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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 12:00 PM

DATE: 9-12-10

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

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	0451		✓						✓				✓				
2		0452					✓			✓				✓				
3		0453					✓			✓						✓		
4		0454	BROWN							✓				✓				
5		0455					✓		HALFLINGER							✓		
6		0456					✓		HALFLINGER							✓		
7		0457	✓						ST BRED							✓		
8		0458					✓			✓				✓				
9		0459			✓				ST BRED					✓				
10		0460		✓						✓						✓		
11		0461	✓							✓						✓		
12		0462	APPALOSA							✓						✓		
13		0463					✓			✓				✓				
14		0464		✓						✓						✓		
15		0465	✓							✓				✓				

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)

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	USFP	0466				✓				✓				✓				
17		0467					✓			✓						✓		
18		0468	✓							✓				✓				
19		0469					✓			✓				✓				
20		0470					✓			✓				✓				
21		0471	✓						ST	BRED						✓		
22		0472	BROWN						ST	BRED						✓		
23		0473	✓						ST	BRED				✓				
24		0474	✓							✓				✓				
25		0476					✓			✓						✓		
26		0477	BROWN							✓				✓				
27		0478	BROWN							✓				✓				
28		0479	✓							✓						✓		
29		0481					✓			✓				✓				
30		0485	✓							✓				✓				
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CANADIAN FOOD INSPECTION AGENCY Government of Canada Canada Agence canadienne d'inspection des aliments

MRP

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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
(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: 9-14-10

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.: 586 725-8996

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	0251					✓			✓				✓				
2		0252					✓			✓						✓		
3		0253	✓							✓				✓				
4		0254	✓							✓				✓				
5		0255					✓			✓				✓				
6		0256					✓			✓						✓		
7		0257				✓				✓				✓				
8		0258					✓			✓				✓				
9		0259					✓			✓				✓				
10		0260					✓			✓						✓		
11		0261					✓			✓						✓		
12		0262	✓							✓				✓				
13		0263	✓							✓				✓				
14		0264	APPALUSA							✓				✓				
15		[redacted]66			✓					✓				✓				

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)

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

	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	0267			✓					✓				✓				
17		0268	✓							✓						✓		
18		0269					✓			✓						✓		
19		0270	PALAMENO							✓				✓				
20		0271					✓			✓				✓				
21		0272			✓					✓				✓				
22		0273	✓							✓				✓				
23		0274	ROAN							✓						✓		
24		0275	✓							✓				✓				
25		0276					✓			✓				✓				
26		0277				✓				✓				✓				
27		0278			✓					✓						✓		
28		0279					✓		CROSS BREED							✓		
29		0280	ATTALUSA							✓				✓				
30	↓	0648				✓				✓						✓		
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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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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: 11:00 AM

DATE: 9-16-10

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 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	USFP	0564					✓			✓				✓				
2		0565					✓			✓				✓				
3		0566					✓			✓						✓		
4		0567					✓			✓						✓		
5		0568					✓			✓						✓		
6		0569	✓							✓				✓				
7		0570				✓				✓				✓				
8		0571	PALAMINO							✓				✓				
9		0572			✓					✓						✓		
10		0573	DUN							✓				✓				
11		0574			✓					✓				✓				
12		0575	✓							✓						✓		
13		0576			✓					✓						✓		
14		0577				✓				✓				✓				
15		0578				✓				✓				✓				

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

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

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			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USFP	0580	✓							✓				✓				
17		0581					✓			✓						✓		
18		0582	✓							✓				✓				
19		0583	✓							✓				✓				
20		0584	APPALUSA							✓						✓		
21		0585	✓							✓				✓				
22		0586	✓							✓				✓				
23		0587	✓							✓				✓				
24		0588				✓				✓				✓				
25		0589	✓							✓				✓				
26		0590	✓							✓				✓				
27		0591					✓				✓			✓				
28		0592					✓				✓					✓		
29		0594	✓								✓			✓				
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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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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)

V
(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: 9-19-10

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: 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

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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	US-7	0283			✓					✓				✓				
2		0284	BROWN						ST BRED					✓				
3		0285					✓				✓					✓		
4		0286					✓		HALFLINGER					✓				
5		0287					✓			✓				✓				
6		0288	✓							✓				✓				
7		0289	✓						ST BRED					✓				
8		0290	✓						ST BRED							✓		
9		0291	✓							✓				✓				
10		0292	✓							✓				✓				
11		0293				✓				✓						✓		
12		0294	✓							✓				✓				
13		0295		✓					CROSS BRED					✓				
14		0296	BROWN						ST BRED					✓				
15	✓	0297					✓		HALFLINGER							✓		

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

(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)

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	0298	BROWN							✓				✓				
17		0299					✓			✓						✓		
18		0300	BROWN							✓				✓				
19		0534				✓				✓				✓				
20		0535				✓				✓						✓		
21		0536			✓					✓				✓				
22		0537			✓					✓				✓				
23		0538			✓					✓				✓				
24		0539					✓			✓				✓				
25		0541	✓						ST BRED					✓				
26		0542	✓							✓				✓				
27		0543	✓							✓						✓		
28		0544	BROWN						ST BRED					✓				
29		0545					✓			✓				✓				
30		0548	✓							✓				✓				
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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)

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 30 PM

DATE: APR 21/10

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, 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	0051	✓							✓						✓		
2		0052	✓							✓				✓				
3		0053	✓							STANDARD BRED			✓			✓		
4		0054					✓			✓				✓				
5		0055				✓				✓						✓		
6		0056				✓				✓						✓		
7		0057					✓			✓						✓		
8		0058					✓			✓				✓				
9		0059					✓			✓				✓				
10		0060					✓			✓				✓				
11		0061					✓			✓				✓				
12		0062					✓			✓						✓		
13		0063					✓			✓				✓				
14		0064			RED ROAN			✓		✓				✓				
15	✓	0065			BLUE ROAN			✓		✓				✓				

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 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	0066				✓				✓				✓				
17		0067					✓			✓				✓				
18		0068			✓					✓						✓		
19		0069			✓					✓				✓				
20		0070	✓							✓						✓		
21		0071		✓						✓				✓				
22		0072	✓							✓						✓		
23		0073				BROWN		✓		✓						✓		
24		0074				✓				✓				✓				
25		0075	✓							✓		✓				✓		
26		0076					✓			✓						✓		
27		0077					✓			✓		✓				✓		
28		0078			✓					✓				✓				
29		0079			DUN					✓						✓		
30		0080	✓							✓				✓				
31		0081		BROWN						✓				✓				
32																		
33																		
34																		
35																		
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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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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: 9-22-10

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	USFP	0401	✓							✓						✓		
2		0402	ATTALUSA							✓						✓		
3		0403	✓							✓				✓				
4		0404	✓							✓						✓		
5		0405	✓							✓				✓				
6		0406					✓			✓				✓				
7		0407			✓				CROSS BRED					✓				
8		0408					✓			✓				✓				
9		0409	ROAN							✓						✓		
10		0410	✓							✓						✓		
11		0411	ROAN							✓						✓		
12		0412			✓					✓				✓				
13		0413	✓							✓				✓				
14		0414			✓				CROSS BRED					✓				
15		0415	✓							✓				✓				

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)

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	USFT	0416			✓						✓					✓		
17		0417	A Palusa							✓				✓				
18		0418			✓					✓						✓		
19		0419	✓							✓						✓		
20		0420	✓							✓				✓				
21		0421	✓							✓				✓				
22		0422					✓			✓						✓		
23		0423					✓			✓						✓		
24		0424			✓				Crossbred							✓		
25		0425	✓							✓						✓		
26		0426					✓			✓				✓				
27		0427		✓						✓				✓				
28		0428	✓							✓				✓				
29		0429	✓							✓				✓				
30		0430	✓							✓				✓				
31		0431	✓							✓				✓				
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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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SIGNATURE OF OWNER/SHIPPER (I ... 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: 11 30 AM

DATE: JUL 23/10

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: SHIPSIWANA IND / L SEHL

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	0082					✓				✓			✓				
2		0083	✓							✓						✓		
3		0084			✓						✓			✓				
4		0085	✓					STANDARDBRED						✓				
5		0086	✓							✓						✓		
6		0087				✓				✓				✓				
7		0088			RED ROAN					✓				✓				
8		0089			BROWN					✓				✓				
9		0090			BROWN					✓				✓				
10		0091	✓							✓				✓				
11		0092			BROWN					✓				✓				
12		0093	✓							✓						✓		
13		0094			BROWN					✓						✓		
14		0095			BROWN				STANDARD							✓		
15	✓	0096				✓				✓						✓		

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)

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

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		
6	USFP	0097	✓							STAND				✓				
7		0098					✓			✓				✓				
8		0099		BROWN							✓			✓				
9		0100	✓							STAND				✓				
0		0152	✓							STANDAR				✓				
1		0153				✓				✓						✓		
2		0154					✓			✓						✓		
3		0155			✓					✓						✓		
4		0156	✓							✓				✓				
5		0157	✓							✓				✓				
6		0158	✓							✓						✓		
7		0159					✓			✓						✓		
8		0160	✓							✓						✓		
9		0161					✓			✓				✓				
0		0151			✓					✓				✓				
1		0163	✓							✓						✓		
2																		
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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)

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: 9-26-10

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 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	USGL	0001				✓				✓						✓		
2		0002					✓			✓						✓		
3		0003					✓			✓						✓		
4		0004	ATTALLISA							✓						✓		
5		0005	✓							✓						✓		
6		0006	✓							✓						✓		
7		0007					✓			✓						✓		
8		0008					✓			✓				✓				
9		0009					✓			✓						✓		
10		0010	✓							✓				✓				
11		0011	✓							✓				✓				
12		0012					✓			✓				✓				
13		0013	✓							✓				✓				
14		0014					✓			✓						✓		
15		0015	✓							✓						✓		

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

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	USGL	0016	✓							✓				✓				
17		0017					✓			✓						✓		
18		0018				✓				✓						✓		
19		0019				✓				✓				✓				
20		0020	✓							✓				✓				
21		0021			✓					✓						✓		
22		0022	✓							✓						✓		
23		0023	✓							✓				✓				
24		0024	✓							✓				✓				
25		0025			✓					✓						✓		
26		0026			✓					✓				✓				
27		0027			✓					✓				✓				
28		0028	✓							✓						✓		
29		0029	✓							✓				✓				
30		0030					✓			✓						✓		
31		0032					✓			✓				✓				
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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
(SEP 2002)

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

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

FORM

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

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

TIME HORSES LOADED ON CONVEYANCE: 10:30 AM

DATE: 9-28-10

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: 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	USFP	0484					✓			✓				✓				
2		0485					✓		CROSS BRED					✓				
3		0486					✓			✓				✓				
4		0487					✓				✓			✓				
5		0488	ROAN							✓				✓				
6		0489					✓			✓				✓				
7		0490					✓			✓				✓				
8		0491	APPALUSA							✓						✓		
9		0492			✓					✓						✓		
10		0493					✓			✓						✓		
11		0494					✓			✓				✓				
12		0495					✓			✓				✓				
13		0496	✓							✓				✓				
14		0497	ROAN							✓						✓		
15		0498	✓							✓						✓		

ORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE OURS

3NAT (b)(6)

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

GNATURE 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

	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	0499	✓							✓				✓				
17		0500			✓					✓						✓		
18		0434					✓			✓						✓		
19		0435			✓					✓						✓		
20		0436					✓			✓				✓				
21		0437				✓				✓				✓				
22		0438	✓							✓						✓		
23		0439			✓					✓				✓				
24		0440	✓							✓				✓				
25		0441	✓							✓				✓				
26		0442		ROAN						✓				✓				
27		0443					✓			✓				✓				
28		0444								✓				✓				
29		0447					✓			✓						✓		
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CANADIAN FOOD INSPECTION AGENCY
Government of Canada
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AGENCE CANADIENNE D'INSPECTION DES ALIMENTS

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SIGNATURE OF OWNER/SHIPPER

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

(b)(6)

VS 1-1 (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: 9-28-10

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: RYANS 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	0165		ROAN							VANOS					✓		
2	USFP	0166	✓							✓				✓				
3		0167					✓			✓						✓		
4		0168					✓				✓			✓				
5		0169					✓			✓				✓				
6		0170				✓				✓				✓				
7		0171	✓							✓				✓				
8		0172		BUCKSKIN						✓						✓		
9		0174			✓					✓				✓				
10		0175	✓							✓				✓				
11		0176					✓				✓					✓		
12		0177			✓					✓				✓				
13		0178	✓							✓				✓				
14		0179	✓							✓				✓				
15		0180	✓							✓				✓				

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

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

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

EST.

