32		8982					✓			✓						✓		
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CANADIAN FOOD INSPECTION AGENCY
Government of Canada
Canada
AGENCE CANADIENNE D'INSPECTION DES ALIMENTS

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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)

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FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 1:10 PM	DATE: 3-22-10
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: FAIR HAVEN MI	
(b)(6)	NAME OF AUCTION/MARKET: SUSQUEHANNA HORSE SALES INC
CONSIGNOR (OWNER/SHIPPER) NAME: JARON GOLD	CONSIGNEE (RECEIVER/DESTINATION) NAME: RICHELIEU MEATS INC
STREET ADDRESS: 6302 MELDRUM RD	STREET ADDRESS:
CITY, STATE, ZIP CODE: FAIR HAVEN, MICH 48023	CITY, STATE, ZIP CODE: MASSOINVILLE, QUEBEC, CANADA
AREA CODE & TELEPHONE NO.: 586 725-8996	AREA CODE & TELEPHONE NO.: 450 539 1499

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	VSFO	8901					✓				✓					✓		
2		8902	BROWN							✓				✓				
3		8903					✓		HALFTINGER					✓				
4		8904	✓							✓				✓				
5		8905	✓							✓				✓				
6		8906	✓							✓				✓				
7		8907	BROWN							✓				✓				
8		8908			✓					✓				✓				
9		8909	✓							✓						✓		
10		8910	✓							✓				✓				
11		8911					✓			✓						✓		
12		8912	✓							✓				✓				
13		8913	✓							✓				✓				
14		8914	✓							✓				✓				
15		8915					✓				✓			✓				

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

SIGNATI (b)(6)

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SIGNATURE OF OWNER/SHIPPER I certify that the information contained in this form is true and correct to

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

CANADIAN FOOD INSPECTION AGENCY — Government of Canada — Canada — AGENCE CANADIENNE D'INSPECTION DES ALIMENTS — Gouvernement du Canada

EST.

DATE

TIME

VS FORM 10-13 (SEP. 2002) Previous editions are obslete

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	USFO	8916					✓			✓						✓		
17		8917					✓			✓						✓		
18		8918	Brown							✓				✓				
19		8919	✓							✓						✓		
20		8920	✓							✓						✓		
21		8921	✓							✓				✓				
22		8922					✓			✓				✓				
23		8923	Dun							✓				✓				
24		8924	Brown							✓				✓				
25		8925	✓							✓						✓		
26		8926	✓							✓				✓				
27		8927	✓							✓						✓		
28		8928	✓							✓				✓				
29		8929				✓				✓				✓				
30		8930				✓				✓						✓		
31	✓	8931					✓			✓				✓				
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CANADIAN FOOD INSPECTION AGENCY Government of Canada Canada Gouvernement du Canada AGENCE CANADIENNE D'INSPECTION DES ALIMENTS

(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)

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FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 12 30 PM
DATE: March 28/10
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: FAIR HAVEN, MICH

(b)(6)

NAME OF AUCTION/MARKET: RYAN HORSE SALES, KY

CONSIGNOR (OWNER/SHIPPER) NAME: JARON GOLD
CONSIGNEE (RECEIVER/DESTINATION) NAME: RICHELIEU MEATS INC

STREET ADDRESS: 6302 MELDRUM RD
STREET ADDRESS:

CITY, STATE, ZIP CODE: FAIR HAVEN, MICH 48023
CITY, STATE, ZIP CODE: MASSOINVILLE, QUEBEC, CANADA

AREA CODE & TELEPHONE NO.: 586 725-8996
AREA CODE & TELEPHONE NO.: 450 539 1499

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	USFO	8934		PALAMINO						✓				✓				
2		8935			✓					✓				✓				
3		8936			✓					✓				✓				
4		8937				✓				✓				✓				
5		8938				✓				✓				✓		✓		
6		8939			✓						✓					✓		
7		8940		ROAN						✓				✓				
8		8941	✓							✓						✓		
9		8942	✓							✓				✓				
10		8943	✓							✓						✓		
11		8944				✓				✓						✓		
12		8945				✓				✓						✓		
13		8946	✓							✓						✓		
14		8947					✓			✓				✓				
15	✓	8948					✓			✓				✓				

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

SIGNATU (b)(6)

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SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

CANADIAN FOOD INSPECTION AGENCY Government of Canada Canada Gouvernement du Canada AGENCE CANADIENNE D'INSPECTION DES ALIMENTS

EST.
DATE
TIME

VS FORM 10-13 (SEP 2002) 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
(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	USFO	8949					✓			✓				✓				
17		8950	✓							✓						✓		
18		8984	✓							✓						✓		
19		8985					✓			✓						✓		
20		8986					✓			✓						✓		
21		8987					✓			✓				✓				
22		8988					✓			✓				✓				
23		8990					✓			✓				✓				
24		8991					✓				✓					✓		
25		8992					✓				✓			✓				
26		8993					✓			✓						✓		
27		8994					✓			✓						✓		
28		8995					✓				CROSSBRED					✓		
29		8997			APPaloosa					✓						✓		
30		8999	✓							✓				✓				
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CANADIAN FOOD INSPECTION AGENCY Government of Canada Canada Gouvernement du Canada AGENCE CANADIENNE D'INSPECTION DES ALIMENTS

(b)(6)

(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)

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FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 11:00 AM

DATE: 9-30-10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: FAIR HAVEN MI

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

NAME OF AUCTION/MARKET: SHIPSHEWANA HORSE SALES INC

CONSIGNOR (OWNER/SHIPPER) NAME: JARON GOLD

CONSIGNEE (RECEIVER/DESTINATION) NAME: RICHELIEU MEATS INC

STREET ADDRESS: 6302 MELDRUM RD

STREET ADDRESS:

CITY, STATE, ZIP CODE: FAIR HAVEN, MICH 48023

CITY, STATE, ZIP CODE: MASSOINVILLE, QUEBEC, CANADA

AREA CODE & TELEPHONE NO.: 586 725-8996

AREA CODE & TELEPHONE NO.: 450 539 1499

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	USFO	8801	✓							✓				✓				
2		8802					✓			✓				✓				
3		8803	✓							✓				✓				
4		8804	Brown							✓				✓				
5		8805	Brown							✓				✓				
6		8806	✓							✓				✓				
7		8807	Brown							✓				✓				
8		8808	✓							✓						✓		
9		8809	✓							✓				✓				
10		8810	Brown							✓						✓		
11		8811	Brown							✓				✓				
12		8812	✓							✓				✓				
13		8813	Brown							✓						✓		
14		8814					✓			✓						✓		
15	✓	8815					✓			✓				✓				

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS

SIGNATU (b)(6)

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

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

CANADIAN FOOD INSPECTION AGENCY Government of Canada Canada Gouvernement du Canada ACIA ACIA

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	USI[illegible]0	8816	Brown							✓						✓		
17		8817					✓				✓			✓				
18		8818					✓				✓			✓				
19		8819				✓				✓				✓				
20		8820	Brown							✓				✓				
21		8821	✓							✓				✓				
22		8822	✓							✓				✓				
23		8823	Appaloosa							✓						✓		
24		8824	✓							✓						✓		
25		8825	✓							✓						✓		
26		8826	✓							✓						✓		
27		8827					✓				✓					✓		
28		8830	✓							✓				✓				
29	↓	8832	✓							✓				✓				
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SIGNATURE OF OWNER/SHIPPER [illegible] ation contained in this form is true and correct to the best of my knowledge.)

(b)(6)

CANADIAN FOOD INSPECTION AGENCY
GOVERNMENT OF CANADA
Canada
OFFICE OF INSPECTION RESULTS

(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)

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FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 1:00 PM

DATE: 5-31-10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: FAIR HAVEN MI

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

NAME OF AUCTION/MARKET: RYAN HORSE SALES KY

CONSIGNOR (OWNER/SHIPPER) NAME: JARON GOLD

CONSIGNEE (RECEIVER/DESTINATION) NAME: RICHELIEU MEATS INC

STREET ADDRESS: 6302 MELDRUM Rd

STREET ADDRESS:

CITY, STATE, ZIP CODE: FAIR HAVEN, MICH 48023

CITY, STATE, ZIP CODE: MASSOINVILLE, QUEBEC, CANADA

AREA CODE & TELEPHONE NO.: 586 725-8996

AREA CODE & TELEPHONE NO.: 450 539 1499

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	USFO	8834				✓				✓				✓				
2		8835					✓			✓						✓		
3		8836			✓					✓						✓		
4		8837					✓			✓				✓				
5		8838					✓			✓				✓				
6		8839	BUCKSKIN							✓				✓				
7		8840	APPALOSA							✓						✓		
8		8841	BROWN							✓				✓				
9		8842				✓				✓						✓		
10		8843	DUN							✓						✓		
11		8844	PALAMINO							✓						✓		
12		8845					✓			✓				✓				
13		8846	BROWN							✓				✓				
14		8847					✓			✓						✓		
15	✓	8848			✓					✓				✓				

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS !

SIGNATU (b)(6)

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

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

VS-ORM 10-13 (SEP 2002) Previous editions are obslete

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	USTO	8849				✓				✓				✓				
17		8850	BROWN							✓				✓				
18		8784				✓				✓						✓		
19		8785	DUN							✓				✓				
20		8786					✓			✓				✓				
21		8787	✓							✓				✓				
22		8788	✓							✓				✓				
23		8789					✓			✓				✓				
24		8790	✓							✓				✓				
25		8792			✓					✓				✓				
26		8793				✓				✓				✓				
27		8794					✓			✓						✓		
28		8795					✓				✓			✓				
29		8798					✓				✓			✓				
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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
Government of Canada
Gouvernement du Canada
AGENCE CANADIENNE D'INSPECTION DES ALIMENTS

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)

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FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 10:15 AM

DATE: April 1/10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: FAIR HAVEN, MI

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

NAME OF AUCTION/MARKET: RYAN HORSE SALES

CONSIGNOR (OWNER/SHIPPER) NAME: JARON GOLD

CONSIGNEE (RECEIVER/DESTINATION) NAME: RICHELIEU MEATS INC

STREET ADDRESS: 6302 MELDRUM Rd

STREET ADDRESS:

CITY, STATE, ZIP CODE: FAIR HAVEN, MICH 48023

CITY, STATE, ZIP CODE: MASSOINVILLE, QUEBEC, CANADA

AREA CODE & TELEPHONE NO.: 586 725-8996

AREA CODE & TELEPHONE NO.: 450 539 1499

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	USFO	8401					✓			✓				✓				
2		8402	✓							✓						✓		
3		8403					✓			✓				✓				
4		8404	✓							✓				✓				
5		8405			✓					✓				✓				
6		8406				✓				✓				✓				
7		8407			✓					✓						✓		
8		8408		PALAMINO						✓						✓		
9		8409					✓			✓				✓				
10		8410	✓							✓				✓				
11		8411			WHITE					✓						✓		
12		8412	✓							✓				✓				
13		8413	✓							✓						✓		
14		8414			✓					✓						✓		
15	✓	8415					✓				✓	CROSS				✓		

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS I

SIGNATU (b)(6)

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SIGNATURE OF OWNER/SHIPPER I certify that the information contained in this form is true and correct to (b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. 76

DATE 02-04-10

TIME

CANADIAN FOOD INSPECTION AGENCY Government of Canada Canada Gouvernement du Canada AGENCE CANADIENNE D'INSPECTION DES ALIMENTS

VS FORM 10-13 (SEP. 2002) 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
(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	USFO	8416			✓					✓				✓				
17		8417			✓					✓						✓		
18		8418					✓			✓						✓		
19		8419				✓				✓						✓		
20		8420				ROAN				✓						✓		
21		8421	✓							✓						✓		
22		8422					✓			✓						✓		
23		8423				✓				✓				✓				
24		8424	✓							✓				✓				
25		8425				✓				✓						✓		
26		8426					✓			✓						✓		
27		8429	✓							✓				✓				
28		8430	✓							✓						✓		
29	↓	8433		Brown						✓				✓				
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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)

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FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 1:00 PM

DATE: April 11/2010

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: FAIR HAVEN, MICH 48023

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

NAME OF AUCTION/MARKET: RYAN HORSESALES

CONSIGNOR (OWNER/SHIPPER) NAME: JARON ODLO

CONSIGNEE (RECEIVER/DESTINATION) NAME: RICHELIEU MEATS INC

STREET ADDRESS: 6302 MELDRUM RD

STREET ADDRESS:

CITY, STATE, ZIP CODE: FAIR HAVEN, MICH 48023

CITY, STATE, ZIP CODE: MASSOINVILLE, QUEBEC, CANADA

AREA CODE & TELEPHONE NO.: 586 725-8996

AREA CODE & TELEPHONE NO.: 450 539 1499

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- [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	USFO	8434			DUN					✓				✓				
2		8435			✓					✓						✓		
3		8436			APP					✓				✓				
4		8437					✓			✓				✓				
5		8438				✓				✓				✓				
6		8439				✓				✓						✓		
7		8440				✓				✓						✓		
8		8441					✓			✓				✓				
9		8442					✓			✓				✓				
10		8443			ROAN					✓				✓				
11		8444			ROAN					✓						✓		
12		8445	✓							✓						✓		
13		8446					✓			✓				✓				
14		8447	✓							✓						✓		
15	✓	8448			PALAMINO					✓				✓				

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IM

SIGNATUF (b)(6)

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SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

CANADIAN FOOD INSPECTION AGENCY Government of Canada Canada Gouvernement du Canada AGENCE CANADIENNE D'INSPECTION DES ALIMENTS

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

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			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USFO	8249	✓							✓						✓		
17		8452	✓							✓				✓				
18		9984	✓							✓				✓				
19		9985					✓			✓				✓				
20		9986			DVV					✓				✓				
21		9987	✓							✓						✓		
22		9989				✓				✓						✓		
23		9990					✓			CROSSBREED				✓				
24		9991	✓							✓				✓				
25		9992	✓							✓				✓				
26		9993	✓							✓				✓				
27		9994					✓			✓				✓				
28		9997			✓					✓				✓				
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CANADIAN FOOD INSPECTION AGENCY
Government of Canada
Canada
AGENCE CANADIENNE D'INSPECTION DES ALIMENTS
Gouvernement du Canada

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SIGNATURE OF OWNER/SHIPPER ... ation 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)

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FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 2:00 PM

DATE: April 8/10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: FAIR HAVEN, MICH

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

NAME OF AUCTION/MARKET: SHIPSHWANA, IND

CONSIGNOR (OWNER/SHIPPER) NAME: JARON GOLD

CONSIGNEE (RECEIVER/DESTINATION) NAME: RICHELIEU MEATS INC

STREET ADDRESS: 6302 MELDRUM RD

STREET ADDRESS:

CITY, STATE, ZIP CODE: FAIR HAVEN, MICH 48023

CITY, STATE, ZIP CODE: MASSOINVILLE, QUEBEC, CANADA

AREA CODE & TELEPHONE NO.: 586 725-8996

AREA CODE & TELEPHONE NO.: 450 539 1499

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	USFO	9901		BROWN						✓				✓				
2		9902	✓							✓				✓				
3		9903	✓							✓				✓				
4		9904	✓							✓				✓				
5		9905	✓							✓						✓		
6		9906					✓			✓						✓		
7		9907					✓			✓				✓				
8		9908					✓			✓				✓				
9		9909		ROAN						✓				✓				
10		9910					✓			✓				✓				
11		9911					✓			✓				✓				
12		9912				✓				✓				✓				
13		9913			✓					✓				✓				
14		9915				✓				✓				✓				
15	↓	9916	✓							✓				✓				

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS.