DATE

TIME

VS FORM 10-13 (REP. 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	0181	✓							✓						✓		
17		0182			✓					✓				✓				
18		0183			✓					✓				✓				
19		0184			✓						✓			✓				
20		0185					✓			✓				✓				
21		0186					✓			✓				✓				
22		0187					✓				✓			✓				
23		0188	✓							✓						✓		
24		0189			✓					✓					✓			
25		0190			APP					✓				✓				
26		0191					✓			✓				✓				
27		0192					✓			✓				✓				
28		0194	✓							✓						✓		
29	✓	0195	✓							✓						✓		
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CANADIAN FOOD INSPECTION AGENCY
Government of Canada
Canada
Agence canadienne d'inspection des aliments
Gouvernement du

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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
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: 2:00 PM

DATE: Sept 29

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: SHIPSHAWA, 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	0051				APP		✓		✓						✓		
2		0052					✓			✓		✓		✓				
3		0053				BROWN		✓		✓				✓				
4		0054					✓			✓				✓				
5		0055					✓			✓				✓				
6		0056	✓						Standardbred				✓	✓				
7		0057	✓						Standardbred				✓	✓				
8		0058	✓						Standardbred				✓	✓				
9		0059				BROWN		✓		✓						✓		
10		0060				CREAM		✓		✓				✓				
11		0061				✓				✓				✓				
12		0062					✓			✓				✓				
13		0063		✓						✓				✓				
14		0064				✓	(DUN)			✓						✓		
15	✓	0065				Red	Roan	✓		✓						✓		

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

(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	USGL	0066	✓							✓						✓		
17		0067			✓					✓						✓		
18		0068				BROWN		✓		✓						✓		
19		0069	✓						Standardbred				✓	✓				
20		0070			✓					✓				✓				
21		0071	✓							✓				✓				
22		0072	✓						Standardbred				✓			✓		
23		0073					✓				✓					✓		
24		0074					✓				✓			✓				
25		0075				APP		✓		✓				✓				
26		0076				APP		✓		✓						✓		
27		0077	✓						Standardbred				✓	✓				
28		0079				BROWN		✓		✓						✓		
29	USGL	0082	✓							✓						✓		
30																		
31																		
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CANADIAN FOOD INSPECTION AGENCY
Government of Canada
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: 1:45 PM

DATE: 8-30-10

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: RYANS HORSE SALES KY

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

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	Gray	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USGL	0201	✓							✓				✓				
2	USGL	0202					✓			✓				✓				
3		0203					✓			✓				✓				
4		0204					✓				HAFLINGER			✓				
5		0205			✓					✓				✓				
6	0206	[redacted]					✓			✓				✓				
7		0207	✓							✓				✓				
8		0208					✓			✓						✓		
9		0209	✓							✓						✓		
10		0210				✓				✓				✓				
11		0211	✓							✓						✓		
12		0212			R	O	AN			✓				✓				
13		0213	✓							✓						✓		
14		0214	✓							✓				✓				
15		0215				✓				✓						✓		

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

(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 1403

(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	0216			Doe					✓				✓				
17		0217			Buckskin					✓						✓		
18		0218					✓				✓	Cross		✓				
19		0219					✓			✓				✓				
20		0220					✓			✓						✓		
21		0221				✓				✓						✓		
22		0222	✓							✓						✓		
23		0223					✓			✓				✓				
24		0224			Approx					✓				✓				
25		0225	✓							✓				✓				
26		0226			Palomino					✓				✓				
27		0227					✓			✓				✓				
28		0228				✓				✓						✓		
29		0229	✓							✓				✓				
30		0230	✓							✓						✓		
31		0232	✓							✓						✓		
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CANADIAN FOOD INSPECTION AGENCY
Government of Canada
Canada
AGENCE CANADIENNE D'INSPECTION DES ALIMENTS
Government of 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: 9:30 AM

DATE: 10-2-10

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 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	USGL	0151	✓							✓						✓		
2		0152	✓							✓				✓				
3		0153	APPALUSA							✓						✓		
4		0154					✓			✓				✓				
5		0155					✓			✓				✓				
6		0156					✓			✓				✓				
7		0157	DUN							✓				✓				
8		0159	APPALUSA							✓				✓				
9		0160					✓		CROSS BRED							✓		
10		0161	✓							✓				✓				
11		0163			✓					✓				✓				
12		0164				✓				✓				✓				
13		0165	✓							✓						✓		
14		0166		APPALUSA						✓						✓		
15	↓	0167			✓					✓						✓		

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 MSB

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	USGL	0168					✓			✓				✓				
17		0169					✓			✓				✓				
18		0170					✓			✓				✓				
19		0171					✓			✓						✓		
20		~~0172~~					✓			✓						✓		
21		0173				✓				✓						✓		
22		0174		Roan						✓				✓				
23		0175					✓				✓			✓				
24		0176					✓				✓					✓		
25		0177				✓				✓						✓		
26		~~0178~~		~~AVRALUSA~~						✓				✓				
27		0179			✓					✓				✓				
28		~~0180~~			✓						✓			✓				
29		0181	✓							✓						✓		
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Canadian Food Inspection Agency — Government of 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: 1:30 PM

DATE: Oct 6/2010

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

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

NAME OF AUCTION/MARKET: SMIPSON O'NEIL

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	0101	✓							✓						✓		
2		0102		✓						✓						✓		
3		0103					✓		ARAB							✓		
4		0104			Brown					✓				✓				
5		0105					✓			✓				✓				
6		~~0106~~				✓				✓				✓				NOT ON
7		0107			✓					✓				✓				
8		0108					✓		MULE					✓				
9		0109	✓							✓				✓				
10		0110					✓			✓						✓		
11		0111					✓		ARAB					✓				
12		0112	✓							✓				✓				
13		0113	✓						STAND					✓				
14		0114	✓						STAND					✓				
15		0115	✓							✓				✓				

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 Gouvernement du Canada

EST.

DATE

TIME

VS FORM 10-13 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	0116	✓									✓		✓				
17		0117		PALAMINO						✓				✓				
18		0118	✓							STAND						✓		
19		0119					✓			MULE						✓		
20		0120					✓				✓			✓				
21		0121					✓			✓						✓		
22		0122		Brown						✓				✓				
23		0123			APP					✓						✓		
24		0124			APP					✓				✓				
25		0125	✓							STAND				✓				
26		0126			✓					✓						✓		
27		0127			✓					✓				✓				
28		0128			Brown					✓				✓				
29		0129	✓							✓				✓				
30		0130	✓							✓				✓				
31		0131			✓					✓				✓				
32		0132	✓							✓				✓				
33	✓	0133	✓							✓				✓				
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CANADIAN FOOD INSPECTION AGENCY
Government of Canada
Agence canadienne d'inspection des aliments
Canada

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S[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: 10-10-10

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	VSGL	0284			✓					✓						✓		
2		0285	APPALUSA							✓						✓		
3		0287	✓							✓				✓				
4		0288	PALAMINO							✓				✓				
5		0289	APPALUSA							✓				✓				
6		0290	✓							✓						✓		
7		0291		ROAN							✓					✓		
8		0292					✓				✓					✓		
9		0293		✓						✓				✓				
10		0294					✓			✓				✓				
11		0295	APPALUSA							✓				✓				
12		0296					✓			✓						✓		
13		0297			✓					✓				✓				
14		0298	✓							✓				✓				
15		0299	✓							✓				✓				

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 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	USGL	0300	✓							✓						✓		
17		0085					✓			✓						✓		
18		0086					✓			✓						✓		
19		0087					✓			✓				✓				
20		0088			✓					✓				✓				
21		0089	✓							✓				✓				
22		0090			✓					✓				✓				
23		0091			✓					✓				✓				
24		0092	✓							✓				✓				
25		0093	Dun							✓				✓				
26		0094	APPALUSA							✓						✓		
27		0095	✓							✓						✓		
28		0096	✓							✓				✓				
29		0097	Brown							✓				✓				
30		0099					✓			✓				✓				
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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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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: 9:00 AM

DATE: 10-10-10

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

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- [X] Horses are able to bear weight on all 4 limbs.
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- [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	0301			✓					✓				✓				
2		0302			✓					✓				✓				
3		0303			✓					✓				✓				
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)

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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 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)

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	0316	✓							✓				✓				
17		0317					✓			✓				✓				
18		0318		ROAN						✓				✓				
19		0319					✓			✓				✓				
20		0321					✓				✓					✓		
21		0322					✓			✓						✓		
22		0323				✓				✓						✓		
23		0324	✓							✓				✓				
24		0326					✓			✓						✓		
25		0327			✓					✓					✓			
26		0328					✓			✓				✓				
27		0330	✓							✓				✓				
28		0331	✓							✓				✓				
29	✓	0332	✓							✓				✓				
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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: 2:35 PM
DATE: 10/12/10
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	USCL	0234	✓						ST	BRED				✓				
2		0235	✓						ST	BRED				✓				
3		0236				✓				✓						✓		
4		0237				✓				✓						✓		
5		0238				✓				✓				✓				
6		0239				✓				✓				✓				
7		0240					✓			✓						✓		
8		0241					✓			✓				✓				
9		0242				✓				✓				✓				
10		0243	BROWN							✓				✓				
11		0245	✓							✓						✓		
12		0246	BROWN							✓				✓				
13		0247	✓						ST	BRED						✓		
14		0248	✓						ST	BRED						✓		
15	✓	0249			✓				CROSS	BRED				✓				

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 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	USGL	0330					✓			✓				✓				
17		0334	BROWN							✓				✓				
18		0335					✓			✓				✓				
19		0337			✓					✓				✓				
20		0338	✓							✓				✓				
21		0339	BROWN							✓				✓				
22		0340	PALAMINO							✓				✓				
23		0341					✓		ST BRED							✓		
24		0342	✓							✓				✓				
25		0343	✓							✓				✓				
26		0344			✓					✓				✓				
27		0345	BROWN							✓				✓				
28		0346	BROWN							✓				✓				
29		0347	APPALOSA							✓				✓				
30		0348					✓			✓				✓				
31	↓	0349	BROWN							✓						✓		
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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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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: 1:00 PM

DATE: 10/7/10

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: 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	NSGL	0618					✓			✓						✓		
2		0619	✓							✓						✓		
3		0620			✓					✓				✓				
4		0621					✓			✓				✓				
5		0622					✓			✓				✓				
6		0624	APPALUSA							✓						✓		
7		0625				✓				✓				✓				
8		0626					✓			✓				✓				
9		0627	APPALUSA							✓						✓		
10		0628					✓			✓				✓				
11		0629			Pa		✓			✓						✓		
12		0630			✓					✓				✓				
13		0631					✓			✓				✓				
14		0632					✓			✓				✓				
15		0633					✓			✓						✓		

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

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	USGL	0634			✓					✓				✓				
17		0635					✓			✓				✓				
18		0636		PALAMINO						✓						✓		
19		0637					✓				✓			✓				
20		0638	✓							✓				✓				
21		0639	✓							✓						✓		
22		0640		✓						✓						✓		
23		0641					✓			✓				✓				
24		0642			✓					✓						✓		
25		0643					✓			✓				✓				
26		0644		ROAN						✓				✓				
27		0645				✓				✓				✓				
28		0646					✓			✓						✓		
29		0647		✓						✓				✓				
30		0648	✓							✓				✓				
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S 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: 12:30 PM

DATE: 10-17-10

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: SMIDSTIE WANA 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	CISGL	0134		DUN						✓						✓		
2		0135				✓				✓						✓		
3		0136	✓							✓						✓		
4		0137	✓							✓				✓				
5		0138	PALOMINO							✓						✓		
6		0139			✓					✓		✓	CROSS			✓		
7		0140					✓				✓			✓				
8		0141			✓				ST BRED					✓				
9		0142			✓				ST BRED					✓				
10		0143	✓							✓				✓				
11		0144	✓							✓				✓				
12		0145	✓							✓				✓				
13		0146			✓					✓						✓		
14		0147	BROWN							✓				✓				
15	✓	0148			✓					✓				✓				

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 HEREB 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

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	0149	✓							✓								
17		0150	BROWN						ST	BRED								
18		0601	✓						ST	BRED								
19		0602					✓			✓								
20		0603					✓			✓								
21		0604	✓							✓								
22		0605	BROWN							✓								
23		0606					✓			✓								
24		0608					✓			✓								
25		0610	BROWN						ST	BRED								
26		0611	APPALOSA							✓								
27		0613					✓			✓								
28		0614	✓							✓								
29		0615					✓				✓							
30		0616	✓							✓								
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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: 12:15 PM

DATE: OCT 19/10

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	USGL	0551		APPALOSA						✓				✓				
2		0552				✓				✓				✓				
3		0553				✓				✓				✓				
4		0554					✓			✓						✓		
5		0555		WHITE						✓						✓		
6		0556					✓				✓			✓				
7		0557	✓							✓						✓		
8		0558					✓			✓						✓		
9		0559				✓				✓				✓				
10		0560			✓					✓				✓				
11		0561				✓				✓				✓				
12		0562			✓					✓				✓				
13		0563			✓					✓						✓		
14		0564	✓							✓				✓				
15	↓	0565					✓			✓				✓				

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-1-OKM 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	USGC	0566					✓			✓				✓				
17		0567				PALAMINO				✓						✓		
18		0568	✓							✓				✓				
19		0569			✓					✓						✓		
20		0570			✓					✓				✓				
21		0571	✓							✓						✓		
22		0572			✓					✓						✓		
23		0573					✓			✓				✓				
24		0574			✓					✓				✓				
25		0575					✓			✓				✓				
26		0576	✓							✓				✓				
27		0577			DUN					✓				✓				
28		0578					✓			✓					✓			
29		0579	✓							✓						✓		
30	↓	0582					✓			✓						✓		
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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 ... 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: 1:30 PM

DATE: 04/19/10

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, L.SEAL

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	USCL	0501			✓					✓				✓				
2		0502			ROAN					CROSS BREED						✓		
3		0503	✓							STAND						✓		
4		0504		BROWN						STAND						✓		
5		0505	✓							STAND				✓				
6		0506		BROWN						STAND				✓				
7		0507		BROWN						STAND				✓				
8		0508	✓							STAND						✓		
9		~~0510~~					✓			✓				✓				NOT ON
10		0511	✓							✓				✓				
11		0512	✓							✓						✓		
12		0513			✓					✓				✓				
13		0515	✓							✓				✓				
14		0516					✓			✓				✓				
15		0517			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.