SIGNATURE: (b)(6)

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: (b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

VS FORM 10-13 (SEP 2002) 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
(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	VSF	9917	✓							✓						✓		
17		9918	✓							✓				✓				
18		9919	✓							✓				✓				
19		9920		✓						✓				✓				
20		9921					✓			✓				✓				
21		9922					✓			✓						✓		
22		9923					✓			✓				✓				
23		9924			BROWN					✓				✓				
24		9925			BROWN					✓						✓		
25		9927	✓							✓				✓				
26		9928	✓							✓				✓				
27		9929					✓			✓				✓				
28		9931				✓				✓				✓				
29		9932				DUN				✓				✓				
30		9933			✓					✓				✓				
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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)

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FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 1:15 PM

DATE: 4-13-10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: FAIR HAVEN MI

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

NAME OF AUCTION/MARKET: SHIPSHEWANA HORSE SALES INC

CONSIGNOR (OWNER/SHIPPER) NAME: JARON GOLD

CONSIGNEE (RECEIVER/DESTINATION) NAME: RICHELIEU MEATS INC

STREET ADDRESS: 6302 MELDRUM RD

STREET ADDRESS:

CITY, STATE, ZIP CODE: FAIR HAVEN, MICH 48023

CITY, STATE, ZIP CODE: MASSOINVILLE, QUEBEC, CANADA

AREA CODE & TELEPHONE NO.: 586 725-8996

AREA CODE & TELEPHONE NO.: 450 539 1499

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	USIO	9801	✓						ST BRED					✓				
2		9802	✓						ST BRED					✓				
3		9803	✓						ST BRED					✓				
4		9804	✓						ST BRED					✓				
5		9805	✓						ST BRED					✓				
6		9806	✓						ST BRED					✓				
7		9807	✓						ST BRED					✓				
8		9808	PALAMINO						✓					✓				
9		9809	✓						ST BRED					✓				
10		9810	✓						ST BRED					✓				
11		9811	✓						ST BRED					✓				
12		9812	✓						ST BRED					✓				
13		9813	✓						ST BRED					✓				
14		9814	✓						ST BRED					✓				
15	↓	9815					✓		HALF BROKE					✓				

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS

SIGNATI (b)(6)

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

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

CANADIAN FOOD INSPECTION AGENCY Government of Canada Canada AGENCE CANADIENNE D'INSPECTION DES ALIMENTS Gouvernement du Canada

EST

DATE

TIME

VS FORM 10-13 (SEP 2002) 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
(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	USFO	9816	BROWN							✓				✓				
17		9818	✓						ST BRED							✓		
18		9819	✓						ST BRED							✓		
19		9820	✓						ST BRED					✓				
20		9821	✓						ST BRED					✓				
21		9823	✓						ST BRED					✓				
22		9824					✓			✓				✓				
23		9825					✓			✓				✓				
24		9826					✓			✓				✓				
25		9827		✓						✓				✓				
26		9829		✓						✓				✓				
27		9830		✓						✓				✓				
28		9832			✓					✓				✓				
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CANADIAN FOOD INSPECTION AGENCY
Government of Canada
Canada

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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)

(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)

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FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 1 30 PM

DATE: April 13/10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: FAIR HAVEN, MI

(b)(6)

NAME OF AUCTION/MARKET: RYAN HORSE SALE

CONSIGNOR (OWNER/SHIPPER) NAME: JARON GOLD

CONSIGNEE (RECEIVER/DESTINATION) NAME: RICHELIEU MEATS INC

STREET ADDRESS: 6302 MELDRUM Rd

STREET ADDRESS:

CITY, STATE, ZIP CODE: FAIR HAVEN, MICH 48023

CITY, STATE, ZIP CODE: MASSOINVILLE, QUEBEC, CANADA

AREA CODE & TELEPHONE NO.: 586 725-8596

AREA CODE & TELEPHONE NO.: 450 539 1499

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	USFO	9851		DUN						✓					✓			
2		9852					✓			✓						✓		
3		9853		✓						✓						✓		
4		9854		✓						✓				✓				
5		9855					✓			✓				✓				
6		9856					✓			✓				✓				
7		9857	✓							✓				✓				
8		9858	✓							✓				✓				
9		9859	✓							✓				✓				
10		9860	✓							✓				✓				
11		9861	✓							✓				✓				
12		9862			ROAN					✓				✓				
13		9863	✓							✓						✓		
14		9864	✓							✓						✓		
15	✓	9865	✓							✓						✓		

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS II

SIGNATU (b)(6)

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

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

CANADIAN FOOD INSPECTION AGENCY — Government of Canada — Canada — Gouvernement du Canada — AGENCE CANADIENNE D'INSPECTION DES ALIMENTS

EST.

DATE

TIME

(SEP 2002) 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	Chesta	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USFO	9866			✓	✓				✓						✓		
17		9867					✓			✓				✓				
18		9868					✓			✓				✓				
19		9871			✓					✓				✓				
20		9872					✓			✓				✓				
21		9873					✓			✓				✓				
22		9874		Brown						✓				✓				
23		9875		Brown						✓						✓		
24		9877	✓							✓				✓				
25		9878	✓							✓				✓				
26		9879	✓							✓				✓				
27		9880					✓			✓				✓				
28		9881					✓			✓				✓				
29		9882				✓				✓				✓				
30	✓	9883				✓				✓				✓				
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CANADIAN FOOD INSPECTION AGENCY GOVERNMENT OF CANADA Canada Gouvernement du Canada AGENCE CANADIENNE D'INSPECTION DES ALIMENTS

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).

SIG ... tion contained in this form is true and correct to the best of my knowledge.)

(b)(6)

S 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: 1:45 PM

DATE: 4-15-10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: FAIR HAVEN MI

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

NAME OF AUCTION/MARKET: RYAN HORSE SALES KY

CONSIGNOR (OWNER/SHIPPER) NAME: JARON GOLD

CONSIGNEE (RECEIVER/DESTINATION) NAME: RICHELIEU MEATS INC

STREET ADDRESS: 6302 MELDRUM Rd

STREET ADDRESS:

CITY, STATE, ZIP CODE: FAIR HAVEN, MICH 48023

CITY, STATE, ZIP CODE: MASSOINVILLE, QUEBEC, CANADA

AREA CODE & TELEPHONE NO.: 586 725-8996

AREA CODE & TELEPHONE NO.: 450 539 1499

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	USFO	9834					✓			✓				✓				
2		9837	Dun							✓				✓				
3		9838	✓							✓				✓				
4		9839	✓							✓				✓				
5		9840	✓							✓				✓				
6		9841					✓			✓				✓				
7		9842	✓							✓				✓				
8		9843	✓							✓				✓				
9		9844				✓				✓				✓				
10		9845					✓			✓				✓				
11		9846					✓			✓				✓				
12		9847					✓			✓						✓		
13		9848					✓			✓						✓		
14		9849					✓			✓				✓				
15	↓	9850					✓				✓					✓		

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS !

SIGNATU (b)(6)

CANADIAN FOOD INSPECTION AGENCY
Government of Canada
Gouvernement du Canada
MEDICAL ASSESSMENT

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 USC, SECTION 1001).

SIGNATURE OF OWNER/SHIPPER I certify that the information contained in this form is true and correct to (b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. 0716

DATE 19/04/2010

TIME 10h00

VS FORM 10-13 (SEP 2002) 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	USFO	9884			✓					✓				✓				
17		9885			✓					✓				✓				
18		9886		DUN						✓				✓				
19		9887		✓						✓				✓				
20		9888					✓			✓				✓				
21		9889				✓				✓				✓				
22		9890	✓							✓				✓				
23		9891		WHITE						✓						✓		
24		9892			✓					✓				✓				
25		9893					✓			✓						✓		
26		9895		WHITE						✓				✓				
27		9896					✓				✓					✓		
28		9897		DUN						✓				✓				
29		9898		✓						✓				✓				
30		9899	✓							✓						✓		
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(b)(6)

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)

Canada Government of Canada Gouvernement du Canada CANADIAN FOOD INSPECTION AGENCY

V. (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)

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FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 2:00 PM

DATE: 4-19-10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: FAIR HAVEN MI

(b)(6)

NAME OF AUCTION/MARKET: SHIPSHEW AND HORSE SALES INC.

CONSIGNOR (OWNER/SHIPPER) NAME: JARON GOLD

CONSIGNEE (RECEIVER/DESTINATION) NAME: RICHELIEU MEATS INC

STREET ADDRESS: 6302 MELDRUM RD

STREET ADDRESS:

CITY, STATE, ZIP CODE: FAIR HAVEN, MICH 48023

CITY, STATE, ZIP CODE: MASSOINUILLE, QUEBEC, CANADA.

AREA CODE & TELEPHONE NO.: 586 725-8496

AREA CODE & TELEPHONE NO.: 450 539 1499

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	USFO	9751					✓		HALFLINGER					✓				
2		9752					✓		HALFLINGER					✓				
3		9753					✓		HALFLINGER					✓				
4		9754					✓		HALFLINGER					✓				
5		9755			✓				ST BRED					✓				
6		9756	BROWN						ST BRED					✓				
7		9757	✓						ST BRED					✓				
8		9758					✓			✓				✓				
9		9759	BROWN							✓				✓				
10		9760	✓							✓				✓				
11		9761	✓							✓				✓				
12		9762	BROWN							✓						✓		
13		9763	✓							✓						✓		
14		9764	✓							✓				✓				
15	✓	9765					✓			✓						✓		

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS

SIGNAT (b)(6)

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

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. 076

DATE 20-Avril 2010

TIME 9h00

VS FORM 10-13 (SEP. 2002) 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
(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	USFO	9766	✓							✓						✓		
17		9767	BROWN							✓						✓		
18		9768	✓							✓				✓				
19		9769					✓				✓			✓				
20		9770	APPALUSA											✓				
21		9771	✓							✓				✓				
22		9772	✓							✓				✓				
23		9773					✓			✓				✓				
24		9774	APPALUSA							✓						✓		
25		9775				✓				✓						✓		
26		9776	✓							✓				✓				
27		9777	BROWN							✓				✓				
28		9778					✓			✓						✓		
29		9779			✓					✓				✓				
30		9780					✓			✓				✓				
31		9781	✓						ST	BRED						✓		
32		9782		BROWN						✓						✓		
33																		
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SIG[illegible] ation 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)

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FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 10:15 AM

DATE: 4-21-10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: FAIR HAVEN MI

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

NAME OF AUCTION/MARKET: RYAN HORSE SALES KY

CONSIGNOR (OWNER/SHIPPER) NAME: JARON GOLD

CONSIGNEE (RECEIVER/DESTINATION) NAME: RICHELIEU MEATS INC

STREET ADDRESS: 6302 MELDRUM RD

STREET ADDRESS:

CITY, STATE, ZIP CODE: FAIR HAVEN, MICH 48023

CITY, STATE, ZIP CODE: MASSOINVILLE, QUEBEC, CANADA

AREA CODE & TELEPHONE NO.: 586 725-8996

AREA CODE & TELEPHONE NO.: 450 539 1499

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	USFO	9784					✓			✓				✓				
2		9785					✓			✓				✓				
3		9786				✓				✓						✓		
4		9787					✓			✓						✓		
5		9788			✓					✓				✓				
6		9789		✓						✓						✓		
7		9790	✓							✓						✓		
8		9791			✓					✓				✓				
9		9792			✓					✓						✓		
10		9793	✓							✓						✓		
11		9794					✓			✓						✓		
12		9795				✓				✓						✓		
13		9796	✓							✓						✓		
14		9797					✓			✓						✓		
15		9798			✓					✓								

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS II

SIGNATU (b)(6)

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

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

ESTAB. 0076

DATE 22/04/2010

TIME 6h45

CANADIAN GOVERNMENT INSPECTION AGENCY — AGENCE CANADIENNE D'INSPECTION DES ALIMENTS — Canada

VS FORM 10-13 (SEP 2002) 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
(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	USDO	9799			✓						✓			✓				
17		9800					✓				✓			✓				
18		9934					✓			✓				✓				
19		9935		Brown					ST	BRED				✓				
20		9936		Brown					ST	BRED				✓				
21		9937					✓			✓						✓		
22		9938	✓						ST	BRED				✓				
23		9939	✓						ST	BRED						✓		
24		9940			✓					✓				✓				
25		9941		Brown					ST	BRED				✓				
26		9942		Brown						✓				✓				
27		9943					✓			✓						✓		
28		9944	✓							✓						✓		
29		9945	✓							✓				✓				
30		9946					✓			✓						✓		
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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: 12:15 PM

DATE: 4-25-10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: FAIR HAVEN MI

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

NAME OF AUCTION/MARKET: Ryan Horse Sales KY CARRY SHELS OHIO ONEAL OH

CONSIGNOR (OWNER/SHIPPER) NAME: JARON GOLD

CONSIGNEE (RECEIVER/DESTINATION) NAME: RICHELIEU MEATS INC

STREET ADDRESS: 6302 MELDRUM RD

STREET ADDRESS:

CITY, STATE, ZIP CODE: FAIR HAVEN, MICH 48023

CITY, STATE, ZIP CODE: MASSOINVILLE, QUEBEC, CANADA

AREA CODE & TELEPHONE NO.: 586 725-8996

AREA CODE & TELEPHONE NO.: 450 539 1499

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	USA	9652	✓						ST BRED					✓				
2		9653	✓						ST BRED							✓		
3		9654		Brown					ST BRED							✓		
4		9655		Brown					ST BRED					✓				
5		9656						✓			✓			✓				
6		9658		APPALUSA						✓						✓		
7		9659						✓		✓						✓		
8		9660			✓					✓				✓				
9		9661						✓		✓				✓				
10		9662						✓	ST BRED					✓				
11		9663	✓						ST BRED					✓				
12		9664	✓						ST BRED					✓				
13		9665	✓							✓						✓		
14		9666		✓						✓				✓				
15		9667	✓							✓				✓				

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS PRIOR TO LOADING FOR SHIPMENT.

SIGNATURE (b)(6)

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

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

CANADIAN FOOD INSPECTION AGENCY — Government of Canada — Canada — AGENCE CANADIENNE D'INSPECTION DES ALIMENTS — Gouvernement du Canada

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	USPO	9668					✓			✓				✓				
17		9670	APPALOSA							✓						✓		
18		9671	✓							✓				✓				
19		9672	✓							✓						✓		
20		9673	✓							✓				✓				
21		9674					✓				✓					✓		
22		9675		BROWN						✓				✓				
23		9676	✓							✓				✓				
24		9677					✓			✓				✓				
25		9678					✓			✓				✓				
26		9681					✓			✓				✓				
27		9682		✓						✓				✓				
28		9683	✓							✓				✓				
29	~~USPO~~	9669				✓				✓				✓				
30																		
31																		
32																		
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SIGNATURE OF OWNER/SHIPPER ... tion contained in this form is true and correct to the best of my knowledge.)

(b)(6)

CANADIAN FOOD INSPECTION AGENCY
Government of Canada
Canada
AGENCE CANADIENNE D'INSPECTION DES ALIMENTS
Gouvernement du Canada

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

Arrived 4-4-10 1400

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: 12:30 PM

DATE: 4-29-10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: FAIR HAVEN MI

(b)(6)

NAME OF AUCTION/MARKET: RYAN HORSE SALES KY

CONSIGNOR (OWNER/SHIPPER) NAME: JARON GOLD

CONSIGNEE (RECEIVER/DESTINATION) NAME: RICHELIEU MEATS INC

STREET ADDRESS: 6302 MELDRUM RD

STREET ADDRESS:

CITY, STATE, ZIP CODE: FAIR HAVEN, MICH 48023

CITY, STATE, ZIP CODE: MASSOINVILLE, QUEBEC, CANADA

AREA CODE & TELEPHONE NO.: 586 725-8996

AREA CODE & TELEPHONE NO.: 450 539 1499

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	USFO	9701	✓							✓				✓				
2		9702					✓			✓						✓		
3		9703					✓			✓				✓				
4		9704					✓			✓				✓				
5		9705					✓			✓						✓		
6		9706		✓						✓				✓				
7		9707	✓							✓				✓				
8		9708					✓			✓						✓		
9		9709					✓			✓						✓		
10		9710					✓			✓				✓				
11		9711					✓			✓						✓		
12		9712	✓							✓				✓				
13		9713	✓							✓				✓				
14		9714	✓							✓				✓				
15		9715					✓			✓						✓		

HORSES HAVE HAD ACCESS TO FOOD, WATER AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS II

SIGNATU (b)(6)

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S ... information contained in this form is true and correct to t

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

CANADIAN FOOD INSPECTION AGENCY — Government of Canada — Canada — AGENCE CANADIENNE D'INSPECTION DES ALIMENTS — Gouvernement du Canada

EST.

DATE

TIME

VS FORM 10-13 (REV. 2002) 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)

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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	USFO	9716	✓							✓				✓				
17		9717			✓					✓						✓		
18		9718			✓					✓				✓				
19		9719	✓							✓				✓				
20		9720					✓			✓						✓		
21		9721			✓		[redacted]	(Ra)		✓						✓		
22		9722	✓							✓						✓		
23		9723				✓				✓				✓				
24		9724					✓			✓				✓				
25		9725	PALAMINO							✓				✓				
26		9726	✓							✓						✓		
27		9727	✓							✓				✓				
28		9728	PALAMINO							✓				✓				
29		9729	DUN							✓				✓				
30		9730	✓							✓						✓		
31		9733					✓			✓				✓				
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CANADIAN FOOD INSPECTION AGENCY
Government of Canada
Canada
AGENCE CANADIENNE D'INSPECTION DES ALIMENTS
Gouvernement du Canada

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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)

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FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 1:00 PM

DATE: 5-2-10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: FAIR HAVEN MI

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

NAME OF AUCTION/MARKET: R&R HORSE SALES KY

CONSIGNOR (OWNER/SHIPPER) NAME: JARON GOLD

CONSIGNEE (RECEIVER/DESTINATION) NAME: RICHELIEU MEATS INC

STREET ADDRESS: 6302 MELDRUM RD

STREET ADDRESS:

CITY, STATE, ZIP CODE: FAIR HAVEN, MICH 48023

CITY, STATE, ZIP CODE: MASSOINVILLE, QUEBEC, CANADA

AREA CODE & TELEPHONE NO.: 586 725-8996

AREA CODE & TELEPHONE NO.: 450 539 1499

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	USTO	9684		Roan						✓				✓				
2		9685					✓			✓				✓				
3		9686	✓							✓				✓				
4		9687					✓			Mule				✓				
5		9688					✓			✓				✓				
6		9689					✓			✓				✓				
7		9690	Roan							✓						✓		
8		9691					✓			✓						✓		
9		9692			✓					✓						✓		
10		9693				✓				✓				✓				
11		9694				✓				✓				✓				
12		9695				✓				✓				✓				
13		9696					✓			✓				✓				
14		9697	✓							✓				✓				
15		9698		✓						✓						✓		

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS II

SIGNATU (b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. 076

DATE 3 Mai 2010

TIME 9 HIS

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

(b)(6)

VS FORM 10-13 (SEP 2002) 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	USTO	9699	✓							✓				✓				
17		9700			✓					✓				✓				
18		9734				✓				✓				✓				
19		9735					✓			✓						✓		
20		9736	✓							✓						✓		
21		9737					✓			✓				✓				
22		9738	✓							✓						✓		
23		9740	✓							✓				✓				
24		9741	✓							✓				✓				
25		9742	PALAMINO							✓				✓				
26		9743	BROWN							✓				✓				
27		9744	✓							✓						✓		
28		9745	BROWN							✓				✓				
29		9746					✓			✓				✓				
30		9747	APPALUSA							✓				✓				
31		9748			✓					✓				✓				
32		9749				✓				✓						✓		
33																		
34																		
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SIGNATURE OF OWNER/SHIPPER ... ation 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: 1200 PM

DATE: 5-4-10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: FAIR HAVEN MI

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

NAME OF AUCTION/MARKET: SHIPSHEWANA HORSE SALES IND

CONSIGNOR (OWNER/SHIPPER) NAME: JARON GOLD

CONSIGNEE (RECEIVER/DESTINATION) NAME: RICHELIEU MEATS INC

STREET ADDRESS: 6302 MELDRUM RD

STREET ADDRESS:

CITY, STATE, ZIP CODE: FAIR HAVEN, MICH 48023

CITY, STATE, ZIP CODE: MASSOINVILLE, QUEBEC, CANADA

AREA CODE & TELEPHONE NO.: 586 725-8996

AREA CODE & TELEPHONE NO.: 450 539 1499

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	USFO	9601			✓				ST	BRED				✓				
2		9602					✓				✓			✓				
3		9603	✓						CROSS	BRED				✓				
4		9604					✓			✓				✓				
5		9605					✓			✓						✓		
6		9606					✓			✓				✓				
7		9607					✓			✓				✓				
8		9608				✓				✓				✓				
9		9609	Brown						ST	BRED				✓				
10		9610	Brown						ST	BRED				✓				
11		9611	✓						ST	BRED				✓				
12		9612	✓						ST	BRED				✓				
13		9613	✓						ST	BRED				✓				
14		9614	✓						ST	BRED				✓				
15	↓	9615	APPALOSA							✓				✓				

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 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

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

Canada Government of Canada Gouvernement du Canada

AGENCE CANADIENNE D'INSPECTION DES ALIMENTS

076

DATE: 5/5/2010

TIME: 6h45

(SEP 2002) 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	USA0	9616	✓							✓						✓		
17		9617	✓							✓						✓		
18		9618	✓						ST BRED					✓				
19		9619	✓						ST BRED					✓				
20		9620	✓						ST BRED					✓				
21		9621	✓						ST BRED					✓				
22		9622	✓						ST BRED					✓				
23		9623	✓						ST BRED							✓		
24		9624	✓						ST BRED							✓		
25		9625					✓		CROSS BRED					✓				
26		9626	Brown							✓				✓				
27		9627	Brown							✓				✓				
28		9628		✓						✓				✓				
29		9632	✓							✓				✓				
30		9653	✓							✓				✓				
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)

CANADIAN FOOD INSPECTION AGENCY
Government of Canada
Canada
AUTHORIZED GOVERNMENT OF CANADA INSPECTION OFFICIAL

VS FORM 10-13A
(SEP 2004)

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

Y Hoe (Please type or print in ink) 5-7-10

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: 5-6-10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: FAIR HAVEN MI

V (b)(6)

NAME OF AUCTION/MARKET: SHIPSHEWANA IND SEMI MK

CONSIGNOR (OWNER/SHIPPER) NAME: JARON GOLD

CONSIGNEE (RECEIVER/DESTINATION) NAME: RICHELIEU MEATS INC

STREET ADDRESS: 6302 MELDRUM RD

STREET ADDRESS:

CITY, STATE, ZIP CODE: FAIR HAVEN, MICH 48023

CITY, STATE, ZIP CODE: MASSOINVILLE, QUEBEC, CANADA

AREA CODE & TELEPHONE NO.: 586 725-8996

AREA CODE & TELEPHONE NO.: 450 539 1499

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	US70	9551		✓							✓			✓				
2		9554					✓				✓			✓				
3		9555					✓			✓						✓		
4		9556					✓			✓						✓		
5		9558					✓			✓						✓		
6		9558		BRown						✓				✓				
7		9559	✓							✓				✓				
8		9560		BRown						✓				✓				
9		9561		DUN						✓						✓		
10		9562				✓				✓				✓				
11		9563				✓				✓				✓				
12		9564		BRown						✓				✓				
13		9565			✓					✓				✓				
14		9566					✓			✓						✓		
15		9567					✓			✓				✓				

HORSES [illegible] A MINIMUM OF 6 CONSECUTIVE HOURS IN

SIGNATU (b)(6)

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).

S [illegible] information contained in this form is true and correct to

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

Government of Canada — Canada — Gouvernement du Canada — AGENCE CANADIENNE D'INSPECTION DES ALIMENTS

ES

DATE

TIME

VS FORM 10-13 (RFP 20021) 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	USFO	9568					✓			✓				✓				
17		9569				✓				✓						✓		
18		9570				✓				✓				✓				
19		9571					✓			✓				✓				
20		9572	✓							✓				✓				
21		9573	✓							✓						✓		
22		9574					✓			✓						✓		
23		9575					✓			✓				✓				
24		9576					✓			✓				✓				
25		9577	✓						CROSS	BRED						✓		
26		9578	✓							✓						✓		
27		9579	✓							✓				✓				
28		9580					✓			✓				✓				
29		9581					✓			✓						✓		
30		9582	✓							✓				✓				
31		9583	✓							✓						✓		
32																		
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SIG

ion contained in this form is true and correct to the best of my knowledge.

(b)(6)

CANADIAN FOOD INSPECTION AGENCY
Government of Canada
Canada
Gouvernement du Canada
AGENCE CANADIENNE D'INSPECTION DES ALIMENTS

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)

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FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 12:45 PM

DATE: 5-9-10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: FAIR HAVEN ME

(b)(6)

NAME OF AUCTION/MARKET: RYAN HORSE SALE KY

CONSIGNOR (OWNER/SHIPPER) NAME: JARON GOLD

CONSIGNEE (RECEIVER/DESTINATION) NAME: RICHELIEU MEATS INC

STREET ADDRESS: 6302 MELDRUM Rd

STREET ADDRESS:

CITY, STATE, ZIP CODE: FAIR HAVEN, MICH 48023

CITY, STATE, ZIP CODE: MASSOINVILLE, QUEBEC, CANADA

AREA CODE & TELEPHONE NO.: 586 725-8996

AREA CODE & TELEPHONE NO.: 450 539 1499

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
	4500		Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	[redacted]	9501		✓						✓						✓		
2	4500	9502					✓			✓				✓				
3	4500	9503					✓		MULE							✓		
4		9504	ROAN							✓						✓		
5		9505	✓							✓						✓		
6		9506					✓			✓				✓				
7		9508			✓					✓				✓				
8		9509	PALOMINO							✓				✓				
9		9510	✓							✓						✓		
10		9511					✓			✓				✓				
11		9512					✓			✓				✓				
12		9513			✓					✓				✓				
13		9514					✓			✓				✓				
14		9515					✓			✓								
15	↓	9516	✓							✓				✓				

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

SIGNAT (b)(6)

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SIGNATURE OF OWNER/SHIPPER: I certify that the information contained in this form is true and correct to

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

CANADIAN FOOD INSPECTION AGENCY — Government of Canada — Canada — Gouvernement du Canada — AGENCE CANADIENNE D'INSPECTION DES ALIMENTS

EST.

DATE 10-05-2010

TIME 9h00

VS FORM 10-13 (SEP. 2002) 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	USFO	9517					✓			✓						✓		
17		9518					✓			✓				✓				
18		9519				✓				✓						✓		
19		9520				✓				✓						✓		
20		9521					✓			✓				✓				
21		9522					✓			✓				✓				
22		9523	✓							✓						✓		
23		9524	✓							✓						✓		
24		9525	✓							✓				✓				
25		9526	Brown							✓						✓		
26		9527	✓							✓				✓				
27		9528	✓							✓				✓				
28		9530					✓				✓			✓				
29		9531	Appaloosa							✓				✓				
30		9533	Brown							✓				✓				
31																		
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CANADIAN FOOD INSPECTION AGENCY
Government of Canada
Canada

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Si ... ition contained in this form is true and correct to the best of my knowledge.)

(b)(6)

VS
(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: 10:45 AM

DATE: 5-11-10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: FAIR HAVEN MI

(b)(6)

NAME OF AUCTION/MARKET: STEPSTAHWAWA HORSE SALE INC

CONSIGNOR (OWNER/SHIPPER) NAME: JARON GOLD

CONSIGNEE (RECEIVER/DESTINATION) NAME: RICHELIEU MEATS INC

STREET ADDRESS: 6302 MELDRUM RD

STREET ADDRESS:

CITY, STATE, ZIP CODE: FAIR HAVEN, MICH 48023

CITY, STATE, ZIP CODE: MASSOINVILLE, QUEBEC, CANADA

AREA CODE & TELEPHONE NO.: 586 725-8996

AREA CODE & TELEPHONE NO.: 450 539 1499

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	USFO	9451	✓						ST BRED							✓		
2		9452	Brown							✓				✓				
3		9453	Brown							✓				✓				
4		9454					✓			✓				✓				
5		9456					✓			✓						✓		
6		9457					✓			✓				✓				
7		9458					✓				✓			✓				
8		9459				✓				✓						✓		
9		9461				✓				✓				✓				
10		9462	✓							✓				✓				
11		9463	✓							✓				✓				
12		9464	✓							✓				✓				
13		9465	✓							✓				✓				
14		9466	✓							✓				✓				
15	✓	9467	✓							✓				✓				

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IN

SIGNATUI (b)(6)

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

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

CANADIAN FOOD INSPECTION AGENCY Government of Canada Canada Gouvernement du Canada AGENCE CANADIENNE D'INSPECTION DES ALIMENTS

EST.

DATE

TIME

VS FORM 10-13 (SEP 2002) 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		9468	BROWN							✓						✓		
17		9469	BROWN							✓				✓				
18		9470	✓							✓				✓				
19		9471	WHITE							✓						✓		
20		9472	✓						ST BRED							✓		
21		9473					✓			✓						✓		
22		9474					✓			✓						✓		
23		9475	✓							✓						✓		
24		9476	✓							✓						✓		
25		9477					✓				✓					✓		
26		9478					✓				✓			✓				
27		9479	✓							✓						✓		
28		9480	✓							✓						✓		
29		9481	✓							✓				✓				
30		9482	BROWN							✓				✓				
31		9483					✓			✓				✓				
32																		
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SIGNATURE OF OWNER/SHIPPER

ition contained in this form is true and correct to the best of my knowledge.)