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	USCL	0518					✓			HAFLINGER						✓		
17		0519	✓							✓				✓				
18		0520			ROAN									✓				
19		0521					✓			✓						✓		
20		0523	✓							✓				✓				
21		0524			✓					✓						✓		
22		0526			✓					✓						✓		
23		0527					✓			HAFLINGER						✓		
24		0528			BUCKSKIN					✓						✓		
25		0529		✓						✓						✓		
26		0530	✓							✓				✓				
27		0531	✓							✓				✓				
28		0532	✓							✓				✓				
29	✓	0522					✓			✓						✓		
30	✓	0532	✓							✓				✓				
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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: 4:30 PM

DATE: Oct 20/10

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

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

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

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)

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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	USGL	0366	✓							✓						✓		
17		0367	✓							✓						✓		
18		0368			Palm					✓				✓				
19		0369					✓			✓				✓				
20		0370	✓							✓						✓		
21		0371			✓					✓						✓		
22		0372	✓									✓				✓		
23		0373			Roan					✓						✓		
24		0375			App					✓				✓				
25		0376			Roan					✓								
26		0378	✓							✓				✓		✓		
27		0379	✓							✓				✓				
28		0380	✓							✓				✓				
29	↓	0381		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: 7:30 PM

DATE: 10-27-10

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 / OREAL MT

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	USA	0534	✓							✓				✓				
2		0535					✓			✓				✓				
3		0536	PALAMINO							✓						✓		
4		0537	[illegible]				✓			✓				✓				
5		0538	PALAMINO							✓				✓				
6		0539					✓			✓				✓				
7		0540					✓			✓						✓		
8		0541			✓					✓				✓				
9		0542	✓							✓						✓		
10		0543	✓						MULE					✓				
11		0544	✓							✓				✓				
12		0545	✓							✓				✓				
13		0546	✓							✓				✓				
14		0547					✓			✓				✓				
15	✓	0548					✓			✓						✓		

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

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 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	USGL	0549			✓						✓			✓				
17		0550					✓			✓						✓		
18		0584				✓				✓						✓		
19		0585			✓					✓						✓		
20		0586	PALAMENO							✓						✓		
21		0587				✓				✓				✓				
22		0588				✓				✓				✓				
23		0589					✓			✓						✓		
24		0590	PALAMENO							✓						✓		
25		0591					✓			✓				✓				
26		0592	KITALUSA							✓				✓				
27		0593					✓		HALIENGA					✓				
28		0594	Brown							✓				✓				
29		0595	Brown							✓						✓		
30	✓	0596					✓			✓						✓		
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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)

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: 1045 AM

DATE: OCT 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

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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	USGL	D401	✓							MULE				✓				
2		D402		✓			✓				✓			✓				
3		D403	✓							✓				✓				
4		D404	✓							✓				✓				
5		D405					✓			✓						✓		
6		D406	✓							✓				✓				
7		D407					✓			✓						✓		
8		D408	✓						STAND					✓				
9		D409					✓			✓						✓		
10		D410	✓				✓			✓				✓				
11		D411	✓						STAND							✓		
12		D412	✓						STAND					✓				
13		D413	✓							✓				✓				
14		D414	✓							✓				✓				
15	↓	D415				✓				✓				✓				

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	USGL	0416	✓							CROSSBRED				✓				
17		0417				✓				✓						✓		
18		0418				✓				✓						✓		
19		0419					✓			✓				✓				
20		0420					✓			✓				✓				
21		0421					✓			✓				✓				
22		0422			✓					✓				✓				
23		0423			✓					✓				✓				
24		0424		APPALOSA						✓				✓				
25		0425		PALAMINO						✓				✓				
26		0426			✓					✓				✓				
27		0427			✓					✓				✓				
28		0428	✓							✓				✓				
29		0430					✓			✓				✓				
30	✓	0432			✓					✓						✓		
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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: 2:15 PM

DATE: 10-25-10

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: SHIPSHEWANA IND / ONTARIO 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: 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	USGL	0451					✓			✓				✓				
2		0453					✓			✓				✓				
3		0454	✓						ST BRED					✓				
4		0455					✓		ST BRED					✓				
5		0456				✓				✓				✓				
6		0458					✓		HALFLINGER							✓		
7		0459					✓			✓				✓				
8		0460	✓									✓	CROSS	✓				
9		0461	BROWN						ST BRED							✓		
10		0462	BROWN						ST BRED							✓		
11		0463	BROWN						ST BRED							✓		
12		0464	[illegible]			✓			CROSS BRED					✓				
13		0465	✓							✓				✓				
14		0466	✓							✓				✓				
15	✓	0467	✓							✓				✓				

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

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)

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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	USG	0468	✓							✓				✓				
17		0469	✓							✓				✓				
18		0470					✓			✓				✓				
19		0471					✓			✓				✓				
20		0473	✓							✓					✓			
21		0474					✓			✓				✓				
22		0475	✓							✓				✓				
23		0476	✓							✓				✓				
24		0477		✓						✓						✓		
25		0478					✓			✓						✓		
26		0479					✓			✓						✓		
27		0480					✓			✓				✓				
28		0481					✓			✓				✓				
29		0482	✓							✓						✓		
30		0483	✓							✓				✓				
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)

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: 10-27-10

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 / CENTRAL 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: 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	USG	0384	✓							✓				✓				
2		0385	✓							✓				✓				
3		0386	✓							✓				✓				
4		0387					✓			✓						✓		
5		0388					✓				✓					✓		
6		0390				✓				✓				✓				
7		0391					✓		HALFLINGER							✓		
8		0392	✓							✓				✓				
9		0393					✓			✓						✓		
10		0394	✓							✓						✓		
11		0395			✓					✓				✓				
12		0396				✓				✓				✓				
13		0397					✓		HALFLINGER					✓				
14		0398					✓				✓					✓		
15		0399					✓				✓					✓		

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.

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	USGL	0400		✓						✓				✓				
17		0434					✓			✓				✓				
18		0435	Brown							✓						✓		
19		0436	Brown							✓				✓				
20		0437	✓						ST BRED							✓		
21		0438	✓						ST BRED					✓				
22		0439			✓				ST BRED					✓				
23		0440	✓						ST BRED							✓		
24		0441	✓						ST BRED					✓				
25		0442	Brown						ST BRED							✓		
26		0445	Brown						ST BRED							✓		
27		0446				✓				✓				✓				
28		0447	✓							✓				✓				
29		0449	✓							✓						✓		
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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: 11:30 AM

DATE: 10-31-10

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: 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	BK6L	0652			✓					✓				✓				
2		0653			✓					✓				✓				
3		0654		ROAN						✓				✓				
4		0655					✓			✓						✓		
5		0656					✓			✓						✓		
6		0657			✓					✓						✓		
7		0658		ROAN						✓						✓		
8		0659		PALAMINO						✓				✓				
9		0660				✓				✓						✓		
10		0661		DUN						✓				✓				
11		0662					✓			✓				✓				
12		0663			✓					✓				✓				
13		0664		ROAN						✓				✓				
14		0665		ROAN						✓				✓				
15		0666		PALAMINO						✓				✓				

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.

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	USGI	0667	✓							✓				✓				
17		0668	✓							✓				✓				
18		0669	Dun							✓				✓				
19		0670					✓			✓				✓				
20		0671					✓			✓						✓		
21		0672	✓							✓				✓				
22		0673	Dun							✓				✓				
23		0674				✓				✓				✓				
24		0675					✓			✓				✓				
25		0676					✓			✓				✓				
26		0677					✓			✓				✓				
27		0678	✓							✓						✓		
28		0679			✓					✓						✓		
29		0680	✓							✓				✓				
30		0681	✓									✓		✓				
31		0683	✓							✓						✓		
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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: NOV 2/10

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

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

NAME OF AUCTION/MARKET: SHIPSIWANA 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.: 586 725-8996

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] 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	USCL	0701		Brown						✓						✓		
2		0702	✓							✓						✓		
3		0703	✓							✓						✓		
4		0704			Roan					✓						✓		
5		0705	✓							✓				✓				
6		0706					✓			✓						✓		
7		0707					✓			✓				✓				
8		0708	✓							✓						✓		
9		0709			Roan					✓						✓		
10		0710	✓							✓						✓		
11		0712			✓					✓				✓				
12		0713	✓							✓						✓		
13		0714	Brown						STAND					✓				
14		0715	✓						STAND					✓				
15	↓	0716		Brown					STAND					✓				

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

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 - INSPECTION

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	USGL	0717	✓							✓				✓				
17		0718			PALOMINO					✓						✓		
18		0719					✓			✓				✓				
19		0720		Brown						STAND				✓				
20		0721		Brown						STAND				✓				
21		0722					✓			Draft cross				✓				
22		0723		Brown						STAND				✓				
23		0724				✓				✓						✓		
24		0725					✓			HAFLINGER				✓				
25		0726	✓							✓						✓		
26		0727					✓			HAFLINGER						✓		
27		0728	✓							✓						✓		
28		0729			APPALOSA					✓						✓		
29		0730				✓				✓				✓				
30		0732	✓							✓				✓				
31		0733		Brown						✓						✓		
32																		
33																		
34																		
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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)

FORM 10-13A
(3/2002)

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: 11:45 AM

DATE: 11-7-10

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: SHIPSHEWANA 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	USGL	0751	BROWN							✓				✓				
2		0752					✓				✓			✓				
3		0753	BROWN						ST BRED							✓		
4		0754	PALAMINO							✓				✓				
5		0755					✓			✓				✓				
6		0756	✓							✓				✓				
7		0757	BROWN						ST BRED					✓				
8		0758	BROWN						ST BRED							✓		
9		0759	BROWN							✓				✓				
10		0760				✓				✓				✓				
11		0761				✓				✓				✓				
12		0762	BROWN							✓				✓				
13		0763	✓							✓				✓				
14		0764	✓							✓						✓		
15		0765	✓							✓				✓				

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)

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	MSGL	0766	Brown							✓						✓		
17		0767	✓						ST	BRED				✓				
18		0768	✓						ST	BRED				✓				
19		0769	✓						ST	BRED						✓		
20		0770	✓						ST	BRED				✓				
21		0771	✓								✓			✓				
22		0773	Brown							✓				✓				
23		0774	✓						ST	BRED				✓				
24		0775	✓						ST	BRED						✓		
25		0776	✓						ST	BRED				✓				
26		0777	✓						ST	BRED				✓				
27		0778					✓			✓						✓		
28		0782				✓				✓				✓				
29		0783	✓							✓						✓		
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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: 12:00 PM

DATE: 11-8-10

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

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	USGL	0734	✓							✓				✓				
2		0735					✓			✓				✓				
3		0736	APPALUSA							✓						✓		
4		0737					✓			✓				✓				
5		0738					✓			✓						✓		
6		0739	✓							✓				✓				
7		0740			✓					✓				✓				
8		0741				✓				✓						✓		
9		0742				✓				✓				✓				
10		0743		✓						✓						✓		
11		0744	PALAMINO							✓				✓				
12		0745					✓			✓						✓		
13		0746					✓			✓				✓				
14		0747					✓			✓				✓				
15	✓	0748					✓			✓						✓		