(b)(6)

CANADIAN FOOD INSPECTION AGENCY
Government of Canada
AGENCE CANADIENNE D'INSPECTION DES ALIMENTS
Gouvernement du Canada

(SEP 2002)

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

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FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 10:45 Am

DATE: 5-13-10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: FAIR HAVEN MI

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

NAME OF AUCTION/MARKET: RYAN HORSE SALES KY

CONSIGNOR (OWNER/SHIPPER) NAME: JARON GOLD

CONSIGNEE (RECEIVER/DESTINATION) NAME: RICHELIEU MEATS INC

STREET ADDRESS: 6302 MELDRUM RD

STREET ADDRESS:

CITY, STATE, ZIP CODE: FAIR HAVEN, MICH 48023

CITY, STATE, ZIP CODE: MASSOINVILLE, QUEBEC, CANADA

AREA CODE & TELEPHONE NO.: 586 725-8996

AREA CODE & TELEPHONE NO.: 450 539 1499

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	USFO	9484	PALAMINO							✓						✓		
2		9485					✓			✓						✓		
3		9486	✓							✓						✓		
4		9487					✓			✓				✓				
5		9488	DUN							✓				✓				
6		9489			✓					✓						✓		
7		9490				✓				✓				✓				
8		9491					✓			✓						✓		
9		9492				✓				✓						✓		
10		9493					✓				✓					✓		
11		9494			✓					✓						✓		
12		9495				✓				✓				✓				
13		9496	✓							✓				✓				
14		9497					✓			✓				✓				
15		9498		✓						✓						✓		

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

SIGNATU (b)(6)

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 (b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

CANADIAN FOOD INSPECTION AGENCY Government of Canada Canada Gouvernement du Canada AGENCE CANADIENNE D'INSPECTION DES ALIMENTS

EST. 0716

DATE 14 Mai 2010

TIME 6h45

FORM 10-13 (SEP 2002) 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	USO	9499					✓			✓				✓				
17		9500					✓			✓				✓				
18		9584					✓			✓				✓				
19		9585					✓			✓				✓				
20		9586	✓							✓						✓		
21		9587					✓			✓						✓		
22		9588	APPALUSA							✓				✓				
23		9589	✓							✓						✓		
24		9590	✓							✓				✓				
25		9591	✓							✓						✓		
26		9592				✓				✓						✓		
27		9593	APPALUSA							✓				✓				
28		9594	✓							✓				✓				
29		9595	✓							✓						✓		
30		9596					✓			✓						✓		
31		9597					✓			✓				✓				
32		9598		BROWN						✓				✓				
33		9599		✓						✓						✓		
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IGN

tion contained in this form is true and correct to the best of my knowledge.)

(b)(6)

S FORM 10-13A
EB 2002)

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

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FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 1:00 PM
DATE: 5-17-10
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: FAIR HAVEN MI

VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6)
NAME OF AUCTION/MARKET: RYAN HORSE SALES KY

CONSIGNOR (OWNER/SHIPPER) NAME: JARON GOLD
CONSIGNEE (RECEIVER/DESTINATION) NAME: RICHELIEU MEATS INC

STREET ADDRESS: 6302 MELDRUM RD
STREET ADDRESS:

CITY, STATE, ZIP CODE: FAIR HAVEN, MICH 48023
CITY, STATE, ZIP CODE: MASSOINVILLE, QUEBEC, CANADA

AREA CODE & TELEPHONE NO.: 586 725-8996
AREA CODE & TELEPHONE NO.: 450 539 1499

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	USFO	9351		✓						✓						✓		
2		9352	✓							✓				✓				
3		9353	✓							✓				✓				
4		9354	✓							✓				✓				
5		9355				✓				✓				✓				
6		9356	✓							✓				✓				
7		9357	✓							✓				✓				
8		9358	✓							✓				✓				
9		9359	✓							✓				✓				
10		9360					✓				✓			✓				
11		9361	✓						ST BRED							✓		
12		9362	✓						ST BRED							✓		
13		9363	✓						ST BRED							✓		
14		9364					✓		ST BRED					✓				
15	✓	9365	✓						ST BRED							✓		

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS

SIGNA (b)(6)

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

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

VS FORM 10-13 (SEP 2002) 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	USPO	9366	Brown							✓				✓				
17		9367	Brown							✓				✓				
18		9368	Palamino							✓				✓				
19		9369					✓				✓			✓				
20		9370			✓					✓				✓				
21		9371				✓				✓				✓				
22		9372					✓			✓						✓		
23		9373	✓							✓						✓		
24		9374	✓							✓						✓		
25		9375	✓						Pony					✓				
26		9376	✓						Cross Bred					✓				
27		9377					✓			✓						✓		
28		9379					✓			✓				✓				
29		9380	Brown							✓				✓				
30		9381	✓							✓						✓		
31		9382	✓							✓				✓				
32	✓	9383	Brown						Cross		✓					✓		
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)

CANADIAN FOOD INSPECTION AGENCY Government of Canada Canada Gouvernement du Canada AGENCE CANADIENNE D'INSPECTION DES ALIMENTS

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(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)

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FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 10:30 AM

DATE: 5-20-10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: FAIR HAVEN MI

V (b)(6)

NAME OF AUCTION/MARKET: SHIPSHEWANA HORSE SALES IND

CONSIGNOR (OWNER/SHIPPER) NAME: JARON GOLD

CONSIGNEE (RECEIVER/DESTINATION) NAME: RICHELIEU MEATS INC

STREET ADDRESS: 6302 MELDRUM RD

STREET ADDRESS:

CITY, STATE, ZIP CODE: FAIR HAVEN, MICH 48023

CITY, STATE, ZIP CODE: MASSOINVILLE, QUEBEC, CANADA

AREA CODE & TELEPHONE NO.: 586 725-8996

AREA CODE & TELEPHONE NO.: 450 539 1499

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	USTO	9384	✓							✓				✓				
2		9385	✓							✓				✓				
3		9386					✓			✓						✓		
4		9387			✓					✓				✓				
5		9388					✓			✓						✓		
6		9389	BROWN							✓				✓				
7		9390	BROWN							✓				✓				
8		9391	PALOMINO							✓				✓				
9		9392		✓						✓				✓				
10		9394					✓			✓						✓		
11		9395					✓			✓						✓		
12		9396					✓			✓				✓				
13		9397	✓								✓					✓		
14		9398	✓							✓				✓				
15	↓	9400	✓							✓				✓				

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IN

(b)(6)

SIGNATUI

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formation contained in this form is true and correct to

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

CANADIAN FOOD INSPECTION AGENCY Government of Canada Canada Gouvernement du Canada AGENCE CANADIENNE D'INSPECTION DES ALIMENTS

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	USFO	9434		BROWN						✓				✓				
17		9435	✓							✓						✓		
18		9436		BUCKSKIN						✓						✓		
19		9438					✓			✓				✓				
20		9439	✓							✓				✓				
21		9440					✓			✓						✓		
22		9441				✓				✓				✓				
23		9442					✓			✓				✓				
24		9444		BROWN						✓						✓		
25		9445	✓							✓				✓				
26		9446					✓			✓				✓				
27		9447	✓							✓						✓		
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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: 10:45 AM

DATE: 5-27-10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: FAIR HAVEN MI

(b)(6)

NAME OF AUCTION/MARKET: SHEPSHIRWANA HORSE SALES INC

CONSIGNOR (OWNER/SHIPPER) NAME: JARON OLD

CONSIGNEE (RECEIVER/DESTINATION) NAME: RICHELIEU MEATS INC

STREET ADDRESS: 6302 MELDRUM Rd

STREET ADDRESS:

CITY, STATE, ZIP CODE: FAIR HAVEN, MICH 48023

CITY, STATE, ZIP CODE: MASSOINVILLE, QUEBEC, CANADA

AREA CODE & TELEPHONE NO.: 586 725-8996

AREA CODE & TELEPHONE NO.: 450 539 1499

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	USFC	9301	✓						ST		BRED					✓		
2		9302	✓						ST		BRED			✓				
3		9303	✓						ST		BRED			✓				
4		9304	✓						ST		BRED					✓		
5		9305	✓						ST		BRED					✓		
6		9306	✓						ST		BRED					✓		
7		9307	✓						ST		BRED			✓				
8		9308					✓		ST		BRED					✓		
9		9309					✓		ST		BRED			✓				
10		9310	✓						ST		BRED			✓				
11		9312	APPALOSA							✓				✓				
12		9313	APPALOSA							✓						✓		
13		9314	BROWN							✓				✓				
14		9315	BROWN							✓				✓				
15		9316	✓							✓				✓				

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

SIGNATI (b)(6)

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

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

CANADIAN FOOD INSPECTION AGENCY Government of Canada Canada Gouvernement du Canada AGENCE CANADIENNE D'INSPECTION DES ALIMENTS

EST.

DATE

TIME

VS-FORM 10-13 (SEP 2002) 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	USFO	9317	✓							✓				✓				
17		9318	✓							✓					✓			
18		9319				✓				✓					✓			
19		9320	Brown							✓				✓				
20		9321	Brown							✓				✓				
21		9322					✓		HALF-ENGLISH CROSS							✓		
22		9323					✓		HALF-ENGLISH CROSS							✓		
23		9324					✓				✓					✓		
24		9325					✓				✓					✓		
25		9326					✓				✓			✓				
26		9327	✓							✓				✓				
27		9328			✓					✓				✓				
28		9330					✓			✓				✓				
29		9332	✓							✓						✓		
30																		
31																		
32																		
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SIG[illegible] ion contained in this form is true and correct to the best of my knowledge.)

(b)(6)

CANADIAN FOOD INSPECTION AGENCY
Government of Canada
Canada
Gouvernement du Canada
AGENCE CANADIENNE D'INSPECTION DES ALIMENTS

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

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FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 10:10 AM

DATE: 5-26-10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: FAIR HAVEN MI

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

NAME OF AUCTION/MARKET: RYAN HORSE SALE KY

CONSIGNOR (OWNER/SHIPPER) NAME: JARON GOLD

CONSIGNEE (RECEIVER/DESTINATION) NAME: RICHELIEU MEATS INC

STREET ADDRESS: 6302 MELDRUM RD

STREET ADDRESS:

CITY, STATE, ZIP CODE: FAIR HAVEN, MICH 48023

CITY, STATE, ZIP CODE: MASSOINVILLE, QUEBEC, CANADA

AREA CODE & TELEPHONE NO.: 586 725-8996

AREA CODE & TELEPHONE NO.: 450 539 1499

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	USFO	9251					✓			✓						✓		
2		9252				✓				✓						✓		
3		9253					✓			✓						✓		
4		9254					✓			✓						✓		
5		9255					✓			✓				✓				
6		9256	✓							✓				✓				
7		9257	Brown							✓				✓				
8		9258					✓			✓				✓				
9		9259	✓							✓				✓				
10		9260	✓							✓				✓				
11		9261	✓							✓				✓				
12		9262	✓							✓						✓		
13		9263					✓			✓						✓		
14		9264		✓						✓				✓				
15	✓	9265					✓			✓				✓				

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS II

SIGNATU (b)(6)

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

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

CANADIAN FOOD INSPECTION AGENCY Government of Canada Canada Gouvernement du Canada AGENCE CANADIENNE D'INSPECTION DES ALIMENTS

VS FORM 10-13 (SEP 2002) 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)

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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	USÕ	9266				✓				✓				✓				
17		9267	✓							✓						✓		
18		9268	✓							✓						✓		
19		9269					✓			✓						✓		
20		9270	✓							✓				✓				
21		9271					✓			✓						✓		
22		9272					✓			✓						✓		
23		9273	PALOMINO							✓						✓		
24		9274				✓				✓				✓				
25		9275				✓				✓				✓				
26		9276					✓			✓				✓				
27		9277					✓		1/4 ALFALFA					✓				
28		9278	✓							✓						✓		
29		9279					✓			✓				✓				
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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
Government of Canada
Canada
Gouvernement du Canada
AGENCE CANADIENNE D'INSPECTION DES ALIMENTS

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

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FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 12:45 PM

DATE: 6-5-10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: FAIR HAVEN MI

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

NAME OF AUCTION/MARKET: SHIPSHEWANA HORSE SALES INC

CONSIGNOR (OWNER/SHIPPER) NAME: JARON GOLD

CONSIGNEE (RECEIVER/DESTINATION) NAME: RICHELIEU MEATS INC

STREET ADDRESS: 6302 MELDRUM RD

STREET ADDRESS:

CITY, STATE, ZIP CODE: FAIR HAVEN, MICH 48023

CITY, STATE, ZIP CODE: MASSOINVILLE, QUEBEC, CANADA

AREA CODE & TELEPHONE NO.: 586 725-8996

AREA CODE & TELEPHONE NO.: 450 539 1499

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	USFO	9201					✓				✓					✓		
2		9202					✓				✓					✓		
3		9203					✓				✓			✓				
4		9204			✓					✓				✓				
5		9205				✓				✓						✓		
6		9206				✓				✓						✓		
7		9207	✓							ST BRED						✓		
8		9208	✓							ST BRED						✓		
9		9209	✓							ST BRED				✓				
10		9210	✓							ST BRED				✓				
11		9211	✓							ST BRED				✓				
12		9212					✓			HALFLINGER						✓		
13		9213					✓			HALFLINGER				✓				
14		9214					✓			HALFLINGER				✓				
15		9215					✓			✓						✓		

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS

SIGNAT (b)(6)

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 (b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

CANADIAN FOOD INSPECTION AGENCY Government of Canada Canada Gouvernement du Canada AGENCE CANADIENNE D'INSPECTION DES ALIMENTS

EST.

DATE

TIME

VS/FORM 10-13 (SEP. 2002) Previous editions are obslete

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)

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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	USFO	9216					✓			✓						✓		
17		9217					✓			✓				✓				
18		9218	✓							✓						✓		
19		9219	✓							✓						✓		
20		9220	✓							✓				✓				
21		9221	✓							✓				✓				
22		9222			✓					✓				✓				
23		9223			✓					✓				✓				
24		9224					✓			✓						✓		
25		9226	✓							✓						✓		
26		9228	RPTALWSA							✓				✓				
27		9229				✓				✓				✓				
28	↓	9231					✓				✓			✓				
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CANADIAN FOOD INSPECTION AGENCY
Government of Canada
Gouvernement du Canada
AGENCE CANADIENNE D'INSPECTION DES ALIMENTS

(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: 11:45 AM

DATE: 6-8-10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: FAIR HAVEN MI

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

NAME OF AUCTION/MARKET: RYAN HORSE SALES KY

CONSIGNOR (OWNER/SHIPPER) NAME: JARON GOLD

CONSIGNEE (RECEIVER/DESTINATION) NAME: RICHELIEU MEATS INC

STREET ADDRESS: 6302 MELDRUM RD

STREET ADDRESS:

CITY, STATE, ZIP CODE: FAIR HAVEN, MICH 48023

CITY, STATE, ZIP CODE: MASSOINVILLE, QUEBEC, CANADA

AREA CODE & TELEPHONE NO.: 586 725-8996

AREA CODE & TELEPHONE NO.: 450 539 1499

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	USFO	9151	✓							✓						✓		
2		9152	APPALOSA							✓				✓				
3		9153				✓				✓				✓				
4		9154			✓					✓				✓				
5		9155				✓				✓				✓				
6		9156			✓					✓				✓				
7		9157					✓			✓				✓				
8		9158	✓							✓						✓		
9		9159					✓			✓				✓				
10		9160					✓			✓				✓				
11		9161					✓			✓				✓				
12		9162	✓							✓				✓				
13		9163					✓			✓				✓				
14		9164	✓							✓				✓				
15	✓	9165			✓					✓				✓				

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

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

VS FORM 10-13 (SEP. 2002) 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

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			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USDA	9166	✓							✓						✓		
17		9167				✓				✓				✓				
18		9168					✓			✓						✓		
19		9169					✓			✓				✓				
20		9170	✓							✓				✓				
21		9171	✓							✓				✓				
22		9172	Brown							✓				✓				
23		9173	Brown							✓				✓				
24		9174	✓							✓				✓				
25		9175	✓							✓						✓		
26		9176	APPALOSA							✓				✓				
27		9177					✓			✓				✓				
28		9178	✓							✓						✓		
29		9179				✓				✓						✓		
30		9181	DALAPIN			⊙				✓						✓		
31		9182	✓							✓						✓		
32	↓	9183					✓			✓						✓		
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CANADIAN FOOD INSPECTION AGENCY
Government of Canada
Canada
Agence canadienne d'inspection des aliments
Gouvernement du Canada

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: 12:10 PM

DATE: 6-13-10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: FAIR HAVEN MI

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

NAME OF AUCTION/MARKET: SHEPSTEWNA HORSE SALES INC

CONSIGNOR (OWNER/SHIPPER) NAME: JARON GOLD

CONSIGNEE (RECEIVER/DESTINATION) NAME: RICHELIEU MEATS INC

STREET ADDRESS: 6302 MELDRUM RD

STREET ADDRESS:

CITY, STATE, ZIP CODE: FAIR HAVEN, MICH 48023

CITY, STATE, ZIP CODE: MASSOINUVILLE, QUEBEC, CANADA

AREA CODE & TELEPHONE NO.: 586 725-8996

AREA CODE & TELEPHONE NO.: 450 539 1499

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	USFO	9/84	✓							✓				✓				
2		9/85	✓							✓						✓		
3		9/86	✓							✓				✓				
4		9/87					✓			✓				✓				
5		9/88		BROWN						✓						✓		
6		9/89	APPALUSA							✓				✓				
7		9/90					✓			✓						✓		
8		9/91	ROAN									✓		✓				
9		9/92					✓			HALFBREED						✓		
10		9/93					✓					✓	BLOOD	✓		✓		
11		9/94	✓							✓						✓		
12		9/96					✓			✓				✓				
13		9/97					✓			✓				✓				
14		9/98					✓			✓						✓		
15	↓	9/99					✓			✓				✓				

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS II

SIGNATU (b)(6)

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

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

CANADIAN FOOD INSPECTION AGENCY Government of Canada Canada Gouvernement du Canada AGENCE CANADIENNE D'INSPECTION DES ALIMENTS

EST.

DATE

TIME

VS FORM 10-13 (SEP 2002) 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	USFO	9200					✓			✓				✓				
17		9283					✓			✓						✓		
18		9284	✓							✓						✓		
19		9285	✓							✓				✓				
20		9286	✓							✓				✓				
21		9287	Roan							✓				✓				
22		9288	✓							✓				✓				
23		9289	✓							✓						✓		
24		9290				✓				✓						✓		
25		9291	✓						Cross Breed							✓		
26		9292					✓			✓				✓				
27		9295					✓			✓				✓				
28		9296					✓			✓						✓		
29		9297	✓							✓				✓				
30		9298	✓							✓						✓		
31																		
32																		
33																		
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SIGNATURE OF OWNER/SHIPPER ... tion contained in this form is true and correct to the best of my knowledge.)

(b)(6)

CANADIAN FOOD INSPECTION AGENCY
Canada
Government of Canada
AGENCE CANADIENNE D'INSPECTION DES ALIMENTS

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)

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FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 1:30 PM

DATE: 6-17-10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: FAIR HAVEN MI

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

NAME OF AUCTION/MARKET: 4-R HORSE SALES KY

CONSIGNOR (OWNER/SHIPPER) NAME: JARON GOLD

CONSIGNEE (RECEIVER/DESTINATION) NAME: RICHELIEU MEATS INC

STREET ADDRESS: 6302 MELDRUM RD

STREET ADDRESS:

CITY, STATE, ZIP CODE: FAIR HAVEN, MICH 48023

CITY, STATE, ZIP CODE: MASSOINUVILLE, QUEBEC, CANADA

AREA CODE & TELEPHONE NO.: 586 725-8996

AREA CODE & TELEPHONE NO.: 450 539 1499

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	USA	9134				✓				✓				✓				
2		9135				✓				✓				✓				
3		9136					✓				✓			✓				
4		9137	✓							✓				✓				
5		9138	✓							✓						✓		
6		9139		✓						✓				✓				
7		9140					✓			✓				✓				
8		9141					✓			✓				✓				
9		9142					✓			✓				✓				
10		9143	✓							✓						✓		
11		9144	✓							✓						✓		
12		9145	✓							✓						✓		
13		9146					✓			✓				✓				
14		9147					✓			✓				✓				
15		9148					✓			✓						✓		

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS

SIGNAT (b)(6)

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

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

CANADIAN FOOD INSPECTION AGENCY Government of Canada Canada Gouvernement du Canada AGENCE CANADIENNE D'INSPECTION DES ALIMENTS

EST. #76

DATE 18/06/2010

TIME 7:50 AM

V5/FORM 10-13 (SEP 2002) 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	USFO	9149					✓			✓						✓		
17		9150				✓				✓						✓		
18		9234				✓				✓				✓				
19		9235	✓							✓				✓				
20		9236	✓							✓				✓				
21		9237	✓							✓				✓				
22		9238					✓			✓				✓				
23		9239					✓			✓				✓				
24		9240			✓				MALE							✓		
25		9241			✓					✓				✓				
26		9244	BROWN							✓				✓				
27		9245	BROWN							✓						✓		
28		9246				✓				✓				✓				
29		9247					✓			✓				✓				
30		9248					✓			✓						✓		
31	↓	9249	BROWN							✓						✓		
32																		
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CANADIAN FOOD INSPECTION AGENCY
Government of Canada
Canada
AGENCE CANADIENNE D'INSPECTION DES ALIMENTS
Gouvernement du Canada

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SI[illegible]

[illegible]tion contained in this form is true and correct to the best of my knowledge.)

(b)(6)

VS
(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)

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FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 12:00 PM

DATE: 7-20-10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: FAIR HAVEN MI

(b)(6)

NAME OF AUCTION/MARKET: [redacted] 4-R HORSE SALES KY

CONSIGNOR (OWNER/SHIPPER) NAME: JARON ODLD

CONSIGNEE (RECEIVER/DESTINATION) NAME: RICHELIEU MEATS INC

STREET ADDRESS: 6302 MELDRUM RD

STREET ADDRESS:

CITY, STATE, ZIP CODE: FAIR HAVEN, MICH 48023

CITY, STATE, ZIP CODE: MASSOINVILLE, QUEBEC, CANADA

AREA CODE & TELEPHONE NO.: 586 725-8996

AREA CODE & TELEPHONE NO.: 450 539 1499

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	Chesta	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USA	0751			✓					✓				✓				
2		0752					✓				✓			✓				
3		0753	✓							✓				✓				
4		0754	✓							✓				✓				
5		0755	✓							✓				✓				
6		0756	BROWN							✓				✓				
7		0757					✓			✓				✓				
8		0758	✓							✓				✓				
9		0759	APPALUSA							✓				✓				
10		0760			✓					✓				✓				
11		0761				✓				✓						✓		
12		0762	✓							✓				✓				
13		0763	✓							✓				✓				
14		0764					✓			✓				✓				
15		0765					✓			✓				✓				

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS II

SIGNATU (b)(6)

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

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

CANADIAN FOOD INSPECTION AGENCY Government of Canada Canada Gouvernement du Canada AGENCE CANADIENNE D'INSPECTION DES ALIMENTS

(SEP 2002) 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	USA	0766	✓						ST	BRED						✓		
17		0767	✓						ST	BRED						✓		
18		0768		GRULO						✓				✓				
19		0769		ROAN						✓						✓		
20		0770	✓							✓				✓				
21		0771				✓				✓				✓				
22		0772				✓				✓				✓				
23		0773			✓					✓						✓		
24		0774	✓						ST	BRED				✓				
25		0775	✓						ST	BRED				✓				
26		0776	✓						ST	BRED				✓				
27		0777		BROWN					ST	BRED						✓		
28		0780	✓							✓				✓				
29		0782				✓				✓						✓		
30		0783		BROWN						✓				✓				
31																		
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SIG[illegible] ion contained in this form is true and correct to the best of my knowledge.

(b)(6)

CANADIAN FOOD INSPECTION AGENCY
Government of Canada
AGENCE CANADIENNE D'INSPECTION DES ALIMENTS
Government of Canada

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)

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FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 12:00 PM

DATE: 6-20-10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: FAIR HAVEN MI

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

NAME OF AUCTION/MARKET: SHIPSHEWANA IND SEHL MI

CONSIGNOR (OWNER/SHIPPER) NAME: JARON GOLD

CONSIGNEE (RECEIVER/DESTINATION) NAME: RICHELIEU MEATS INC

STREET ADDRESS: 6302 MELDRUM RD

STREET ADDRESS:

CITY, STATE, ZIP CODE: FAIR HAVEN, MICH 48023

CITY, STATE, ZIP CODE: MASSOINVILLE, QUEBEC, CANADA

AREA CODE & TELEPHONE NO.: 586 725-8996

AREA CODE & TELEPHONE NO.: 450 539 1499

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	USFO	9051			✓				CROSSBRED					✓				
2		9052	BROWN						CROSSBRED							✓		
3		9053	✓						CROSSBRED							✓		
4		9054				✓				✓				✓				
5		9055					✓				✓			✓				
6		9056				✓				✓				✓				
7		9057	GRULLA							✓				✓				
8		9058		✓					ARABIAN					✓				
9		9061				✓				✓				✓				
10		9062		DUN						✓				✓				
11		9063	✓							✓				✓				
12		9064	✓							✓				✓				
13		9065	✓							✓				✓				
14		9066					✓			✓						✓		
15	✓	9067	✓							✓						✓		

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

SIGNATU (b)(6)

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SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

CANADIAN FOOD INSPECTION AGENCY Government of Canada Canada Gouvernement du Canada AGENCE CANADIENNE D'INSPECTION DES ALIMENTS

EST.

DATE

TIME

VS FORM 10-13 (SEP 2002) 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
(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	USFO	9068	✓							✓		✓		✓				
17		9069					✓			✓				✓				
18		9070	✓							✓						✓		
19		9071			✓					✓				✓				
20		9072	✓							✓				✓				
21		9073			✓					✓				✓				
22		9074					✓			✓				✓				
23		9075					✓			✓				✓				
24		9076		APPALOSA						✓				✓				
25		9077					✓			✓						✓		
26		9079		BROWN						✓				✓				
27		9080		BROWN						✓						✓		
28		9081	✓							✓						✓		
29		9082	✓							✓				✓				
30		9083				✓				✓						✓		
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)

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: 12:35 PM

DATE: 7-22-10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: FAIR HAVEN MI

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

NAME OF AUCTION/MARKET: SAGINAW VALLEY HORSE SALES INC

CONSIGNOR (OWNER/SHIPPER) NAME: JARON GOLD

CONSIGNEE (RECEIVER/DESTINATION) NAME: RICHELIEU MEATS INC

STREET ADDRESS: 6302 MELDRUM Rd

STREET ADDRESS:

CITY, STATE, ZIP CODE: FAIR HAVEN, MICH 48023

CITY, STATE, ZIP CODE: MASSOINVILLE, QUEBEC, CANADA

AREA CODE & TELEPHONE NO.: 586 725-8496

AREA CODE & TELEPHONE NO.: 450 539 1499

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	USFP	0731	✓						ST BRED							✓		
2		0732	✓						ST BRED					✓				
3		0733					✓				✓			✓				
4		0734			✓				CROSS BRED							✓		
5		0735			✓				CROSS BRED							✓		
6		0736	✓						ST BRED					✓				
7		0737	✓						ST BRED					✓				
8		0738	✓						ST BRED							✓		
9		0739	✓							✓						✓		
10		0740	ROAN							✓						✓		
11		0741	BROWN							✓						✓		
12		0742	✓							✓				✓				
13		0743	✓							✓				✓				
14		0744	BROWN							✓				✓				
15	✓	0745			[redacted]	✓				✓				✓				

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS ||

SIGNATU (b)(6)

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

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. 76

DATE 26/07/2010

TIME 11:20 AM

PAGE 1 OF 2

VS-1 (SEP 2002) 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	USFP	0746		✓						✓				✓				
17		0747	BROWN							✓						✓		
18		0748					✓			✓				✓				
19		0749	✓							✓						✓		
20		0750	BROWN							✓				✓				
21		0784	✓							✓				✓				
22		0785	BROWN							✓				✓				
23		0786	BROWN						ST BRED							✓		
24		0787	BROWN						ST BRED							✓		
25		0788	BROWN						ST BRED							✓		
26		0789	BLACK							✓				✓				
27		0790	✓							✓				✓				
28		0791				✓				✓						✓		
29		0792					✓			✓				✓				
30		0793			✓					✓				✓				
31		0794	✓							✓						✓		
32		0796					✓			✓				✓				
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CANADIAN FOOD INSPECTION AGENCY
Government of Canada
Canada
AGENCE CANADIENNE D'INSPECTION DES ALIMENTS
Gouvernement du Canada

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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: 11:15 AM

DATE: 6-22-10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: FAIR HAVEN, MICH

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

NAME OF AUCTION/MARKET: RYAN HORSE SALE

CONSIGNOR (OWNER/SHIPPER) NAME: JARON GOLD

CONSIGNEE (RECEIVER/DESTINATION) NAME: RICHELIEU MEATS INC

STREET ADDRESS: 6302 MELDRUM RD

STREET ADDRESS:

CITY, STATE, ZIP CODE: FAIR HAVEN, MICH 48023

CITY, STATE, ZIP CODE: MASSOINVILLE, QUEBEC, CANADA

AREA CODE & TELEPHONE NO.: 586 725-8996

AREA CODE & TELEPHONE NO.: 450 539 1499

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	USFO	9001	✓							✓				✓				
2		9002	✓							✓				✓				
3		9003	✓							✓				✓				
4		9004	✓							✓				✓				
5		9005	✓							✓				✓				
6		9006	✓							✓				✓				
7		9007	✓							✓				✓				
8		9008	✓							✓				✓				
9		9009	✓							✓						✓		
10		9010	✓							✓						✓		
11		9011			✓					✓				✓				
12		9012			✓					✓						✓		
13		9013			✓					✓				✓				
14		9014					✓			✓				✓				
15	↓	9015					✓			✓						✓		

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS

SIGNATI (b)(6)

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

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

CANADIAN FOOD INSPECTION AGENCY Government of Canada Canada Gouvernement du Canada AGENCE CANADIENNE D'INSPECTION DES ALIMENTS

EST.

DATE

TIME

VS FORM 10-13 (SEP 2002) 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	USFO	9016					✓			✓				✓				
17		9017					✓			✓				✓				
18		9018					✓			✓						✓		
19		9019				✓				✓				✓				
20		9020		✓						✓						✓		
21		9021		DUN	[redacted]			✓		✓				✓				
22		9022					✓				✓					✓		
23		9023					✓				✓			✓				
24		9024					✓			MAFUINN			✓	✓				
25		9025					✓				✓			✓				
26		9027	✓						STANDAR				✓			✓		
27		9028	✓						STANDAR				✓			✓		
28		9029			BROWN			✓	STANDAR				✓	✓				
29		9030	✓						STANDAR				✓	✓				
30		9032					✓			✓				✓				
31		9033	✓							✓				✓				
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IC ion contained in this form is true and correct to the best of my knowledge.)