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

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	USGL	0744		ROAN						HALFLINGER				✓				
17		0750					✓			HALFLINGER						✓		
18		0784	GRULLA							✓				✓				
19		0785			✓					✓						✓		
20		0786		✓						✓						✓		
21		0787		ROAN						✓						✓		
22		0788					✓			✓				✓				
23		0789		GRULLA						✓				✓				
24		0790		DUN						✓				✓				
25		0791					✓			✓				✓				
26		0792	✓							✓				✓				
27		0794					✓			✓						✓		
28		0796	✓							✓						✓		
29		0797	✓							✓						✓		
30		0798		BROWN						✓				✓				
31		0799					✓			✓						✓		
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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: 11:00 AM	DATE: 11-10-10
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: 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	USGL	0801					✓			✓				✓				
2		0802			✓					✓				✓				
3		0803					✓			✓						✓		
4		0804			✓					✓				✓				
5		0805			✓					✓				✓				
6		0806					✓			✓				✓				
7		0807	PALOMINO							✓				✓				
8		0808	✓							✓				✓				
9		0809	PALAMINO							✓				✓				
10		0810				✓				✓						✓		
11		0811		ROAN						✓				✓				
12		0812	✓							✓				✓				
13		0813	✓							✓				✓				
14		0814					✓			✓						✓		
15		0815	✓							✓				✓				

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)

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	USGL	0816				✓				✓				✓				
17		0817					✓				✓					✓		
18		0818				✓				✓				✓				
19		0819					✓		MULE					✓				
20		0820				✓				✓				✓				
21		0821					✓			✓				✓				
22		0822					✓			✓						✓		
23		0823	✓							✓						✓		
24		0824				✓				✓				✓				
25		0825		GRULLA						✓				✓				
26		0826		PALAMINO						✓						✓		
27		0827			✓				MULE					✓				
28		0828		APPALUSA						✓						✓		
29		0829	✓							✓				✓				
30		0831	BROWN							✓				✓				
31		0832	✓							✓						✓		
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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

11:10 *(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: 11:10 AM

DATE: 11-14-10

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 SALE (BPD)

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

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

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)

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	USGL	0699	✓							✓				✓				
17		0700	BUCKSKIN							✓				✓				
18		0485					✓			✓				✓				
19		0486					✓			✓						✓		
20		0487	✓							✓				✓				
21		0488				✓				✓				✓				
22		0489					✓			✓				✓				
23		0491			✓					✓				✓				
24		0492	✓							✓						✓		
25		0493	✓							✓						✓		
26		0494	✓							✓						✓		
27		0495					✓				✓					✓		
28		0496					✓				✓					✓		
29		0497					✓				✓			✓				
30		0498	BROWN							✓				✓				
31		0499	✓							✓				✓				
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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: 2:00 PM	DATE: 11-15-10
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	USGL	1351					✓			✓				✓				
2		1352	✓							✓						✓		
3		1353					✓			✓						✓		
4		1354					✓			✓						✓		
5		1355	✓							✓				✓				
6		1356	✓							✓				✓				
7		1357					✓			✓						✓		
8		1358					✓			✓						✓		
9		1359					✓			✓						✓		
10		1360			✓					✓						✓		
11		1361	WHITE							✓						✓		
12		1362	✓							✓				✓				
13		1363	✓							✓				✓				
14		1364	✓							✓				✓				
15	✓	1365	ROAN							✓				✓				

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)

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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	USGL	1366					✓			✓				✓				
17		1367					✓			✓				✓				
18		1368					✓			✓				✓				
19		1369		CREAM						✓				✓				
20		1370		ROAN						✓				✓				
21		1371				✓				✓				✓				
22		1372			✓					✓				✓				
23		1373			✓					✓						✓		
24		1374			✓					✓						✓		
25		1375	✓							✓				✓				
26		1376	✓							✓						✓		
27		1377					✓			✓				✓				
28		1378					✓			✓						✓		
29		1379	✓							✓				✓				
30		1381	✓							✓				✓				
31	✓	1383					✓			✓				✓				
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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: 12½ PM

DATE: NOV 16/10

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

(b)(6)

NAME OF AUCTION/MARKET: SHIPSHEWANA, IND

CONSIGNOR (OWNER/SHIPPER) NAME: JARON GOLD

CONSIGNEE (RECEIVER/DESTINATION) NAME: RICHELIEU MEATS INC

STREET ADDRESS: 6302 MELORUM 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	USCL	0851			X					X				X				
2		0852	X						STAND					X				
3		0853	X						STAND							X		
4		0854	X						STAND					X				
5		0855		Brown						X				X				
6		0856		Brown					STAND					X				
7		0857				X				X						X		
8		0858					X			X				X				
9		0859	X							X						X		
10		0860	X						STAND					X				
11		0861	X							X						X		
12		0862			Brown					X				X				
13		0863	X						STAND					X				
14		0864	X							X						X		
15		0865	X						STAND					X				

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)

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		
5	USCL	0866					APP			X						X		
7		0867					APP			X				X				
8		0868				X				X						X		
9		0869	X							X						X		
0		0870	X						STAND					X				
1		0871	X							X				X				
2		0874					X			X						X		
3		0875		Brown					STAND							X		
4		0876		APPALOSA						X				X				
5		0877					X			X						X		
6		0878	X							X						X		
7		0879				X				X				X				
8		0880		Brown						X				X				
9		0881	X							X						X		
10		0882	X							X				X				
11		0883					X			X				X				
12																		
33																		
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SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6)

VS FORM 10-13A
(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: 11-17-10

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.: 586 725-8496

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	USGC	0834				✓				✓				✓				
2		0835				✓				✓				✓				
3		0836			✓					✓				✓				
4		0837					✓			✓						✓		
5		0838					✓			✓						✓		
6		0839					✓			✓				✓				
7		0840					✓			✓				✓				
8		0841					✓			✓				✓				
9		0842					✓		CROSS BREED							✓		
10		0843				✓				✓				✓				
11		0844					✓			✓				✓				
12		0845				✓				✓				✓				
13		0846					✓			✓				✓				
14		0847					✓			✓				✓				
15		0848					✓			✓				✓				

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

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.

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			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USGL	0849					✓			✓						✓		
17		0850					✓			✓						✓		
18		0884			✓					✓						✓		
19		0885	✓							✓				✓				
20		0886	✓							✓				✓				
21		0887					✓			✓				✓				
22		0888			✓					✓				✓				
23		0889					✓			✓						✓		
24		0890				✓				✓				✓				
25		0891	Roan							✓				✓				
26		0892					✓			✓				✓				
27		0893			✓					✓				✓				
28		0894		✓						✓				✓				
29		0895	HYPALUSA							✓					✓			
30		0896					✓								✓			
31		0899			✓									✓				
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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

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FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 11:00 AM

DATE: NOV 21/10

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: 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 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	USOL	0935				X				X						X		
2		0936			PALAMINO					X						X		
3		0937			APPALOOSA					X						X		
4		0938	X							X						X		
5		0939		BROWN						X				X				
6		0940	X							X				X				
7		0941			BLACK					X		X	CAD	X				
8		0942	X							X				X				
9		0943	X							X						X		
10		0944	X							TAN				X				
11		0945	X							X				X				
12		0946			BROWN					X				X				
13		0947					X			X						X		
14		0948					X			X						X		
15		0949					X			HAFLINGER						X		

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 — 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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			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USGL	950	X							X				X				
17		1384			BROWN					X				X				
18		1385			ROAN					X						X		
19		1386				X				X						X		
20		1387	X							X						X		
21		1388				X				X						X		
22		1389					X			X				X				
23		1390	X							X				X				
24		1391					X			X				X				
25		1392		PALOMINO						X						X		
26		1393		APPALOOSA						X						X		
27		1394	X							X				X				
28		1395					X				X			X				
29		1397	X							X						X		
30		1398					X			X						X		
31																		
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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: 12:15 PM

DATE: NOV 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 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	USGL	0901	X							X				X				
2		0902	X							X				X				
3		0903					X			X				X				
4		0904					X			X				X				
5		0905			PALOMINO					X				X				
6		0906				X				X				X				
7		0907					X			X				X				
8		0908			X					X				X				
9		0909					X			X				X				
10		0910					X			X				X				
11		0911	X							X				X				
12		0912					X			X				X				
13		~~0913~~				X				X				X			NOT USA	
14		0914					X			X				X				
15		0915				DUN				X						X		

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)

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	USCL	0916	X							X					X			
17		0917				X				X						X		
18		0918					X			HAFLINGER						X		
19		0919					X			X				X				
20		0920	X							X						X		
21		0921	X							X				X				
22		0922	WHITE							X				X				
23		~~0923~~	~~WHITE~~							~~X~~				~~X~~				~~NOT~~
24		0924					X			X				X				
25		0925	X							X				X				
26		0926	X							X				X				
27		0927					X			X				X				
28		0928					X			X				X				
29		0929					X			X				X				
30		0930	X							X						X		
31		0931	X							X					X			
32		0932	X							X				X				
33																		
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SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6)

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

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: 11-23-10

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: Shepstewana 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.: 586 725-8496

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	USGL	0951	✓						ST BRED							✓		
2		0952	BROWN						ST BRED							✓		
3		0953					✓		ST BRED							✓		
4		0954	✓						ST BRED					✓				
5		0955	✓						ST BRED					✓				
6		0956	✓							✓						✓		
7		0957	BROWN							✓				✓				
8		0958	✓							✓						✓		
9		0959	PALOMINO							✓				✓				
10		0960			✓					✓				✓				
11		0962					✓			✓				✓				
12		0964	✓						ST BRED					✓				
13		0965	✓						ST BRED							✓		
14		0966	✓						ST BRED					✓				
15		0967	BROWN						ST BRED					✓				

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

(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

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	USGL	0968	✓							✓				✓				
17		0970	✓						ST BRED						✓			
18		0971			✓					✓				✓				
19		0972	PALAMINO							✓						✓		
20		0973	✓							✓				✓				
21		0975	✓							✓				✓				
22		0976	APPALUSA							✓				✓				
23		0977	BROWN							✓				✓				
24		0978					✓				✓					✓		
25		0979					✓				✓			✓				
26		0980					✓			✓						✓		
27		0981	✓							✓				✓				
28	✓	0983	✓							✓						✓		
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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: 2:30 PM

DATE: NOV 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 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	USCL	1201					X			X						X		
2		1202	X							X				X				
3		1203			X					X				X				
4		1204	X							X				X				
5		1205	X							X				X				
6		1206	X							X				X				
7		1207			X					X						X		
8		1209					X			X						X		
9		1210				X				X				X				
10		1211	X							X						X		
11		1212	X							X						X		
12		1213			X					X						X		
13		1214	X							X				X				
14		1215	X							X				X				
15		1216					X			X						X		

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.

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	USGC	1217	X							X						X		
17		1218					X			X				X				
18		1219					X			HAFLINGE				X				
19		1220				X					X			X				
20		1221			PALOMINO						X			X				
21		1222					X				MULE					X		
22		1223					X				X			X				
23		1224	X								X	CROS		X				
24		1225					X				X					X		
25		1226			X						X					X		
26		1227	X								X					X		
27		1228					X				X					X		
28		1229					X				X			X				
29		1230	BAY								X			X				
30		1231		BROWN							X			X				
31	✓	1232	X								X					X		
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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: 11-28-10

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: 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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- [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	1334	✓							✓				✓				
2		1335	✓							✓				✓				
3		1336			✓					✓						✓		
4		1337					✓			✓						✓		
5		1338					✓				✓					✓		
6		1339					✓			✓						✓		
7		1340	✓							✓						✓		
8		1341	✓							✓						✓		
9		1342	✓							✓				✓				
10		1343	✓							✓						✓		
11		1344	✓							✓						✓		
12		1345	✓							✓						✓		
13		1346			✓					✓						✓		
14		1347					✓				✓			✓				
15	✓	1348			✓					✓						✓		

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	USGL	1349	✓							✓						✓		
17		1350	✓							✓				✓				
18		1284	✓							✓				✓				
19		1285	✓							✓						✓		
20		1286	✓							✓				✓				
21		1287			✓					✓				✓				
22		1288				✓				✓				✓				
23		1289					✓			✓						✓		
24		1290					✓				✓			✓				
25		1291			✓					✓				✓				
26		1292				✓				✓				✓				
27		1293	✓							✓				✓				
28		1294	✓							✓				✓				
29		1998	✓							✓						✓		
30		1295	✓							✓						✓		
31																		
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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)