(b)(6)

CANADIAN FOOD INSPECTION AGENCY
Government of Canada
Canada
Gouvernement du Canada
AGENCE CANADIENNE D'INSPECTION DES ALIMENTS

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: 1:00 PM

DATE: 6-28-10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: FAIR HAVEN MI

(b)(6)

NAME OF AUCTION/MARKET: SHIPSHEWANA HORSE SALES INC

CONSIGNOR (OWNER/SHIPPER) NAME: JARON GOLD

STREET ADDRESS: 6302 MELDRUM RD

CITY, STATE, ZIP CODE: FAIR HAVEN, MICH 48023

AREA CODE & TELEPHONE NO.: 586 725-8996

CONSIGNEE (RECEIVER/DESTINATION) NAME: RICHELIEU MEATS INC

STREET ADDRESS:

CITY, STATE, ZIP CODE: MASSOINVILLE, QUEBEC, CANADA

AREA CODE & TELEPHONE NO.: 450 539 1499

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	USFO	9034				✓				✓				✓				
2		9035	APPALOSA							✓				✓				
3		9036					✓				✓			✓				
4		9037					✓				✓			✓				
5		9038	BROWN							✓						✓		
6		9039	✓							✓				✓				
7		9040	✓	ROAN					CLYDESDALE							✓		
8		9041	✓						ARABIAN					✓				
9		9042					✓		HALF LINGER					✓				
10		9043	✓						ST BRED					✓				
11		9044	✓						ST BRED					✓				
12		9045	✓						ST BRED					✓				
13		9046	✓						ST BRED					✓				
14		9047	✓						ST BRED					✓				
15	↓	9048				✓				✓						✓		

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

(b)(6)

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SIGNATURE OF OWNER/SHIPPER I certify that the information contained in this form is true and correct to

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

CANADIAN FOOD INSPECTION AGENCY Government of Canada Canada Agence canadienne d'inspection des aliments Gouvernement du Canada

EST.

DATE

TIME

VS FORM 10-13 (SEP 2002) 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	USFO	9049	PALAMINO							✓				✓				
17		9050		BROWN						✓				✓				
18		9084		BROWN						✓				✓				
19		9085	✓							✓						✓		
20		9086	✓							✓						✓		
21		9087	✓							✓						✓		
22		9088					✓				✓					✓		
23		9089	✓							✓						✓		
24		9090	✓							✓						✓		
25		9091	✓							✓						✓		
26		9092					✓			✓				✓				
27		9093					✓			✓				✓				
28		9094					✓			✓				✓				
29		9096					✓			✓						✓		
30		9098				✓				✓				✓				
31		9099			✓					✓				✓				
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SIGNATURE OF OWNER/SHIPPER ... ation contained in this form is true and correct to the best of my knowledge.)

(b)(6)

CANADIAN FOOD INSPECTION AGENCY
Government of Canada
Canada
Government of Canada
AGENCE CANADIENNE D'INSPECTION DES ALIMENTS

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 AM

DATE: 7-4-10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: FAIR HAVEN MI

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

NAME OF AUCTION/MARKET: 4R HORSE SALES KY

CONSIGNOR (OWNER/SHIPPER) NAME: JARON GOLD

CONSIGNEE (RECEIVER/DESTINATION) NAME: RICHELIEU MEATS INC

STREET ADDRESS: 6302 MELDRUM RD

STREET ADDRESS:

CITY, STATE, ZIP CODE: FAIR HAVEN, MICH 48023

CITY, STATE, ZIP CODE: MASSOINVILLE, QUEBEC, CANADA

AREA CODE & TELEPHONE NO.: 586 725-8996

AREA CODE & TELEPHONE NO.: 450 539 1499

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	USA	0951				✓				✓				✓				
2		0952					✓			✓						✓		
3		0953	GRULLA							✓				✓				
4		0954				✓				✓				✓				
5		0955		✓						✓						✓		
6		0956		✓						✓				✓				
7		0957	✓							✓				✓				
8		0958	✓							✓				✓				
9		0959	✓							✓				✓				
10		0960					✓			✓				✓				
11		0961	✓							✓				✓				
12		0962			✓					✓						✓		
13		0963			✓					✓				✓				
14		0964				✓				✓						✓		
15	✓	0965				✓				✓						✓		

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

SIGNA (b)(6)

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SIGNATURE OF OWNER/SHIPPER: I certify that the information contained in this form is true and correct to (b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

Canada

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DATE

TIME

VS FORM 10-13 (SEP. 2002) 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	USFP	0966				✓				✓						✓		
17		0967		BROWN						✓				✓				
18		0968	✓							✓				✓				
19		0969	✓							✓				✓				
20		0970		PALAMINO						✓				✓				
21		0971		ROAN						✓				✓				
22		0972		BROWN						✓						✓		
23		0973	✓							✓						✓		
24		0974					✓				✓					✓		
25		0976					✓			✓				✓				
26		0977					✓			✓						✓		
27		0978		APPALOUSA						✓				✓				
28		0979					✓			✓				✓				
29		0980					✓			✓				✓				
30	↓	0981	✓							✓						✓		
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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).

SI[illegible] ation contained in this form is true and correct to the best of my knowledge.

CANADIAN FOOD INSPECTION AGENCY
Government of Canada
Gouvernement du Canada
AGENCE CANADIENNE D'INSPECTION DES ALIMENTS

(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: 3:30 PM

DATE: 7-7-10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: FAIR HAVEN MI

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

NAME OF AUCTION/MARKET: STEPSHE OKAMA HORSE SALES INC

CONSIGNOR (OWNER/SHIPPER) NAME: JARON GOLD

CONSIGNEE (RECEIVER/DESTINATION) NAME: RICHELIEU MEATS INC

STREET ADDRESS: 6302 MELDRUM RD

STREET ADDRESS:

CITY, STATE, ZIP CODE: FAIR HAVEN, MICH 48023

CITY, STATE, ZIP CODE: MASSOINVILLE, QUEBEC, CANADA

AREA CODE & TELEPHONE NO.: 586 725-8996

AREA CODE & TELEPHONE NO.: 450 539 1499

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	0801	PALAMINO							✓				✓				
2		0802					✓			✓				✓				
3		0803	PALAMINO							✓				✓				
4		0804					✓			✓						✓		
5		0805			✓				CROSS BRED							✓		
6		0806	BROWN						ST BRED					✓				
7		0807	BUCKSKIN							✓						✓		
8		0808	BROWN							✓						✓		
9		0809	BROWN						ST BRED					✓				
10		0810	✓						ST BRED					✓				
11		0811	✓							✓				✓				
12		0812					✓				✓			✓				
13		0813					✓				✓			✓				
14		0814	✓						ST BRED					✓				
15	↓	0815		✓							✓							

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS!

SIGNATURE: (b)(6)

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

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

CANADIAN FOOD INSPECTION AGENCY Government of Canada / Agence canadienne d'inspection des aliments Gouvernement du Canada

EST. 076

DATE 8/7/2010

TIME 13 hrs

FORM 10-13 (P 2002) 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
(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	USFP	0816			✓					✓				✓				
17		0817	✓						ST	TB (FR)						✓		
18		0818	✓							✓				✓				
19		0819					✓			✓						✓		
20		0820			✓					✓				✓				
21		0821					✓			✓						✓		
22		0822	✓							✓						✓		
23		0823	✓							✓						✓		
24		0824	✓							✓				✓				
25		0825				✓				✓				✓				
26		0827						✓		✓						✓		
27		0828		ATTRALUSA						✓				✓				
28		0829	✓							✓						✓		
29		0830	✓							✓				✓				
30		0832		✓						✓				✓				
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SIGNATURE OF OWNER/SHIPPER ... tion contained in this form is true and correct to the best of my knowledge.)

(b)(6)

FORM 10-13A (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: 3:10 PM

DATE: July 12/10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: FAIR HAVEN, MICH

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

NAME OF AUCTION/MARKET: SHIPSHEWANA, IND

CONSIGNOR (OWNER/SHIPPER) NAME: JARON GOLD

CONSIGNEE (RECEIVER/DESTINATION) NAME: RICHELIEU MEATS INC

STREET ADDRESS: 6302 MELDRUM Rd

STREET ADDRESS:

CITY, STATE, ZIP CODE: FAIR HAVEN, MICH 48023

CITY, STATE, ZIP CODE: MASSOINVILLE, QUEBEC, CANADA

AREA CODE & TELEPHONE NO.: 586 725-8996

AREA CODE & TELEPHONE NO.: 450 539 1499

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	USFP	0984			Brown			✓		✓				✓				
2		0985	✓							✓				✓				
3		0986			Brown			✓		✓				✓				
4		0987					✓			✓						✓		
5		0988	✓							✓				✓				
6		0989			Brown			✓		✓				✓				
7		0990					✓			✓						✓		
8		0991	✓						STANDAR					✓				
9		0992			✓				STANDAR					✓				
10		0993				✓			CROSS							✓		
11		0994	✓						STANDAR					✓				
12		0995	✓						STANDAR					✓				
13		0996			Brown				STANDAR					✓				
14		0997			✓				STANDAR					✓				
15	↓	0998	✓							✓				✓				

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS

SIGNATURE: (b)(6)

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

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

CANADIAN FOOD INSPECTION AGENCY Government of Canada Canada Agence canadienne d'inspection des aliments Gouvernement du Canada

VS FORM 10-13 (SEP. 2002) 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	USFP	0999					✓			✓						✓		
17		1000					✓			✓						✓		
18		0834	✓						STANDARD					✓				
19		0835	✓						STANDARD					✓				
20		0836	✓						STANDARD					✓				
21		0837			BROWN				STANDARD							✓		
22		0838					✓			✓				✓				
23		0839					✓			✓						✓		
24		0840					✓			✓				✓				
25		0841	✓						STANDARD							✓		
26		0842	✓						STANDARD							✓		
27		0843					✓				✓			✓				
28		0844	✓						STAND					✓				
29		0845	✓							✓				✓				
30		0846	✓							✓				✓				
31	↓	0847					✓			✓				✓				
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SIGNATURE OF OWNER/SHIPPER ... tion contained in this form is true and correct to the best of my knowledge.)

(b)(6)

CANADIAN FOOD INSPECTION AGENCY
Government of Canada
AGENCE CANADIENNE D'INSPECTION DES ALIMENTS
Gouvernement du Canada

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)

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FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 2 30 PM

DATE: July 14/2010

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: FAIR HAVEN, MICH

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

NAME OF AUCTION/MARKET: [redacted] RYAN HORSE SALES

CONSIGNOR (OWNER/SHIPPER) NAME: JARON GOLD

CONSIGNEE (RECEIVER/DESTINATION) NAME: RICHELIEU MEATS INC

STREET ADDRESS: 6302 MELDRUM RD

STREET ADDRESS:

CITY, STATE, ZIP CODE: FAIR HAVEN, MICH 48023

CITY, STATE, ZIP CODE: MASSOINVILLE, QUEBEC, CANADA

AREA CODE & TELEPHONE NO.: 586 725-8996

AREA CODE & TELEPHONE NO.: 450 539 1499

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	USP	0701					✓			CROSSBRED				✓				
2		0702					✓			HALLINBER						✓		
3		0703					✓			✓				✓				
4		0704			✓					✓				✓				
5		0705					✓			✓				✓				
6		0706	✓							✓				✓				
7		0707			DUN					✓				✓				
8		0708					✓			✓						✓		
9		0709	✓							✓				✓				
10		0710	✓							✓				[redacted]		✓		
11		0711					✓			✓						✓		
12		0712	✓							✓				[redacted]		✓		
13		0713					✓			✓				✓				
14		0714					✓			✓				✓				
15	↓	0715	✓							✓						✓		

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS I

SIGNATU (b)(6)

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

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

CANADIAN FOOD INSPECTION AGENCY Government of Canada — Canada — Gouvernement du Canada — AGENCE CANADIENNE D'INSPECTION DES ALIMENTS

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	USFP	0716	✓							✓						✓		
17		0717	✓							✓				✓				
18		0718	✓							✓				✓				
19		0719	✓							✓				✓				
20		0720					✓			✓				✓				
21		0721					✓			✓				✓				
22		0722					✓			✓						✓		
23		0723					✓			✓						✓		
24		0724					✓			✓				✓				
25		0725					✓			✓				✓				
26		0726			✓					✓				✓				
27		0727	✓							✓						✓		
28		0728	✓							✓						✓		
29		0729	✓							✓				✓				
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SIGNATURE OF OWNER/SHIPPER [illegible] ion contained in this form is true and correct to the best of my knowledge.)

(b)(6)

CANADIAN FOOD INSPECTION AGENCY
Government of Canada
Canada
Gouvernement du Canada
CANADIENNE D'INSPECTION DES ALIMENTS

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: 1 PM

DATE: July 26/10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: FAIR HAVEN, MICH

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

NAME OF AUCTION/MARKET: SHIPSHEWANA

CONSIGNOR (OWNER/SHIPPER) NAME: JARON GOLD

CONSIGNEE (RECEIVER/DESTINATION) NAME: RICHELIEU MEATS INC

STREET ADDRESS: 6302 MELDRUM RD

STREET ADDRESS:

CITY, STATE, ZIP CODE: FAIR HAVEN, MICH 48023

CITY, STATE, ZIP CODE: MASSOINVILLE, QUEBEC, CANADA

AREA CODE & TELEPHONE NO.: 586 725-8996

AREA CODE & TELEPHONE NO.: 450 539 1499

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.
- [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	USFV	001			ROAN			✓		✓				✓				
2		002					✓				✓			✓				
3		003				✓				✓				✓				
4		004					✓			✓				✓				
5		005		BROWN						STAND				✓				
6		006	✓							✓				✓				
7		007				✓				✓						✓		
8		008		BROWN						STAND				✓				
9		009	✓							STAND						✓		
10		010			BROWN					✓				✓				
11		011	✓							✓				✓				
12		012	✓							✓				✓				
13		013	✓							STAND				✓		✓		
14		014			PALOMINO					✓				✓				
15		015						✓		✓				✓				

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 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: (b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

CANADIAN FOOD INSPECTION AGENCY Government of Canada — Canada — AGENCE CANADIENNE D'INSPECTION DES ALIMENTS — Gouvernement du Canada

EST. #76

DATE 27/07/2010

TIME 10:30 AM

VS FORM 10-13 (SEP 2002) Previous

Heure de réception Juil27. 9:00AM

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	USFP	0016	✓							✓				✓				
17		0017	✓							Standardbred						✓		
18		0018		BROWN						Standerbred				✓				
19		0019	✓							✓				✓				
20		0020		BROWN						Standerbred				✓				
21		0021	✓							✓				✓				
22		0022		BROWN							Standerbred			✓				
23		0023	✓							✓						✓		
24		0024					✓			✓				✓				
25		0025	✓							✓						✓		
26		0026		BROWN						Standerbred				✓				
27		0027	✓							✓						✓		
28		0028	✓							✓						✓		
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ESTAB #076

CANADIAN FOOD INSPECTION AGENCY
Government of Canada
Canada
Gouvernement du Canada
AGENCE CANADIENNE D'INSPECTION DES ALIMENTS

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 10-138
SEP 2002

Heure de réception Jul 27. 9:00AM

TOTAL P.03

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 PM

DATE: 8-15-10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: FAIR HAVEN MI

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

NAME OF AUCTION/MARKET: SASKATCHEWAN HORSE SALES INC

CONSIGNOR (OWNER/SHIPPER) NAME: JARON GOLD

CONSIGNEE (RECEIVER/DESTINATION) NAME: RICHELIEU MEATS INC

STREET ADDRESS: 6302 MELDRUM RD

STREET ADDRESS:

CITY, STATE, ZIP CODE: FAIR HAVEN, MICH. 48023

CITY, STATE, ZIP CODE: MASSOINVILLE, QUEBEC, CANADA

AREA CODE & TELEPHONE NO.: 586 725-8996

AREA CODE & TELEPHONE NO.: 450 539 1499

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	USA	0132	✓						ST BRED					✓				
2		0133	PALAMINO							✓				✓				
3		0134					✓			✓						✓		
4		0135	✓						ST BRED					✓				
5		0136			✓					✓				✓				
6		0137					✓		HALFLINGER					✓				
7		0138	✓						ST BRED							✓		
8		0139	✓						ST BRED							✓		
9		0140					✓			✓						✓		
10		0141	✓							✓						✓		
11		0142	✓							✓				✓				
12		0143	PALAMINO							✓						✓		
13		0144	✓						ST BRED					✓				
14		0145		✓					✓							✓		
15	↓	0146	✓						ST BRED					✓				

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS II

SIGNATU (b)(6)

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

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

Canadian Food Inspection Agency — Government of Canada — Agence canadienne d'inspection des aliments — Gouvernement du Canada

VS/ FORM 10-13 (SEP 2002) 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
(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	USFP	0147					✓			✓				✓				
17		0148	✓							✓						✓		
18		0149			✓				ST BRED					✓				
19		0150	✓							✓				✓				
20		0848		ROAN			✓			✓				✓				
21		0851				✓				✓				✓				
22		0852				✓				✓						✓		
23		0853					✓			✓				✓				
24		0854	✓							✓				✓				
25		0857		✓						✓				✓				
26		0858					✓			✓				✓				
27		0859					✓			✓				✓				
28		0860	BROWN							✓				✓				
29		0861	✓						ST BRED					✓				
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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
Government of Canada
Gouvernement du Canada
AGENCE CANADIENNE D'INSPECTION DES ALIMENTS

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: 12 30 PM

DATE: Aug 17/2010

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: FAIR HAVEN, MICH

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

NAME OF AUCTION/MARKET: RYAN HORSE SALES KY

CONSIGNOR (OWNER/SHIPPER) NAME: JARON GOLD

CONSIGNEE (RECEIVER/DESTINATION) NAME: RICHELIEU MEATS INC

STREET ADDRESS: 6302 MELDRUM RD

STREET ADDRESS:

CITY, STATE, ZIP CODE: FAIR HAVEN, MICH 48023

CITY, STATE, ZIP CODE: MASSOINVILLE, QUEBEC, CANADA

AREA CODE & TELEPHONE NO.: 586 725-8996

AREA CODE & TELEPHONE NO.: 450 539 1499

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	USFP	0201					✓				✓	CROSS				✓		
2		0202					✓			✓				✓				
3		0203	✓						STAND							✓		
4		0204		CREAM				✓		✓						✓		
5		0205	✓							✓						✓		
6		0206	APPALOSA							✓				✓				
7		0207	APPALOSA							✓				✓				
8		0208	ROAN							✓				✓				
9		0209					✓			✓				✓				
10		0210					✓			✓				✓				
11		0211					✓			✓				✓				
12		0212					✓			✓				✓				
13		0213			✓					✓				✓				
14		0214			✓					✓				✓				
15	↓	0215	✓							✓				✓				

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS II

SIGNATU (b)(6)

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

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

Canadian Food Inspection Agency — Government of Canada — Canada — Agence canadienne d'inspection des aliments — Gouvernement du Canada

EST.

DATE

TIME

VS FORM 10-13 (SEP 2002) 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	VSFP	0216					✓			✓				✓				
17		0217					✓				✓					✓		
18		0218			✓					✓				✓				
19		0219	✓							✓				✓				
20		0220	✓							✓				✓				
21		0221		CREAM						✓				✓				
22		0222				✓				✓				✓				
23		0223					✓			✓				✓				
24		0224		PALAMINO						✓				✓				
25		0225					✓			✓				✓				
26		0226		CREAM						✓				✓				
27		0227				✓				✓				✓				
28		0228					✓			✓				✓				
29		0229		CREAM						✓				✓				
30	↓	0230	✓							✓				✓				
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CANADIAN FOOD INSPECTION AGENCY
Government of Canada
Canada
AGENCE CANADIENNE D'INSPECTION DES ALIMENTS
Gouvernement du Canada

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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 10-5
(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)

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FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 2:00 PM

DATE: 8-19-10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: FAIR HAVEN MI

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

NAME OF AUCTION/MARKET: Ryans Horse Sale KY

CONSIGNOR (OWNER/SHIPPER) NAME: JARON GOLD

CONSIGNEE (RECEIVER/DESTINATION) NAME: RICHELIEU MEATS INC

STREET ADDRESS: 6302 MELDRUM RD

STREET ADDRESS:

CITY, STATE, ZIP CODE: FAIR HAVEN, MICH 48023

CITY, STATE, ZIP CODE: MASSOINVILLE, QUEBEC, CANADA.

AREA CODE & TELEPHONE NO.: 586 725-8996

AREA CODE & TELEPHONE NO.: 450 539 1499

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	USFP	0301				✓				✓				✓				
2		0302					✓			✓				✓				
3		0303		ROAN						✓				✓				
4		0304	✓							✓						✓		
5		0305				✓				✓						✓		
6		0306				✓				✓				✓				
7		0307			✓					✓				✓				
8		0308					✓			✓				✓				
9		0309	✓							✓				✓				
10		0310	✓							✓						✓		
11		0311					✓			✓				✓				
12		0312	✓							✓				✓				
13		0313					✓			✓						✓		
14		0314	✓							✓						✓		
15		0315					✓			✓						✓		

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS II

SIGNATU (b)(6)

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 (b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

CANADIAN FOOD INSPECTION AGENCY Government of Canada Canada Gouvernement du Canada AGENCE CANADIENNE D'INSPECTION DES ALIMENTS

VS FORM 10-13 (SEP 2002) 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	USFP	0316				✓				✓						✓		
17		0317	STRAW BERRY						CROSS BRED							✓		
18		0318	BROWN							✓						✓		
19		0319			✓					✓						✓		
20		0320			✓					✓						✓		
21		0321	✓							✓						✓		
22		0322					✓			✓						✓		
23		0323				✓				✓				✓				
24		0324					✓			✓				✓				
25		0325	APPALUSA							✓				✓				
26		0326	BROWN							✓				✓				
27		0327					✓			✓						✓		
28		0328			✓					✓				✓				
29		0329				✓			CROSS BRED					✓				
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CANADIAN FOOD INSPECTION AGENCY
Government of Canada
Canada
AGENCE CANADIENNE D'INSPECTION DES ALIMENTS
Gouvernement du Canada

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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.) MEB

(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)

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FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 11:15 AM

DATE: 8-22-10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: FAIR HAVEN MI

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

NAME OF AUCTION/MARKET: SAGASHEWANA HORSE SALES INC

CONSIGNOR (OWNER/SHIPPER) NAME: JARON GOLD

CONSIGNEE (RECEIVER/DESTINATION) NAME: RICHELIEU MEATS INC

STREET ADDRESS: 6302 MELDRUM RD

STREET ADDRESS:

CITY, STATE, ZIP CODE: FAIR HAVEN, MICH 48023

CITY, STATE, ZIP CODE: MASSOINUICLE, QUEBEC, CANADA

AREA CODE & TELEPHONE NO.: 586 725-8996

AREA CODE & TELEPHONE NO.: 450 539 1499

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	USFP	0864	✓						ST BRED							✓		
2		0865	RED		ROAN					✓				✓				
3		0867					✓		ST BRED					✓				
4		0868	✓							✓						✓		
5		0869					✓			✓				✓				
6		0870	✓						ST BRED					✓				
7		0871	✓						ST BRED							✓		
8		0872	BROWN							✓				✓				
9		0873	✓							✓						✓		
10		0874	✓						ST BRED							✓		
11		0875	✓							✓						✓		
12		0876	ROAN			ATP				✓				✓				
13		0877			✓					✓						✓		
14		0878	✓						ST BRED					✓				
15		0879	✓						ST BRED					✓				

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IM

SIGNATUR (b)(6)

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SIGNATURE OF OWNER/SHIPPER/I certify that the information contained in this form is true and correct to

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

CANADIAN FOOD INSPECTION AGENCY Government of Canada
AGENCE CANADIENNE D'INSPECTION DES ALIMENTS Gouvernement du Canada

EST.

DATE

TIME

VS FORM 10-13 (SEP 2002) Previous editions are obslete

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	USF	0880	✓						ST		BRED					✓		
17		0881	BROWN						ST		BRED			✓				
18		0882					✓			✓				✓				
19		0883	✓							✓				✓				
20		0885					✓			✓						✓		
21		0886	APPALOOSA							✓				✓				
22		0887		✓						✓						✓		
23		0888					✓		HALFLINGER					✓				
24		0890					✓			✓						✓		
25		0891				✓				✓				✓				
26		0892					✓			✓						✓		
27		0893					✓			✓						✓		
28		0894	BROWN						ST		BRED			✓				
29		0895	✓							✓						✓		
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CANADIAN FOOD INSPECTION AGENCY
Government of Canada
Canada
AGENCE CANADIENNE D'INSPECTION DES ALIMENTS
Gouvernement du Canada

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: 10:30 AM

DATE: 8-24-10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: FAIR HAVEN MI

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

NAME OF AUCTION/MARKET: RYAN HORSE SALES KY

CONSIGNOR (OWNER/SHIPPER) NAME: JARON GOLD

CONSIGNEE (RECEIVER/DESTINATION) NAME: RICHELIEU MEATS INC

STREET ADDRESS: 6302 MELDRUM Rd

STREET ADDRESS:

CITY, STATE, ZIP CODE: FAIR HAVEN, MICH 48023

CITY, STATE, ZIP CODE: MASSOINVILLE, QUEBEC, CANADA

AREA CODE & TELEPHONE NO.: 586 725-8996

AREA CODE & TELEPHONE NO.: 450 539 1499

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	USFT	0351	✓							✓						✓		
2		0352	✓							✓						✓		
3		0353				✓				✓						✓		
4		0354					✓		MULE							✓		
5		0355				✓				✓				✓				
6		0356					✓			✓						✓		
7		0357				✓				✓						✓		
8		0358	APPALUSA							✓						✓		
9		0359					✓			✓						✓		
10		0360				✓				✓				✓				
11		0361				✓				✓				✓				
12		0362	✓							✓				✓				
13		0363					✓			✓						✓		
14		0364					✓			✓						✓		
15	↓	0365			✓					✓						✓		

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS !!

SIGNATU (b)(6)

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

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

CANADIAN FOOD INSPECTION AGENCY Government of Canada
AGENCE CANADIENNE D'INSPECTION DES ALIMENTS Gouvernement du Canada

EST.

DATE

TIME

PBB

VS FORM 10-13 (SEP 2002) Previous editions are obslete

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	USFF	0366	✓							✓						✓		
17		0367	✓							✓						✓		
18		0368	✓							✓				✓				
19		0369					✓		MULE							✓		
20		0370			✓					✓						✓		
21		0371	✓							✓						✓		
22		0372			✓					✓				✓				
23		0373	✓							✓						✓		
24		0374	✓							✓				✓				
25		0375					✓			✓				✓				
26		0376	✓							✓						✓		
27		0377					✓		CROSS BRED							✓		
28		0378					✓				✓					✓		
29		0379					✓				✓			✓				
30	↓	0380	✓							✓						✓		
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CANADIAN FOOD INSPECTION AGENCY
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Canada
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Gouvernement du Canada
PBB

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SIGNATURE OF OWNER/SHIPPER ... ation 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)

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FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 1:30 PM

DATE: 8-25-10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: FAIR HAVEN MI

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

NAME OF AUCTION/MARKET: SHEASHEWANA HORSE SALES INC

CONSIGNOR (OWNER/SHIPPER) NAME: JARON GOLD

CONSIGNEE (RECEIVER/DESTINATION) NAME: RICHELIEU MEATS INC

STREET ADDRESS: 6302 MELDRUM RD

STREET ADDRESS:

CITY, STATE, ZIP CODE: FAIR HAVEN, MICH 48023

CITY, STATE, ZIP CODE: MASSOINVILLE, QUEBEC, CANADA

AREA CODE & TELEPHONE NO.: 586 725-8996

AREA CODE & TELEPHONE NO.: 450 539 1499

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	USP	0901				✓ (Roan)				✓				✓				
2		0902	APPALUSA							✓				✓				
3		0903	PALAMINO							✓						✓		
4		0904					✓			✓				✓				
5		0905					✓		ST BRED					✓				
6		0906	DUN							✓						✓		
7		0907				✓ (Roan)				✓						✓		
8		0908	APPALUSA							✓						✓		
9		0909					✓			✓				✓				
10		0910					✓					✓		✓				
11		0911	✓						ST BRED							✓		
12		0912	✓						ST BRED					✓				
13		0913	✓						ST BRED							✓		
14		0914	BROWN						ST BRED					✓				
15		0915	✓						ST BRED					✓				

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IN

SIGNATU (b)(6)

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

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

CANADIAN FOOD INSPECTION AGENCY Government of Canada Canada AGENCE CANADIENNE D'INSPECTION DES ALIMENTS

1833

VS FORM 10-13 (SEP 2002) 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)

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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	USFP	0916	PALAMINO							✓						✓		
17		0917	✓						ST	BRED				✓				
18		0918			✓					✓				✓				
19		0919					✓					✓		✓				
20		0920	BROWN						ST	BRED				✓				
21		0921	BROWN							✓				✓				
22		0922	BROWN						ST	BRED				✓				
23		0923	DUN							✓				✓				
24		0924					✓		HALFLINGER							✓		
25		0925					✓			✓				✓				
26		0926	BROWN							✓				✓				
27		0927					✓		HALFLINGER					✓				
28		0928					✓		HALFLINGER					✓				
29		0929				✓				✓				✓				
30		0930	DUN							✓						✓		
31		0931	✓							✓				✓				
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CANADIAN FOOD INSPECTION AGENCY
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Canada
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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)

S FORM 10-13A
(REV 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)

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FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 11 30 AM
DATE: Aug 26/10
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: FAIR HAVEN, MICH
VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6)
NAME OF AUCTION/MARKET: RYAN HORSE SALES
CONSIGNOR (OWNER/SHIPPER) NAME: JARON GOLD
CONSIGNEE (RECEIVER/DESTINATION) NAME: RICHELIEU MEATS INC
STREET ADDRESS: 6302 MELDRUM RD
STREET ADDRESS:
CITY, STATE, ZIP CODE: FAIR HAVEN, MICH 48023
CITY, STATE, ZIP CODE: MASSOINVILLE, QUEBEC, CANADA
AREA CODE & TELEPHONE NO.: 586 725-8996
AREA CODE & TELEPHONE NO.: 450 539 1499

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	USFP	0029					✓			✓						✓		
2		0030		BUCKSKIN						✓				✓				
3		0031	✓							✓						✓		
4		0032					✓			✓						✓		
5		0033					✓				✓					✓		
6		0034	✓							✓				✓				
7		0035					✓			✓				✓				
8		0036					✓			✓				✓				
9		0037			BROWN					ST BRED						✓		
10		0038	✓							ST Bred				✓				
11		0039			BROWN					ST Bred				✓				
12		0040				✓				✓				✓				
13		0041	✓							✓				✓				
14		0042					✓			✓						✓		
15		0043			BROWN					✓						✓		

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 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 (b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

CANADIAN FOOD INSPECTION AGENCY Government of Canada Canada Gouvernement du Canada AGENCE CANADIENNE D'INSPECTION DES ALIMENTS

EST. HBB

DATE

TIME

VS FORM 10-13 (SEP 2002) 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
(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		0044			BROWN					✓				✓				
17		0045	✓							✓				✓				
18		0046	✓							✓				✓				
19		0047	✓							✓				✓				
20		0048	✓							✓						✓		
21		0049	✓							✓				✓				
22		0050	✓							✓				✓				
23		0329					✓			✓				✓				
24		0330			BROWN					✓				✓				
25		0331					✓			✓				✓				
26		0332			BROWN					✓				✓				
27		0333					✓			✓				✓				
28		0334			BROWN					✓				✓				
29		0336				✓				✓				✓				
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CANADIAN FOOD INSPECTION AGENCY
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Canada
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Gouvernement du Canada

MBB

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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: 9:45 AM

DATE: 8-31-10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: FAIR HAVEN MI

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

NAME OF AUCTION/MARKET: SHIPSHEWANA HORSE SALES INC

CONSIGNOR (OWNER/SHIPPER) NAME: JARON GOLD

CONSIGNEE (RECEIVER/DESTINATION) NAME: RICHELIEU MEATS INC

STREET ADDRESS: 6302 MELDRUM RD

STREET ADDRESS:

CITY, STATE, ZIP CODE: FAIR HAVEN, MICH 48023

CITY, STATE, ZIP CODE: MASSOINVILLE, QUEBEC, CANADA

AREA CODE & TELEPHONE NO.: 586 725-8996

AREA CODE & TELEPHONE NO.: 450 539 1499

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	USP	0684	✓							✓				✓				
2		0685	✓						ARABIAN							✓		
3		0686				✓				✓						✓		
4		0687	✓						ST	BRED				✓				
5		0688				✓				✓						✓		
6		0689					✓			✓						✓		
7		0690					✓			✓						✓		
8		0691	✓						ST	BRED						✓		
9		0692	✓						ST	BRED						✓		
10		0693				✓				✓				✓				
11		0694					✓				✓			✓				
12		0695					✓				✓					✓		
13		0696					✓				✓					✓		
14		0697		Brown						✓						✓		
15		0698				✓				✓				✓				

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS!