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: 10:45 AM

DATE: 11-28-10

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

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: 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	USGL	0984			✓					✓				✓				
2		0985	PALAMINO							✓				✓				
3		0986					✓			✓				✓				
4		0987					✓			✓				✓				
5		0988	✓							✓						✓		
6		0989	ROAN							✓				✓				
7		0990				✓				✓				✓				
8		0991					✓			✓				✓				
9		0992					✓			✓				✓				
10		0993					✓			✓				✓				
11		0994					✓			✓				✓				
12		0995					✓			✓						✓		
13		0996	✓							✓				✓				
14		0997				✓				✓				✓				
15		0998					✓			✓				✓				

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)

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	USGL	8999			✓					✓				✓				
17		1000					✓			✓				✓				
18		1234					✓			✓						✓		
19		1235					✓			✓				✓				
20		1236	BUCKSKIN							✓						✓		
21		1237	✓							✓				✓				
22		1238	✓								✓					✓		
23		1240				✓				✓						✓		
24		1241					✓			✓						✓		
25		1242					✓			✓						✓		
26		1243	✓							✓				✓				
27		2444	✓							✓				✓				
28		1245		✓						CROSS				✓				
29		1247	✓							✓				✓				
30		1248	BROWN							✓				✓				
31																		
32																		
33																		
34																		
35																		
36																		
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SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6)

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)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 2 00 PM

DATE: NOV 29/10

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

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

NAME OF AUCTION/MARKET: SMIRNA 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.: 586 725-8496

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	USGL	1251			ROAN						X	CROS		X				
2		1252					X				X	CROS		X				
3		1253					X			X						X		
4		1254					X			X						X		
5		1255	X							X				X				
6		1256	X							X						X		
7		1257	X							X						X		
8		1258	X							X				X				
9		1259	X							X						X		
10		1260	X							X						X		
11		1261		X							X					X		
12		1262					X				X					X		
13		1264			X					X				X				
14		1265		ROAN						X				X				
15		1266	X							STAND						X		

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 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	1267	X							STAND						X		
17		1268	X							STAND				X				
18		1269		BROWN						STAND						X		
19		1270					X			X						X		
20		1271	X							X				X				
21		1272			BROWN					X				X				
22		1273					X			X				X				
23		1274					X			X				X				
24		[redacted]																
25		1277			BROWN					STAND						X		
26		1278			BROWN					STAND				X				
27		1279	X							X						X		
28		1280	X							X				X				
29		1281				X				X				X				
30		1283			PALAMINO					X						X		
31																		
32																		
33																		
34																		
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ICNATURE OF OWNER/SHIPPER ... tion contained in this form is true and correct to the best of my knowledge.)

(b)(6)

S FORM 10-13A
E 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: 3:00 PM

DATE: NOV 30/10

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 Horse Sales Ltd

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	USCL	1001		APP				X		X						X		
2		1002					X			X				X				
3		1003	X							X				X				
4		1004	X							X				X				
5		1005	X							X						X		
6		1006					X			X						X		
7		1007	X							X				X				
8		1008	X							X				X				
9		1009				X				X				X				
10		1010					X			X						X		
11		1011			X					X				X				
12		1012		APP				X		X				X				
13		1013					X			X				X				
14		1014					X			X						X		
15		1015	X							X				X				

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. MEB

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	USGL	1016	X							X						X		
17		1017	X							X						X		
18		1018	X							X						X		
19		1019	X							X				X				
20		1020	X							X				X				
21		1021		BROWN				X		X				X				
22		1022		PALOMINO				X		X						X		
23		1023				X				X				X				
24		1024				X				X						X		
25		1025	X								STBred		X	X				
26																		
27		1027	X								STBred		X			X		
28		1028	X							Crossbred			X	X				
29		1029					X			Haflinger			X	X				
30		1030				BROWN		X		Clydedale			X		X			
31		1031	X							STBred			X	X				
32	USGL	1032					X			STBred			X	X				
33																		
34																		
35																		
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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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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: 9:00 PM

DATE: NOV 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: CHIPPIWAA, ON

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	1301					X			X						X		
2		1302					X			X				X				
3		1303	X							X				X				
4		1304			BROWN			X		X				X				
5		1305			BROWN			X		X						X		
6		1306			PALOMINO			X		X						X		
7		1307	X							X				X				
8		1308					X			X				X				
9		1309				DUN		X		X						X		
10		1310					X			X						X		
11		1311			APP			X		X				X				
12		1312	X							X						X		
13		1313	X							X				X				
14		1314					X			X				X				
15		1315	X							X						X		

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.

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)

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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	USGL	1316				X				X				X				
17		1317				APP		X		X				X				
18		1318				X				X				X				
19		1319				X				X						X		
20		1320					X			X				X				
21		1321					X			X				X				
22		1322					APP	X		X				X				
23		1323					X			X						X		
24		1324				BROWN		X		X						X		
25		1325				APP		X		X						X		
26		1326				PALOMINO		X		X				X				
27		1327				X				X						X		
28		1328	X							X				X				
29		1329				BROWN		X		X				X				
30		1330	X							X				X				
31	USGL	1331	X							X				X				
32																		
33																		
34																		
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CANADIAN FOOD INSPECTION AGENCY
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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)

V... 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: 4 30 PM

DATE: NOV 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: SMIPSIWANA

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] 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	USL	1051				X				X				X				
2		1052	X							X				X				
3		1053					X			X				X				
4		1054		Brown					Aran							X		
5		1055					X			X				X				
6		1056				X				X				X				
7		1057					X			X						X		
8		1058		Brown						X				X				
9		1059				X				X				X				
10		1060	X							X				X				
11		1061	Palamino							X				X				
12		1062		Brown						X				X				
13		1063	X							X				X				
14		1064		Palamino						X				X				
15		1065					X			X				X				

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

EST.

DATE

TIME

VS-1 (FOM 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	USCA	1066					X			X				X				
17		1067		Brown						X						X		
18		1068		Appaloosa						X				X				
19		1069					X			X				X				
20		1070					X			X				X				
21		1071					X			X				X				
22		1072	X							X				X				
23		1073	X							X				X				
24		1074					X			X				X				
25		1075		Brown						X				X				
26		1076		Brown						X						X		
27		1077		Brown						X				X				
28		1078	X							X				X				
29		1079	X							X				X				
30		1080					X			X				X				
31		1081					X			X				X				
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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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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)

VS 1-1-03
E 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: DEC 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

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	USGL	1034		PALAMI						X				X				
2		1035					X				X					X		
3		1036				X				X						X		
4		1037				X				X				X				
5		1038		PALAMI						X				X				
6		1039				X				X				X				
7		1040	X							X						X		
8		1041			X					X				X				
9		1042					X			X				X				
10		1043			APPALOOSA					X						X		
11		1044				X				X						X		
12		1045		APPALOOSA						X						X		
13		1046					X			X						X		
14		1047	X							X				X				
15	↓	1047	X							X				X				

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.

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	USGL	1049			X					X				X				
17		~~1050~~	~~X~~							~~X~~				~~X~~				
18		1084					X			X				X				
19		1085				X				X				X				
20		1086					X			X				X				
21		1087				X				X				X				
22		1088				X				X				X				
23		1089					X			X						X		
24		1090					X			X						X		
25		1091	X							X						X		
26		1092					X			X						X		
27		1093					X			X						X		
28		1094					X			X				X				
29		1095		Appa						X				X				
30		1096					X			X				X				
31		1097		X						X				X				
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CANADIAN FOOD INSPECTION AGENCY
Government of Canada
Canada
AGENCE CANADIENNE D'INSPECTION DES ALIMENTS
Gouvernement du Canada
PGB

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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: 1:30 PM

DATE: 12-05-10

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	USGL	1151					✓			✓				✓				
2		1152					✓			✓				✓				
3		1153					✓			✓				✓				
4		1154				✓				✓				✓				
5		1155					✓			✓				✓				
6		1156					✓			✓						✓		
7		1157					✓		Halflinger							✓		
8		1158					✓			✓						✓		
9		1159	✓							✓				✓				
10		1160					✓			✓						✓		
11		1161			✓					✓				✓				
12		1162	✓							✓						✓		
13		1163	✓							✓					✓			
14		1164		✓							✓					✓		
15	✓	1165				✓				✓					✓			

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

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	1166				✓				✓				✓				
17		1167				✓				✓				✓				
18		1168				✓				✓				✓				
19		1169					✓			✓				✓				
20		1170	✓							✓				✓				
21		1171				✓				✓				✓				
22		1172				✓				✓				✓				
23		1173	✓							✓				✓				
24		1174					✓			✓				✓				
25		1175					✓			✓				✓				
26		1176					✓			✓				✓				
27		1177				✓				✓				✓				
28		1178					✓			✓				✓				
29		~~1179~~				✓				✓				✓				
30		1180					✓			✓				✓				
31		1181	✓							✓				✓				
32		1182	Roan							✓				✓				
33	↓	1183					✓			✓					✓			
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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: 11:30 AM

DATE: 12-05-10

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	USGL	1101				✓				✓				✓				
2		1102	✓									✓				✓		
3		1103					✓			✓						✓		
4		1104	✓							✓						✓		
5		1105	✓							✓						✓		
6		1106				✓				✓						✓		
7		1107					✓			✓						✓		
8		1108	ROAN							✓				✓				
9		1109					✓			✓						✓		
10		1110					✓			✓				✓				
11		1111					✓			✓				✓				
12		1112			✓					✓				✓				
13		1113	✓							✓				✓				
14		1114				✓				✓				✓				
15		1115	✓							✓				✓				

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

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

F.B

EST. # 76

DATE 06.12.2010

TIME 10:40

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	USDL	1116					✓			✓				✓				
17		1117	✓							✓				✓				
18		1118	✓							✓						✓		
19		1119	✓							✓				✓				
20		1120	✓							✓						✓		
21		1121					✓			✓						✓		
22		1123					✓			✓						✓		
23		1124					✓			✓						✓		
24		1125		WHITE								✓		✓				
25		1126		PALAMINO						✓						✓		
26		1127	✓							✓				✓				
27		1130					✓			✓				✓				
28		1132	✓							✓				✓				
29	✓	1133	✓							✓						✓		
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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: 5:30 PM

DATE: 12-06-10

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

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

NAME OF AUCTION/MARKET: SUSQUEHANNA 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

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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	USGK	8401	PALOMINO							✓				✓				
2		8402					✓			✓				✓				
3		8403					✓			✓				✓				
4		8405					✓			✓				✓				
5		8406					✓			✓				✓				
6		8407		✓						✓				✓				
7		8408					✓			✓				✓				
8		8409	✓						ST BRED					✓				
9		8410	✓							✓						✓		
10		8411	✓						ST BRED							✓		
11		8412	✓						ST BRED							✓		
12		8413	✓						ST BRED					✓				
13		8414					✓		ARLFLINGER					✓				
14		8415					✓		SADDLEBRED					✓				
15	✓	8416	BROWN							ST BRED				✓				

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)

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	USGK	8417					✓			✓						✓		
17		8418	✓						ST BRED					✓				
18		8419			✓				ST BRED					✓				
19		8420	BROWN						ST BRED					✓				
20		8421	✓						ST BRED							✓		
21		8422					✓				✓			✓				
22		8423	✓							✓				✓				
23		8424	✓						ST BRED							✓		
24		8425	✓						ST BRED					✓				
25		8427	✓						ST BRED							✓		
26		8428					✓				✓			✓				
27		8429	BROWN						ST BRED					✓				
28		8431	✓						ST BRED					✓				
29	✓	8433	✓							✓						✓		
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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: 5⁰⁰ PM

DATE: 12-08-10

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

CONSIGNOR (OWNER/SHIPPER) NAME: JARON GOLD

CONSIGNEE (RECEIVER/DESTINATION) NAME: RICHELIEU MEATS INC

STREET ADDRESS: 6302 MELORUM 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	USGK	8501					✓					✓ cross		✓				
2		8502					✓					✓ cross		✓				
3		8503					✓					✓ cross		✓				
4		8504					✓					✓ cross		✓				
5		8505					✓			Haflinger			✓	✓				
6		8506				✓				✓				✓				
7		8507					✓				✓			✓				
8		8508					✓			Haflinger			✓	✓				
9		8509	✓							✓						✓		
10		8511					✓				✓			✓				
11		8512					✓				✓			✓				
12		8513					✓				✓			✓				
13		8514					✓				✓			✓				
14		8515					✓				✓			✓				
15	✓	8516				✓				✓				✓				

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.