SIGNATI (b)(6)

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

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

CANADIAN FOOD INSPECTION AGENCY Government of Canada Canada Gouvernement du Canada AGENCE CANADIENNE D'INSPECTION DES ALIMENTS

EST.

DATE

TIME

VS FORM 10-13 (SEP 2002) 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	USFP	0699					✓			✓				✓				
17		0700	BROWN									✓				✓		
18		0932	✓							✓						✓		
19		0933					✓			✓				✓				
20		0934	✓							✓				✓				
21		0935	✓							✓						✓		
22		0936					✓			✓				✓				
23		0937	✓						ST BRED							✓		
24		0938	BROWN						ST BRED							✓		
25		0939					✓			✓				✓				
26		0940			✓				ST BRED					✓				
27		0941	✓						ST BRED					✓				
28		0942	BROWN						ST BRED					✓				
29		0943	BROWN							✓						✓		
30		0944	✓						ST BRED					✓				
31		0945					✓			✓				✓				
32		0947				✓				✓				✓				
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CANADIAN FOOD INSPECTION AGENCY Government of Canada Canada Gouvernement du Canada AGENCE CANADIENNE D'INSPECTION DES ALIMENTS

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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).

SI[illegible] ... tion 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: 11 00 Am

DATE: Sept 2/2010

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: FAIR HAVEN, MICH

(b)(6)

NAME OF AUCTION/MARKET: RYAN HORSE SALE

CONSIGNOR (OWNER/SHIPPER) NAME: JARON GOLD

CONSIGNEE (RECEIVER/DESTINATION) NAME: RICHELIEU MEATS INC

STREET ADDRESS: 6302 MELDRUM RD

STREET ADDRESS:

CITY, STATE, ZIP CODE: FAIR HAVEN, MICH 48023

CITY, STATE, ZIP CODE: MASSOINVILLE, QUEBEC, CANADA

AREA CODE & TELEPHONE NO.: 586 725-8996

AREA CODE & TELEPHONE NO.: 450 539 1499

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	USF7	0335					✓			✓				✓				
2		0337				✓				✓						✓		
3		0338			✓					✓				✓				
4		0339			✓					✓				✓				
5		0340	APPALUSA							✓				✓				
6		0341					✓			✓				✓				
7		0342			✓					✓				✓				
8		0343					✓			✓						✓		
9		0344					✓			✓				✓				
10		0345					✓			✓				✓				
11		0346	APPALUSA							✓						✓		
12		0347	✓							✓				✓				
13		0348			✓					✓				✓				
14		0349					✓			✓				✓				
15		0350			✓					✓				✓				

HORSES [illegible] A MINIMUM OF 6 CONSECUTIVE HOURS IN

(b)(6)

SIGNATUI

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).

[illegible] formation contained in this form is true and correct to

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CANADIAN FOOD INSPECTION AGENCY (CFIA)

CANADIAN FOOD INSPECTION AGENCY Government of Canada Canada

EST.

DATE

TIME

VS FORM 10-13 (SEP 2002) 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	USFP	0382	APPALUSA							✓				✓				
17		0383					✓			✓				✓				
18		0384				✓				✓						✓		
19		0385		✓							✓			✓				
20		0386			✓					✓				✓				
21		0387					✓			✓						✓		
22		0388					✓				✓					✓		
23		0389			✓					✓				✓				
24		0390					✓			✓						✓		
25		0391					✓			✓				✓				
26		0392					✓		MULE					✓				
27		0393					✓			✓						✓		
28		0394	PALAMINO							✓				✓				
29		0395					✓			✓						✓		
30		0398	✓							✓				✓				
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SIGNATURE OF OWNER/SHIPPER (certifies that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6)

VS FORM 10-138
(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)

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FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 12 PM

DATE: Oct 4/2010

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: FAIR HAVEN MICH

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

NAME OF AUCTION/MARKET: SMITHFIELD, IND

CONSIGNOR (OWNER/SHIPPER) NAME: JARON GOLD

CONSIGNEE (RECEIVER/DESTINATION) NAME: RICHELIEU MEATS INC

STREET ADDRESS: 6302 MELDRUM RD

STREET ADDRESS:

CITY, STATE, ZIP CODE: FAIR HAVEN, MICH 48023

CITY, STATE, ZIP CODE: MASSOINVILLE, QUEBEC, CANADA

AREA CODE & TELEPHONE NO.: 586 725-8996

AREA CODE & TELEPHONE NO.: 450 539 1499

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	USGL	0034	X							X						X		
2		0035	X							X				X				
3		0036			X					X				X				
4		0037			X					X						X		
5		0038			X					X				X				
6		0039			X					X				X				
7		0040	X							X					X			
8		0041					X				X			X				
9		0042					X				X			X				
10		0043			X					X				X				
11		0044	X							X				X				
12		0045					X			X						X		
13		0046	X							X						X		
14		0047			X					X						X		
15		0048			X					X				X				

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS

SIGNATI (b)(6)

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SIGNATURE OF OWNER/SHIPPER I certify that the information contained in this form is true and correct to

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

VS FORM 10-13 (SEP 2002) 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	USGC	0049	X							X						X		
17		0050			ROAN					CROSS						X		
18		0184	X							X				X				
19		0185	X							X						X		
20		0186					X			X						X		
21		0187			X					X				X				
22		0188				X				CROSS				X				
23		0189			X					X				X				
24		0190				X				X				X				
25		0191				X				X						X		
26		0192			ROAN					CROSS				X				
27		0193			APPALOSA					X				X				
28		0194			APPALOSA					CROSS	X			X				
29		0195			X					X						X		
30		0196				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)

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

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FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 11:30 AM

DATE: 04/5/10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: FAIR HAVEN, MICH

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

NAME OF AUCTION/MARKET: SHIPSHEWANA, IND

CONSIGNOR (OWNER/SHIPPER) NAME: JARON GOLD

CONSIGNEE (RECEIVER/DESTINATION) NAME: RICHELIEU MEATS INC

STREET ADDRESS: 6302 MELDRUM RD

STREET ADDRESS:

CITY, STATE, ZIP CODE: FAIR HAVEN, MICH 48023

CITY, STATE, ZIP CODE: MASSOINVILLE, QUEBEC, CANADA

AREA CODE & TELEPHONE NO.: 586 725-8996

AREA CODE & TELEPHONE NO.: 450 539 1499

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	USGV	0251		PALOMINO						✓				✓				
2		0252				✓				✓						✓		
3		0253		APPALOOSA						✓						✓		
4		0254					✓			✓				✓				
5		0255					✓			✓				✓				
6		0256					✓			✓						✓		
7		0257				✓				✓						✓		
8		0258	✓					STAND						✓				
9		0259	✓					STAND						✓				
10		0260	✓							✓				✓				
11		0261			BROWN					✓				✓				
12		0262	✓							✓				✓				
13		0263				✓				✓						✓		
14		0264				✓				✓				✓				
15	↓	0266	✓					STAND						✓				

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS !

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

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

CANADIAN FOOD INSPECTION AGENCY Government of Canada Canada AGENCE CANADIENNE D'INSPECTION DES ALIMENTS Gouvernement du Canada

FORM 10-13 (P 2002) 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	USGL	0267	✓					STAND						✓				
17		0268					✓				✓			✓				
18		0269	✓					STAND								✓		
19		0270					✓				✓			✓		✓		
20		0271					✓			HARVESTED				✓				
21		0288	✓							✓				✓				
22		0272	✓						STAND					✓				
23		0273	Brown							✓				✓				
24		0274	✓							✓						✓		
25		0275	✓							✓						✓		
26		0277			✓					✓				✓				
27		0278	✓						STAND							✓		
28		0279					✓			✓				✓				
29		0280	✓							✓				✓				
30	✓	0282		✓						✓						✓		
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GNATURE 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 10-13A
(2002)

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

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FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 11:00 AM

DATE: 9-6-10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: FAIR HAVEN ME

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

NAME OF AUCTION/MARKET: RYAN HORSE SALES KY

CONSIGNOR (OWNER/SHIPPER) NAME: JARON ODLD

CONSIGNEE (RECEIVER/DESTINATION) NAME: RICHELIEU MEATS INC

STREET ADDRESS: 6302 MELDRUM RD

STREET ADDRESS:

CITY, STATE, ZIP CODE: FAIR HAVEN, MICH 48023

CITY, STATE, ZIP CODE: MASSOINVILLE, QUEBEC, CANADA

AREA CODE & TELEPHONE NO.: 586 725-8996

AREA CODE & TELEPHONE NO.: 450 539 1499

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	USFP	0601	✓							✓				✓				
2		0602	✓							✓				✓				
3		0603	✓							✓				✓				
4		0604			✓					✓				✓				
5		0605			✓					✓				✓				
6		0606			✓					✓				✓				
7		0607	ROAN							✓				✓				
8		0608					✓			✓				✓				
9		0609				✓				✓						✓		
10		0610				✓				✓				✓				
11		0611				✓				✓				✓				
12		0612	✓							✓						✓		
13		0613				✓				✓				✓				
14		0614	✓							✓				✓				
15		0615	✓							✓				✓				

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS I

SIGNATU (b)(6)

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SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

CANADIAN FOOD INSPECTION AGENCY Government of Canada — AGENCE CANADIENNE D'INSPECTION DES ALIMENTS Gouvernement du Canada

EST.

DATE

TIME

VS FORM 10-13 (SEP 2002) 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	4SF	0616					✓			✓				✓				
17		0617	✓							✓				✓				
18		0618			✓					✓				✓				
19		0619				✓				✓				✓				
20		0620			✓					✓				✓				
21		0621				✓				✓				✓				
22		0622				✓				✓				✓				
23		0623					✓			✓						✓		
24		0624				✓				✓						✓		
25		0625			✓					✓						✓		
26		0626		✓						✓				✓				
27		0627	✓							✓						✓		
28		0628	✓							✓						✓		
29		0629	✓							✓						✓		
30		0630					✓			✓						✓		
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SIGNATURE OF OWNER/SHIPPER ... ion 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

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FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 11:00 Am

DATE: 9-8-10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: FAIR HAVEN ME

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

NAME OF AUCTION/MARKET: SHIPSHEWANA HORSE SALES INC

CONSIGNOR (OWNER/SHIPPER) NAME: JARON GOLD

CONSIGNEE (RECEIVER/DESTINATION) NAME: RICHELIEU MEATS INC

STREET ADDRESS: 6302 MELDRUM RD

STREET ADDRESS:

CITY, STATE, ZIP CODE: FAIR HAVEN, MICH 48023

CITY, STATE, ZIP CODE: MASSOINVILLE, QUEBEC, CANADA

AREA CODE & TELEPHONE NO.: 586 725-8996

AREA CODE & TELEPHONE NO.: 450 539 1499

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	USFP	0633	BROWN						ST	BRED						✓		
2		0634	✓							✓						✓		
3		0635			✓					✓						✓		
4		0636					✓			✓				✓				
5		0637			✓					✓				✓				
6		0638	✓							✓						✓		
7		0639	✓							✓				✓				
8		0640					✓			✓						✓		
9		0641		BROWN						✓				✓				
10		0642					✓			✓				✓				
11		0643	APPALUSA							✓						✓		
12		0644					✓			✓						✓		
13		0645	✓						ST	BRED				✓				
14		0646	✓						ST	BRED				✓				
15	↓	0647	BROWN						ST	BRED						✓		

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS.

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

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

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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	USFP	0649	✓						ST	BRED				✓				
17		0650	BROWN						ST	BRED				✓				
18		0551	✓						ST	BRED				✓				
19		0552	BROWN						ST	BRED				✓				
20		0553					✓			✓						✓		
21		0554	BROWN						ST	BRED				✓				
22		0555	✓						ST	BRED				✓				
23		0557					✓		SADDLE	BRED				✓				
24		0558					✓		SADDLE	BRED				✓				
25		0559	✓							✓				✓				
26		0560	✓							✓				✓				
27		0561	✓							✓				✓				
28		0562	✓							✓				✓				
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U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

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FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 1:45 PM

DATE: 9-8-10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: FAIR HAVEN MI

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

NAME OF AUCTION/MARKET: RYAN HORSE SALES KY

CONSIGNOR (OWNER/SHIPPER) NAME: JARON GOLD

CONSIGNEE (RECEIVER/DESTINATION) NAME: RICHELIEU MEATS INC

STREET ADDRESS: 6302 MELDRUM Rd

STREET ADDRESS:

CITY, STATE, ZIP CODE: FAIR HAVEN, MICH 48023

CITY, STATE, ZIP CODE: MASSOINVILLE, QUEBEC, CANADA

AREA CODE & TELEPHONE NO.: 586 725-8996

AREA CODE & TELEPHONE NO.: 450 539 1499

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	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	USFP	0501	✓							✓				✓				
2		0502	✓							✓				✓				
3		0503	✓							✓				✓				
4		0504	✓							✓				✓				
5		0505	✓							✓				✓				
6		0506	✓							✓				✓				
7		0507					✓			✓				✓				
8		0508					✓			✓				✓				
9		0509					✓			✓				✓				
10		0510					✓			✓				✓				
11		0511					✓			✓				✓				
12		0512					✓			✓				✓				
13		0513					✓			✓				✓				
14		0514					✓			✓				✓				
15		0515	Dun							✓				✓				

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS

SIGNATI (b)(6)

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CANADIAN FOOD INSPECTION AGENCY (CFIA)

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)

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			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USP	0516	APPALUSA							✓				✓				
17		0517				✓				✓						✓		
18		0518	✓							✓				✓				
19		0519	✓							✓						✓		
20		0520				✓				✓						✓		
21		0521					✓			✓						✓		
22		0522					✓			✓						✓		
23		0523	✓							✓				✓				
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25		0525			✓					✓				✓				
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(SEP 2002)