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	USGK	8517					✓			Haflinger			✓	✓				
17		8518					✓			Haflinger			✓	✓				
18		8519					✓			Haflinger			✓	✓				
19		8520					✓			Haflinger			✓			✓		
20		8521					✓				✓					✓		
21		8522					✓				✓					✓		
22		8523					✓			Hoflinger			✓	✓				
23		8524					✓			Cross		✓		✓				
24		8526			Buckskin			✓		✓				✓				
25		8527					✓			cross		✓		✓				
26		8528					✓			Hoflinger			✓	✓				
27		8529					✓			✓						✓		
28	✓	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: 4:00 PM

DATE: Dec 8/2010

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

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: 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	USGK	8434				PALOMINO		✓		✓						✓		
2		8435					✓			✓				✓				
3		8436					✓			✓				✓				
4		8437					✓			✓						✓		
5		8438					✓			✓						✓		
6		8439	✓							✓						✓		
7		8440			✓					✓				✓				
8		8441				DUN		✓		✓				✓				
9		8442					✓			✓						✓		
10		8443					✓			✓				✓				
11		8444					✓			✓						✓		
12		8445																
13		8446			✓					✓						✓		
14		8447	✓							✓				✓				
15	✓	8448					✓			✓				✓				

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

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

VS-ORM 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		8449				DUN		✓		✓						✓		
17		8450				APP		✓		✓				✓				
18		8534	✓							✓				✓				
19		8535	✓							✓				✓				
20		8536	✓							✓						✓		
21		8537			✓					✓				✓				
22		8538					✓			✓				✓				
23		8539					✓			✓				✓				
24		8540					✓			✓				✓				
25		8541					✓			✓				✓				
26		8542					✓			✓				✓				
27		8543			✓					✓				✓				
28		8544			✓					✓				✓				
29		8545					✓				✓			✓				
30		8546					✓				✓					✓		
31		8547				✓				✓				✓				
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(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 1/2 PM

DATE: 12-12-2010

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: SMITHWANA, IND

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	USGK	8551	✓							✓				✓				
2		8552					✓			Haflinger			✓	✓				
3		8553					✓			Haflinger			✓	✓				
4		8554	✓							✓				✓				
5		8555				✓				✓				✓				
6		8556	✓							✓				✓				
7		8557				✓				✓				✓				
8		8558				✓				✓				✓				
9		8559		✓						✓				✓				
10		8560					✓			✓				✓				
11		8561				✓				✓						✓		
12		8562	✓							✓						✓		
13		8563	✓							✓						✓		
14		8564					✓			✓						✓		
15	✓	8565	✓							✓				✓				

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

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. # 76

DATE 13. 12. 2010

TIME 8h. 35

FB

VS-1 (RM 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	USGK	8566	✓							✓				✓				
17		8567	✓							✓				✓				
18		~~8568~~				~~APP~~		~~✓~~		~~✓~~				~~✓~~				
19		8569				BROWN		✓			STBred		✓	✓				
20		8570				BROWN		✓			STBred		✓			✓		
21		8571	✓								STBred		✓			✓		
22		8572				BROWN		✓			STBred		✓	✓				
23		8573	✓								STBred		✓			✓		
24		8574	✓								STBred		✓			✓		
25		8575					✓			✓				✓				
26		8576					✓			✓						✓		
27		8577					✓				✓			✓				
28		8578					✓				✓			✓				
29		~~8579~~																
30		8580					✓			✓				✓				
31		8581	✓							✓						✓		
32		8582	✓							✓				✓		✓		
33		8583				✓				✓				✓				
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SNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6)

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 12 PM
DATE: 12-12-10
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: 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] 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	USGK	8451	✓							✓					✓			
2		8452				✓				✓				✓				
3		8453				✓				✓				✓				
4		8454					✓			✓				✓				
5		8455					✓			✓				✓				
6		8456	✓							✓						✓		
7		8457					✓			✓						✓		
8		8458					✓			✓				✓				
9		8459					✓			✓				✓				
10		8460					✓			✓				✓				
11		8461					✓			✓				✓				
12		8462	✓							✓						✓		
13		8463	✓							✓				✓				
14		8464				✓				✓				✓				
15		8465				✓				✓				✓				

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. #76
DATE 13. 12. 2010
TIME 8h: 40

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	USGK	8466	✓							✓				✓				
17		8467					✓			✓				✓				
18		8468	✓							✓				✓				
19		8469	✓							✓						✓		
20		8470	✓							✓				✓				
21		8471				✓				✓				✓				
22		8472	✓							✓						✓		
23		8473				DUN		✓		✓				✓				
24		8474	✓							✓				✓				
25		8475					✓			✓				✓				
26		8476	✓							✓				✓				
27		8477	✓							✓						✓		
28		8479				✓				✓				✓				
29		8480				✓				✓					✓			
30		8481	✓							✓				✓				
31																		
32																		
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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

(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: 12-14-10

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 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: 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	USGL	1134	✓							✓				✓				
2		1135					✓				✓			✓				
3		1136					✓				✓			✓				
4		1137					✓					✓	X	✓				
5		~~1138~~					✓				✓			✓				
6		1139					✓				SADDLE BRED			✓				
7		1140	✓						ST BRED							✓		
8		1141				✓				✓				✓				
9		1142	✓						ST BRED					✓				
10		1143	✓							✓				✓				
11		1144	✓							✓						✓		
12		1145	Brown						ST BRED							✓		
13		1146	Brown							✓				✓				
14		1147		✓						✓				✓				
15		1148					✓			✓				✓				

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

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	USGL	1149	BROWN						ST BRED					✓				
17		1150	BROWN						ST BRED					✓				
18		1184	BUCKSKIN							✓				✓				
19		1185			✓				ST BRED					✓				
20		1187				✓				✓						✓		
21		1188	BROWN						ST BRED					✓				
22		1189	BROWN						ST BRED					✓				
23		1190	PALOMINO							✓				✓				
24		1191				✓				✓				✓				
25		1192	BROWN							✓						✓		
26		1193	✓							✓						✓		
27		1194					✓			✓				✓				
28		1195					✓		MULE					✓				
29		1196	✓							✓				✓				
30		1198	APPALOSA							✓					✓			
31	✓	1199	✓							✓						✓		
32																		
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SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6)

VS FORM 10-13A
(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: 6:30 PM

DATE: 12-15-10

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: MASSOINUILLE, 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	USGK	8601				X				X						X		
2		8602					X			X				X				
3		8603					X			X				X				
4		8604			APP					X				X				
5		8605					X			X						X		
6		8606					X			X				X				
7		8607			X					X				X				
8		8608			X					X				X				
9		8609	X							X	~~CARRIED~~					X		
10		8610	X								CROSSED					X		
11		8611				X				X						X		
12		8612					X			X				X				
13		8613	X							X				X				
14		8614			APP					X				X				
15		8615			APP					X						X		

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

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 [illegible]

(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	USGK	8616	X							X				X				
17		8617					X			X						X		
18		8618			X					X				X				
19		8619			X					X				X				
20		8620					X			X				X				
21		8621					X			X				X				
22		8623					X			X						X		
23		8624					X			X				X				
24		8625		X						X				X				
25		8626	X							X						X		
26		8627	X							X				X				
27		8628			X					X				X				
28		8629	X							X						X		
29		8630	X							X				X				
30		8631				X				X						X		
31		8633					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)

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: 12-19-10

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: SHIPSHEWANA IND SEBAL 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	USGK	8651					✓			✓				✓				
2		8652					✓			✓						✓		
3		8653					✓			✓						✓		
4		8654	ALBINO/WH							✓				✓				
5		8655	✓							✓						✓		
6		8656	APPALUSA							✓						✓		
7		8657	✓							✓				✓				
8		8658	✓							✓				✓				
9		8659					✓			✓				✓				
10		8660		✓						✓				✓				
11		8661	✓							✓				✓				
12		8662					✓				✓					✓		
13		8663					✓				✓					✓		
14		8664			✓					✓	BRED			✓				
15		8665				✓				✓	BRED			✓				

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	CUSGF	8666	APPALUSA							✓				✓				
17		8667			✓					✓				✓				
18		8668					✓			✓				✓				
19		8669					✓			✓						✓		
20		8671	BROWN						ST	BRED				✓				
21		8672	✓						ST	BRED						✓		
22		8673	✓						ST	BRED				✓				
23		8674	✓						ST	BRED				✓				
24		8675	✓						ST	BRED				✓				
25		8676					✓			✓				✓				
26		8678	BROWN							✓				✓				
27		8679	✓							✓						✓		
28		8680					✓		HALF LINGER							✓		
29		8681					✓				✓			✓				
30		8682	BROWN							✓				✓				
31																		
32																		
33																		
34																		
35																		
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NATURE 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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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: 12-19-10
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: 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	US6K	8484				✓				✓						✓		
2		8485					✓			✓				✓				
3		8486	✓							✓						✓		
4		8487					✓			✓				✓				
5		8488	✓							✓				✓				
6		8489	✓							✓				✓				
7		8490	✓							✓				✓				
8		8491	✓							✓				✓				
9		8492	✓							✓				✓				
10		8493					✓			✓						✓		
11		8494				✓				✓						✓		
12		8495					✓			✓				✓				
13		8496	✓							✓				✓				
14		8497	✓							✓						✓		
15		8498			✓					✓				✓				

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 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	USG#	8599			✓					✓				✓				
17		8600	✓							✓				✓				
18		8634					✓			✓						✓		
19		8635		✓						✓						✓		
20		8636					✓				✓					✓		
21		8637	PALOMINO							CROSS BRED						✓		
22		8638					✓				✓					✓		
23		8639	✓								✓					✓		
24		8640		ROAN							✓					✓		
25		8641					✓				✓					✓		
26		8642	WHITE				✓			HALFLINGER						✓		
27		8645	WHITE				✓			HALFLINGER				✓				
28		8646	PALOMINO							✓						✓		
29		8649	APPALOSA							✓				✓				
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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: 11:00 AM
DATE: Dec 29/10
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

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	USGK	8684	X							STAND				X				
2		8685		X						X				X				
3		8686	X							X						X		
4		8687		BROWN						STAND				X				
5		8688	X							STAND				X				
6		8689	X							STAND						X		
7		8690			X					X				X				
8		8691	X							X				X				
9		8692			APP					X						X		
10		8693					X				X			X				
11		8694	X							X						X		
12		8695	X							PONY CROSS						X		
13		8696		X						PONY CROSS						X		
14		8697					X				X			X				
15		8699			X						X			X				

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

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.

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	USGK	8584	X						STAND					X				
17		8585					X				X					X		
18		8586					X				X					X		
19		8587					X				X			X				
20		8588					X				X			X				
21		8589		APPALOSA						X				X				
22		8590		BROWN						STAND						X		
23		8591			X					X						X		
24		8592		X						X				X				
25		8594	X							X				X				
26		8595	X							X						X		
27		8596					X				X					X		
28																		
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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: 1:30 PM

DATE: 1-2-11

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	USGK	8752					✓			✓						✓		
2		8753	✓							✓						✓		
3		8754	✓							✓						✓		
4		8755	ROAN							✓						✓		
5		8756					✓			✓				✓				
6		8757	✓							✓				✓				
7		8758	✓						CROSS BRED							✓		
8		8759				✓				✓				✓				
9		8760					✓				✓					✓		
10		8761					✓			✓						✓		
11		8762					✓		HALF LINCOLN					✓				
12		8763	✓							✓				✓				
13		8765	ROAN							✓				✓				
14		8766	✓						MULE					✓				
15	✓	8767	✓							✓				✓				

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 (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	USGF	8768	✓							✓				✓				
17		8769	✓							✓						✓		
18		8770	✓							✓				✓				
19		8771					✓		HALF FLINGER					✓				
20		8772					✓				✓					✓		
21		8773	✓							✓				✓				
22		8774	✓							✓						✓		
23		8775		✓							✓					✓		
24		8777				✓				✓						✓		
25		8778			✓					✓						✓		
26		8779	PALAMINO							✓						✓		
27		8780	✓							✓					✓			
28		8781					✓		HALF FLINGER					✓				
29		8782			✓					✓					✓			
30		8783				✓				✓				✓				
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(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: 12:30 PM

DATE: 1-2-11

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	USDA	8701			✓					✓				✓				
2		8702					✓			✓				✓				
3		8703					✓			✓				✓				
4		8705	PALAMINO							✓						✓		
5		8706				✓				✓				✓				
6		8707				✓				✓				✓				
7		8708					✓			✓						✓		
8		8709	✓							✓				✓				
9		8710					✓			✓				✓				
10		8711		DUN						✓				✓				
11		8712					✓			✓						✓		
12		8713	✓							✓						✓		
13		8714	✓							✓				✓				
14		8715					✓			✓				✓				
15		8716				✓				✓						✓		

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

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	USGF	8717				✓				✓				✓				
17		8718	ROAN								✓			✓				
18		8719					✓				✓			✓				
19		8720					✓				✓			✓				
20		8721	ROAN							✓						✓		
21		8722					✓			✓				✓				
22		8723					✓			✓				✓				
23		8725	✓							✓						✓		
24		8727			✓					✓				✓				
25		8728	✓							✓						✓		
26		8729	✓							✓						✓		
27		8730	✓							✓				✓				
28		8731					✓				✓			✓				
29		8733	✓							✓				✓				
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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: 1:00 PM	DATE: 1-4-11
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: SHENANDOAH 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: MASSOINUICLE, 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	USGK ~~USA~~	8734			BROWN			X			ST Bred		X	X				
2		8735					X				HAFLINGER		X	X				
3		8736	X								ST Bred		X	X				
4		8737	X								ST Bred		X	X				
5		8738	X								ST Bred		X			X		
6		8739				APP		X		X				X				
7		8740				APP		X		X				X				
8		8741					X			X				X				
9		8742			BROWN			X			ST Bred		X			X		
10		8743				Brown		X			ST Bred		X	X				
11		8744				Brown		X			ST Bred		X	X				
12		8745	X								ST Bred		X	X				
13		8746	X								ST Bred		X	X				
14	✓	8747	X							X				X				
15	USGK	8748	X							X						X		

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.

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	USGK	8749	X							X						X		
17		8750					X			X						X		
18		8784					X			X						X		
19		8785				BROWN		X		X						X		
20		8786	X							X						X		
21		8787	X							X				X				
22		8788				Brown		X			STBred		X	X				
23		8791				PINTO		X		X				X				
24		8793	X							X				X				
25		8794	X							X				X				
26		8795				X				X				X				
27		8797				BROWN		X		X						X		
28		8798	X							X						X		
29																		
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I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

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

(b)(6)

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: 01-09-2011

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

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	USCK	8851	X							X						X		
2		8852					X			X				X				
3		8853					X			X				X				
4		8854	X							X				X				
5		8855	X							X				X				
6		8856					X			X				X				
7		8857					X			X				X				
8		8858					X			X						X		
9		8859			X					X						X		
10		8860			BUCKSKIN					X				X				
11		8861	X							X				X				
12		8862			APPALOOSA					X						X		
13		8863					X			X						X		
14		8864					X			X				X				
15		8865					X			X						X		

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

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	UGK	8866				X				X						X		
17		8867	X							X				X				
18		8868					X			X				X				
19		8869					X			X				X				
20		8870					X			X				X				
21		8871					X			X				X				
22		8872					X			X				X				
23		8873					X			X				X				
24		8874		Palomino						X				X				
25		8875				X				X						X		
26		8876				X				X				X				
27		8877					X			X						X		
28		8878	X							X						X		
29		8879	X							X						X		
30		8880	X							X				X				
31		8881				X				X						X		
32																		
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ition 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: 11:30 AM

DATE: 01-04-11

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	USGK	8801				✓				✓				✓				
2		8802		PALAMINO						✓						✓		
3		8803					✓			✓				✓				
4		8804	✓							✓						✓		
5		8805				✓				✓						✓		
6		8806		PALAMINO						✓				✓				
7		8807				✓				✓					✓			
8		8809					✓			✓						✓		
9		8810					✓				✓					✓		
10		8811				✓				✓						✓		
11		8812			✓					✓						✓		
12		8813					✓				✓			✓				
13		8814	✓							✓				✓				
14		8815				✓				✓						✓		
15		8816					✓			✓						✓		

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

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	USGK	8817	✓							✓						✓		
17		8818	✓							✓				✓				
18		8819	✓							✓						✓		
19		8820					✓				✓					✓		
20		8821					✓				✓					✓		
21		8822	✓							✓						✓		
22		8823	✓							✓						✓		
23		8824					✓			✓						✓		
24		8825	Buckskin							✓				✓				
25		8826	✓							✓				✓				
26		8827				✓				✓				✓				
27		8828	✓							✓				✓				
28		8829	✓							✓				✓		✓		
29	↓	8832	Brown							✓				✓				
30																		
31																		
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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: 4:30 PM

DATE: 1-18-11

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.: 586 725-8496

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	USGK	8884			✓					✓					✓			
2		8885	✓							✓				✓				
3		8887				BROWN		✓			STBred		✓	✓				
4		8888					✓				✓			✓				
5		8889					✓				✓			✓				
6		8890	✓								STBred		✓			✓		
7		8891				BROWN		✓			STBred		✓			✓		
8		8892	✓								STBred		✓			✓		
9		8893			✓						STBred		✓	✓				
10		8895				BROWN		✓			STBred		✓	✓				
11		8896				APP		✓		✓						✓		
12		8897				✓				✓				✓				
13		8898	✓							✓				✓				
14	✓	8899	✓							✓				✓				
15	USGK	8900				PAL		✓		✓				✓				

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.

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	USGK	8835				BROWN		✓		✓				✓				
17		8836				Brown		✓		✓				✓				
18		8837	✓							✓						✓		
19		8838				BROWN		✓			STBred		✓			✓		
20		8840					✓			✓				✓				
21		8841				✓				✓				✓				
22		8843	✓							✓						✓		
23		8844	✓				PONY-DRAFT			Cross			✓	✓				
24		8845					✓				✓					✓		
25		8846					✓				✓			✓				
26		8847				BROWN		✓		✓				✓				
27	USGK	8848	✓							STBred			✓		✓			
28																		
29																		
30																		
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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)

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: 1-12-11

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	USGK	8901				✓				Crossbred			✓	✓		[redacted]		
2		8902			✓					Crossbred			✓	✓				
3		8903			✓					✓						✓		
4		8904	✓							✓				✓				
5		8905					✓			mule			✓			✓		
6		8906					✓			mule			✓			✓		
7		8907	✓							✓						✓		
8		8908	✓							✓				✓				
9		8909	✓							✓				✓				
10		[redacted]																
11		8911				✓				✓						✓		
12		8912	✓							✓						✓		
13		8913					✓			✓						✓		
14	↓	8915	✓							✓				✓				
15	USGK	8916	✓							✓				✓				

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

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	USGK	8918					✓				✓					✓		
17	↑	8919					✓			Haflinger			✓			✓		
18		8920					✓				✓			✓				
19		8922					✓				✓			✓				
20		8923					✓				✓			✓				
21		8924					✓			Haflinger			✓	✓				
22		8925			✓					✓				✓				
23		8926					✓			✓					✓			
24		8928				✓				✓				✓				
25		8929			✓					✓				✓				
26		8930				✓				✓				✓				
27		8931			BUCKSKIN			✓		✓				✓				
28	↓	8932					✓			✓				✓				
29	USGK	8933					✓			✓				✓				
30																		
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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: 1:30 PM

DATE: 01/16/2011

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	USGK	8951			✓					✓						✓		
2		8952					✓			✓						✓		
3		8953			✓					mule			✓			✓		
4		8954			✓					✓						✓		
5		8955	✓							✓				✓				
6		8956					✓			✓				✓				
7		8957				APP		✓		✓				✓				
8		8958				✓				✓				✓				
9		8960	✓							✓				✓				
10		8961					✓			✓				✓				
11		8962				BROWN		✓		✓				✓				
12		8963	✓							✓						✓		
13		8964				✓				✓						✓		
14		8965				BROWN		✓		✓						✓		
15	USGK	8966	✓							✓						✓		

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.

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	USGK	8967			✓					✓				✓				
17		8968	✓							✓				✓				
18		8971	✓							✓						✓		
19		8973	✓							✓				✓				
20		8974					✓			✓						✓		
21		8975	✓							✓				✓				
22		8976					✓			✓						✓		
23		8977	✓							✓				✓				
24		8978					✓				✓			✓				
25		8979					✓				✓			✓				
26		8980		✓						✓				✓				
27		8981		✓						✓						✓		
28		8982	✓							✓				✓				
29	USGK	8983			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: 2:30 PM

DATE: 1-16-11

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 / ONEIL 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	USGK	8984	✓							✓				✓				
2		8985			BROWN			✓		✓						✓		
3		8986	✓							STBred			✓			✓		
4		8987	✓							STBred			✓	✓				
5		8988	✓							STBred			✓	✓				
6		8989				APP		✓		✓				✓				
7		8990				✓				✓						✓		
8		8991			✓						✓					✓		
9		8992			✓						✓			✓				
10		8993					✓				✓					✓		
11		8994					✓				✓			✓				
12		8995				✓				✓						✓		
13		8996			✓					✓				✓				
14		8997			✓					✓				✓				
15	USGK	8998	✓							✓						✓		

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 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)

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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	Chesln	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USGK	8999	✓							✓				✓				
17		9000			BROWN			✓			STBred		✓	✓				
18		8934			BROWN			✓			STBred		✓	✓				
19		8935	✓								STBred		✓	✓				
20		8936					✓			✓						✓		
21		8937					✓			✓				✓				
22		8940					✓			✓				✓				
23		8941	✓							✓						✓		
24		8942					✓			✓				✓				
25		8944			BROWN			✓		✓				✓				
26		8945	✓							✓				✓				
27		8946				✓				✓				✓				
28		8948	✓								STBred		✓	✓				
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SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6)

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 4:00 PM

DATE: 01/18/2011

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

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

NATU (b)(6)

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

NATURE 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

FORM 10-13 (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	USGK	9016	X							X						X		
17		9017	X							X				X				
18		9018					X			X				X				
19		9019			PALAMINO					X				X				
20		9020				APPALOSA				X						X		
21		9021	X							X						X		
22		9022			APPALOSA					X				X				
23		9023		X						X						X		
24		9024	X							X				X				
25		9025			GRULLO					MULE						X		
26		9026	X							X				X				
27		9027					X			X				X				
28		9028			BROWN					X				X				
29		9029			X					HAFLINGER						X		
30		9030	X							X				X				
31																		
32																		
33																		
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SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6)

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: Jan 20/11

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

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	USGK	9051		APP						X				X				
2		9052	X							X				X				
3		9053	X							X				X				
4		9054	X							X						X		
5		9055				X				X				X				
6		9056				X				X				X				
7		9057			DUN					X						X		
8		9058			X					X						X		
9		9059					X			X				X				
10		9060					X			X						X		
11		9061			X					X				X				
12		9063					X			X				X				
13		9064			X					X				X				
14		9066					X			X						X		
15	↓	9067					X			X				X				

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.

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	USGK	9068					17 PROCESS			X				X				L of OA
17		9069			X					X				X				
18		9071					X			X						X		
19		9072	X							X				X				
20		9073	X							X				X				
21		9074		X						X				X				
22		9075				X				X				X				
23		9076				X				X				X				
24		9077				X				X				X				
25		9078				X				X						X		
26		9079				X				X				X				
27		9080	X							X				X				
28		9081	X							X				X				
29		9082					X			X				X				
30		9083					X			X				X				
31		9084					X			X						X		
32																		
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SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6)

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: 12:00 PM

DATE: 1-23-11

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: SEHL MI 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.: 586 725-8496

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	USCA	9033	✓							✓						✓		
2		9034	✓							✓						✓		
3		9035				✓				✓						✓		
4		9036	✓							✓						✓		
5		9037	✓							✓				✓				
6		9038	✓							✓				✓				
7		9039			✓					✓				✓				
8		9040					✓			✓				✓				
9		9041					✓			✓				✓				
10		9042		✓						✓						✓		
11		9043	✓							✓				✓				
12		9045					✓			✓						✓		
13		9047				✓				✓						✓		
14		9048					✓		HALF CROPPE					✓				
15	✓	9049	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 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	USEE	9050	APPALUSA							✓				✓				
17		9086	✓							✓				✓				
18		9087	✓							✓				✓				
19		9088					✓			✓						✓		
20		9089					✓			✓						✓		
21		9090					✓			✓						✓		
22		9091	✓							✓				✓				
23		9092	✓							✓				✓				
24		9094	✓							✓						✓		
25		9095	✓							✓						✓		
26		9097					✓				✓			✓				
27		9098					✓			✓	✓					✓		
28		9099	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

E HORSES LOADED ON CONVEYANCE: 11:30 AM
DATE: 01-25-11
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: PAIR HAVEN, MI

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

NSIGNOR (OWNER/SHIPPER) NAME: ARON GOLD
CONSIGNEE (RECEIVER/DESTINATION) NAME: RICHELIEU MEATS INC

REET ADDRESS: 6302 MELDRUM RD
STREET ADDRESS:

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

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

ECK 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		
	USGK	9151	X							X				X				
		9152		PALAMINO						X				X				
		9153	X							X						X		
		9154			X					X						X		
		9155			X					X				X				
		9156	X							X				X				
		9157			APPALOSA					X				X				
		9158			X					X				X				
		9159				X				X				X				
		9160	X							X				X				
		9161					X			X						X		
		9162			X					X				X				
		9163			PALAMINO					X				X				
		9164	X							X				X				
		9165			X					X				X				

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

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

(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	USGK	9166	X							Y				X				
17	USGK	9167					X			Y				X				
18		9168			X					Y				X				
19		9169			APPALOSA					Y				X				
20		9170				X				X				X				
21		9171			X							X	CROSS			X		
22		9172		WHITE						X				X				
23		9173	X							X						X		
24		9174			X					X				X				
25		9175	X							X				X				
26		9176		ROAN						X						X		
27		9177					X			X				X				
28		9178	X							X				X				
29		9179		BROWN						X				[illegible]		X		
30																		
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SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6)

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)

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FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 5:00 PM

DATE: 7-26-11

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: UT 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	USGK	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	USGK	9148					✓			✓						✓		

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

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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	USGK	9150	✓							✓						✓		
17		9185	✓							✓				✓				
18		9186	✓							✓				✓				
19		9187			✓					✓				✓				
20		9188					✓			✓				✓				
21		9190					✓			✓					✓			
22		9191				PAL		x		✓				✓				
23		9192				DUN		x		✓				✓				
24		9193				BROWN		x		✓				✓				
25		9194	✓							✓						✓		
26		9196					✓			✓				✓				
27		9197	✓							✓						✓		
28		9198				✓				✓				✓				
29	USGK	9184	✓							✓						✓		
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(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: 2:30 PM	DATE: 1-30-11
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	USGE	9100			✓							✓				✓		
2		9101	Dun							✓				✓				
3		9102	APPALUSA							✓				✓				
4		9103	✓						ST BRED							✓		
5		9104	✓						ST BRED							✓		
6		9105	PALAMINO							✓				✓				
7		9106	✓						ST BRED							✓		
8		9108	✓						ST BRED							✓		
9		9109	✓						ST BRED							✓		
10		9110					✓			✓						✓		
11		9111	Bay						ST BRED							✓		
12		9112	Bay						ST BRED							✓		
13		9114	✓							✓				✓				
14		9115	✓							✓				✓				
15		9116	✓	Roan						✓						✓		

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

SIGN (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)

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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	USGF	9117	✓								✓					✓		
17		9118					✓				✓					✓		
18		9119	✓								✓					✓		
19		9120	BROWN							✓						✓		
20		9121	BROWN							✓				✓				
21		9122	✓							✓						✓		
22		9123	BROWN							✓				✓				
23		9124	✓							✓				✓				
24		9125	✓							✓						✓		
25		9126			✓					✓				✓				
26		9127					✓			✓				✓				
27		9129	✓							✓						✓		
28		9131					✓			✓						✓		
29		9132				✓				✓				✓				
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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: 2:45 PM	DATE: 2-8-41
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 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: 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	USGA	9251	APPALOSA							✓					✓			
2		9252					✓				✓			✓				
3		9253					✓		HALFLINGER					✓				
4		9254					✓				✓					✓		
5		9255	✓						ST BRED							✓		
6		9256	✓						ST BRED					✓				
7		9257	✓						ST BRED							✓		
8		9258	BROWN						ST BRED					✓				
9		9259			✓				ST BRED					✓				
10		9261	✓						ST BRED							✓		
11		9262	BUCKSKIN							✓				✓				
12		9263	✓							✓				✓				
13		9264	✓							✓				✓				
14		9266	✓							✓				✓				
15		9267			✓					✓				✓				

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

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	USGK	9268	✓							✓				✓				
17		9269	✓							✓						✓		
18		9271	BROWN							✓						✓		
19		9272	✓							✓				✓				
20		9273	✓							✓				✓				
21		9274	✓							✓				✓				
22		9275			✓					✓						✓		
23		9276			✓					✓				✓				
24		9277	✓							✓						✓		
25		9281					✓			✓						✓		
26		9282	BROWN							✓						✓		
27	✓	9283	✓							✓						✓		
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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)

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FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 12:30 PM

DATE: Feb 13/11

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	USGL	9284	X	ROAN						X				X				
2		9285					X			X				X				
3		9286	X							X				X				
4		9287					X			X				X				
5		9288					X			X				X				
6		9289				X				X				X				
7		9290				X				X				X				
8		9291					X			X						X		
9		9292		DUN				X		X						X		
10		9293	X							X				X				
11		9294					X			X				X				
12		9295					X			X				X				
13		9296			X					X				X				
14		9297	X							X				X				
15		9298			X					X						X		

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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(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)

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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	USGK	9299			Brown					X				X				
17		9300					X			X				X				
18		9330					X			X				X				
19		9331			X					X						X		
20		9332	X							X						X		
21		9333					X			X				X				
22		9334			X					X				X				
23		9335				X				X				X				
24		9336					X				X	Clos				X		
25		9338				X				X				X				
26		9339	X							X				X				
27		9341					X			X						X		
28		9342				X				X						X		
29		9344					X			X				X				
30																		
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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: 2-14-11
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 O'NEAL IN

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	USGL	9401			✓					✓				✓				
2		9402				✓				✓						✓		
3		9403				✓				✓				✓				
4		9404					✓			✓				✓				
5		9405	✓							✓				✓				
6		9406	✓							✓				✓				
7		9407	✓							✓				✓				
8		9408	APPALUSA							✓				✓				
9		9409					✓			✓				✓				
10		9410					✓			✓				✓				
11		9412	✓						ST	BRED				✓				
12		9413	✓						ST	BRED				✓				
13		9414	✓						ST	BRED				✓				
14		9415	✓						ST	BRED				✓				
15	✓	9416	BROWN						ST	BRED				✓				

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)

EST.

DATE

TIME

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	USGF	9417	✓						ST BRED							✓		
17		9418					✓			✓						✓		
18		9419	✓							✓				✓				
19		9423	BROWN						ST BRED							✓		
20		9424					✓				✓					✓		
21		9425					✓				✓			✓				
22		9426	✓						ST BRED							✓		
23		9427	✓						ST BRED							✓		
24		9428	✓						ST BRED							✓		
25		9429	BROWN						ST BRED							✓		
26		9430	✓						ST BRED					✓				
27		9452					✓			✓				✓				
28	✓	9453					✓			✓				✓				
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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: 9 30 AM

DATE: Feb 16/2011

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

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

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- [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	USGK	9451			X					X				X				
2		9452	X							X				X				
3		9453			APPALOSA					X				X				
4		9454			X					X				X				
5		9455			X					X				X				
6		9456			X					X				X				
7		9457			X					X				X				
8		9458				X				X						X		
9		9459					X			X					X			
10		9460	X							X				X				
11		9461			X					X				X				
12		9462								X				X				
13		9463				X				X				X				
14		9464					X			X				X				
15		9465					X			X				X				

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

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CANADIAN FOOD INSPECTION AGENCY (CFIA)

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)

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			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USGK	9466			DUN					X						X		
17		9467			X					X				X				
18		9468			APP					X				X				
19		9469			X					X				X				
20		9470					X			X				X				
21		9471			X					X						X		
22		9472					X			X				X				
23		9473					X			X				X				
24		9474				X				X				X				
25		9475					X			X						X		
26		9476					X			X						X		
27		9477					X			X						X		
28		9478	X							X				X				
29		9479					X			X						X		
30		9480		APP						X				X				
31		9483		PALAMINO						X				X				
32																		
33																		
34																		
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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: 12:30 PM

DATE: 2-24-11

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	USGK	9501	✓							✓						✓		
2		9502					✓			✓				✓				
3		9503					✓			✓						✓		
4		9504			✓					✓						✓		
5		9505				✓				✓				✓				
6		9506					✓			✓				✓				
7		9507		DUN						✓				✓				
8		9508				✓				✓						✓		
9		9509	✓							✓						✓		
10		9510	PALAMINO							✓				✓				
11		9511				✓				✓						✓		
12		9512	PALAMINO							✓				✓				
13		9513					✓			✓						✓		
14		9514			✓					✓						✓		
15		9515			✓					✓						✓		

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 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	USGK	9516	✓							✓				✓				
17		~~9517~~																
18		9518					✓				✓					✓		
19		9519					✓				✓					✓		
20		9520			✓						✓			✓				
21		9521	✓						SI BRED							✓		
22		9522	✓						SI BRED					✓				
23		9523	✓						SI BRED					✓				
24		9524	BROWN						SI BRED					✓				
25		9525	✓						SI BRED					✓				
26		9526	✓						SI BRED					✓				
27		9527	BROWN						SI BRED							✓		
28		9528	BROWN						SI BRED							✓		
29		9529	✓						SI BRED					✓				
30	✓	9530				✓				✓				✓				
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SIGNATURE OF OWNER/SHIPPER [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: 9:30 AM	DATE: 2-20-11
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	USGC	9434			✓					✓				✓				
2		9435	✓							✓				✓				
3		9436					✓			✓				✓				
4		9437	✓							✓				✓				
5		9438					✓				✓			✓				
6		9439		✓							✓					✓		
7		9440	✓							✓				✓				
8		9441	✓							✓						✓		
9		9442		✓						✓				✓				
10		9443	✓							✓				✓				
11		9444					✓			✓				✓				
12		9445					✓			✓				✓				
13		9446					✓			✓				✓				
14		9447					✓			✓				✓				
15		9448	✓							✓				✓				

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-1 OKM 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	USGK	9449	✓							✓				✓				
17		9450					✓			✓				✓				
18		9454	✓							✓				✓				
19		9455	✓							✓				✓				
20		9456	✓							✓				✓				
21		9457	✓							✓						✓		
22		9458					✓			✓						✓		
23		9459	✓							✓						✓		
24		9460					✓			✓				✓				
25		9461	✓							✓				✓				
26		9462		DUN						✓				✓				
27		9463	✓							✓				✓				
28		9464	✓						ST	BRED						✓		
29		9465		BROWN					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)

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: 2-22-11

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	USGF	9551				✓				✓				✓				
2		9552					✓			✓				✓				
3		9553					✓			✓				✓				
4		9554	BUCKSKIN							✓				✓				
5		9555	✓							✓						✓		
6		9557	BROWN						ST BRED					✓				
7		9558	✓						ST BRED							✓		
8		9559					✓			✓						✓		
9		9560					✓			✓				✓				
10		9561	✓							✓						✓		
11		9563	✓						ST BRED							✓		
12		9564	✓						ST BRED							✓		
13		9565	✓						ST BRED							✓		
14		9566	✓						ST BRED					✓				
15	✓	9567	✓						ST BRED					✓				

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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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)

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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	USGK	9568	BROWN							MULE				✓				
17		9569					✓				✓			✓				
18		9570					✓				✓			✓				
19		9571	PALAMINO							✓				✓				
20		9572					✓			✓						✓		
21		9573					✓			✓						✓		
22		9574					✓			✓				✓				
23		9575	✓							✓				✓				
24		9576			✓					✓						✓		
25		9577	✓							✓				✓				
26		9578					✓			✓				✓				
27		9579		✓						✓				✓				
28		9581	✓							✓				✓				
29		9583	BROWN							✓				✓				
30																		
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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: 1:30 PM
DATE: FEB 24/11
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	USGL	9584					X			X				X				
2		9585					X			X				X				
3		9586			APPROVED					X				X				
4		9587			X					X				X				
5		9588			X					X				X				
6		9589			X					X				X				
7		9590	X							X				X				
8		9591			X						X					X		
9		9592					X			X				X				
10		9593	X							X				X				
11		9594	X							X						X		
12		9596	X							X				X				
13		9597			X					X				X				
14		9598		X						X						X		
15		9599	X							X				X				

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

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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)

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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	USGC	9600			X					X				X				
17		9534					X			X				X				
18		9535					X				X			X				
19		9536					X				X			X				
20		9538			X					X				X				
21		9539			X					X				X				
22		9540	X							X						X		
23		9541					X			X						X		
24		9543					X			X				X				
25		9544				X				X				X				
26		9545	X							X				X				
27		9546	X							X						X		
28		9547					X			X				X				
29																		
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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)

E 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: 12:15 pm
DATE: Feb 27/11
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: FAIR HAVEN, MI

(b)(6)

NAME OF AUCTION/MARKET: RIAN HORSE SALES

CONSIGNOR (OWNER/SHIPPER) NAME: AARON 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
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- [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	USGK	9601			Roan					X				X				
2		9602		Appaloosa						X				X				
3		9603			X					X				X				
4		9604	X							X				X				
5		9605	X							X				X				
6		9606	X							X						X		
7		9607	X							X				X				
8		9608					X				X			X				
9		9609					X			X				X				
10		9610	X							X				X				
11		9611	X							X						X		
12		9612	X							X				X				
13		9613					X				X			X				
14		9614				X				X				X				
15		9615	X							X				X				

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

SIGNATURE (b)(6)

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA 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)

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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	USGK	9616	X							X						X		
17		9617					X			X				X				
18		9618	X							X						X		
19		9619	X							X				X				
20		9620	X							X						X		
21		9621				X				X				X				
22		9622			X					X						X		
23		9623					X			X				M				
24		9624				X				X				X				
25		9625			X					X				X				
26		9626	X							X					X			
27		9627					X				X			X				
28		9628	X							X				X				
29		9630	X							X					X			
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IGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6)

(E/2002)