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: 11-8-11

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

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

NAME OF AUCTION/MARKET: KALONA Sale Barn

CONSIGNOR (OWNER/SHIPPER) NAME: KEITH O TONGEN

CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.

STREET ADDRESS: (b)(6)

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: (b)(6)

CITY, STATE, ZIP CODE: Massueville, Quebec, Canada J0G 1K0

AREA CODE & TELEPHONE NO.: (b)(6)

AREA CODE & TELEPHONE NO.: 450-788-2490

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	CASGN	8751	X							X					X		Penalum	
2		8752						Pal		X					X		Penalum	
3		8753	X							X				X				
4		8754	X							X				X				
5		8755				X				X						X		Blind in Left Eye
6		8756					X			X			HF					
7		8757					X			X				X				
8		8758					X		X					X				
9		8759					X				X			X				
10		8760					X				X			X				
11		8761				X				X				X				
12		8762					X				X			X				
13		8763					X			X						X		
14		8764	X							X				X				
15		8765					X			X				X				

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

SIGNATURE (b)(6)

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

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

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

FOIA 11-425_000001

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	USGN	8766	X							X				X				
17		8767					X			X				X				
18		8768					X			X				X				
19		8769					X				X					X		
20		8770	X							X						X		
21		8771						Pal		X						X		Blind In Left Eye
22		8772	X						X					X				
23		8773				X				X						X		
24		8774					X			X				X				
25		8775	X							X						X		
26		8776	X							X				X				
27		8777					X			X				X				
28		8778			X				X							X		
29																		
30	28	total																
31																		
32																		
33																		
34																		
35																		
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SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6)

VS FORM 10-13A
(SEP 2002)

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 10 AM unload 7:15 PM

DATE: 1-4-11

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Kalona IA

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

NAME OF AUCTION/MARKET: Kalona Sale Barn

CONSIGNOR (OWNER/SHIPPER) NAME: KEITH O TONGEN

CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.

STREET ADDRESS: (b)(6)

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: (b)(6)

CITY, STATE, ZIP CODE: Massueville, Quebec, Canada J0G 1K0

AREA CODE & TELEPHONE NO.: (b)(6)

AREA CODE & TELEPHONE NO.: 450-788-2490

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	USGN	8751	X							X					X		Pen alone	
2		8752						Pal		X					X		Pen alone	
3		8753	X							X				X				
4		8754	X							X				X				
5		8755				X				X						X		Blind In Left Eye
6		8756					X			X			HF					
7		8757					X			X				X				
8		8758					X		X					X				
9		8759					X				X			X				
10		8760					X				X			X				
11		8761				X				X				X				
12		8762					X				X			X				
13		8763					X			X						X		
14		8764	X							X				X				
15		8765					X			X				X				

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

SIGNATURE: (b)(6)

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

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

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

FOIA 11-425_000003

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	USGN	8766	X							X				X				
17		8767					X			X				X				
18		8768					X			X				X				
19		8769					X				X					X		
20		8770	X							X						X		
21		8771						Pal		X						X		Blind In ~~Left~~ Eye
22		8772	X						X					X				
23		8773				X				X						X		
24		8774					X			X				X				
25		8775	X							X						X		
26		8776	X							X				X				
27		8777					X			X				X				
28		8778			X				X							X		
~~29~~																		
30	28	total																
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.)

[redacted] (b)(6)

VS FORM 10-13A
(SEP 2002)

FOIA 11-425_000004

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: 1-5-11

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Brownth MN

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

NAME OF AUCTION/MARKET: —

CONSIGNOR (OWNER/SHIPPER) NAME: KEITH O TONGEN

CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.

STREET ADDRESS: (b)(6)

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: (b)(6)

CITY, STATE, ZIP CODE: Massueville, Quebec, Canada J0G 1K0

AREA CODE & TELEPHONE NO.: (b)(6)

AREA CODE & TELEPHONE NO.: 450-788-2490

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	USGN	8675				X				X				X				
2		8676						Red Roan	APP	X						X		
3		8677					X			X				X				
4		8678						Red Roan	APP	X				X				
5		8679						Bay Roan	APP	X								
6		8680					X	APP		X				X				
7		8681	X						X							X		
8		8682						Buckskin		X						X		
9		8683				X				X						X		
10		8684	X							X				X				
11		8685	X							X						X		
12		8686				X				X				X				
13		8687					X			X						X		
14		8688						APP		X				X				
15		8689					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)

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

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

FOIA 11-425_000005

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	USGN	8690						Bay Roan		X				X				
17		8691					X			X				X				
18		8692						DUN		X						X		
19		8693	X					APP		X				X				
20		8694				X				X						X		
21		8695						Roan	APP	X				X				
22		8696	X							X				X				
23		8779	X						X					X				
24		8780				X				X				X				
25		8781					X			X				X				
26		8782					X			X						X		
27		8783	X							X				X				
28		8784						DUN		X				X				
29		8785				X				X				X				
30		8786					X			X				X				
31		8787					X			X				X				
32																		
33	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)

VS FORM 10-13A
(SEP 2002)

FOIA 11-425_000006

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 11:45 AM

DATE: 7-12-11

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Manchester NH

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

NAME OF AUCTION/MARKET:

CONSIGNOR (OWNER/SHIPPER) NAME: KEITH O TONGEN

CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.

STREET ADDRESS: (b)(6)

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: (b)(6)

CITY, STATE, ZIP CODE: Massueville, Quebec, Canada J0G 1K0

AREA CODE & TELEPHONE NO.: (b)(6)

AREA CODE & TELEPHONE NO.: 450-788-2490

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	USGN	8446					X			X				X				
2		8447					X			X						X		
3		8697						DUN		X				X			Blind	rite eye
4		8698					X			X				X				
5		8699					X			X				X				
6		8700						Red Dun		X				X				
7		8701						Red Roan		X						X		
8		8702						DUN		X						X		
9		8703						Red Roan		X				X				
10		8704					X			X				X				
11		8705					X			X						X		
12		8706			X						X			X				off
13		8707				X				X						X		
14		8709	X							X						X		
15		8710						Red Dun		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)

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

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

FOIA 11-425_000007

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	USGN	8713					X			X						X		
17		8714	X						X					X				
18		8715			X				X							X		
19		8716						PAL				X				X		
20		8717			X					X				X				
21		8718					X			X				X				
22		8719	X							X				X				
23		8720			X					X				X				
24		8721					X			X				X				
25		8722					X			X				X				
26		8723	X						X					X				
27		8724			X					X				X				
28		8725					X			X						X		
29		8726					X			X						X		
30		8727			X					X				X				
31		8728	X							X						X		
32		8729					X			X						X		
33																		
34	31 Head																	
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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)

FOIA 11-425_000008

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 8:00 AM

DATE: 1-11-11

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Brownton, MN

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

NAME OF AUCTION/MARKET:

CONSIGNOR (OWNER/SHIPPER) NAME: KEITH O TONGEN

CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.

STREET ADDRESS: (b)(6)

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: (b)(6)

CITY, STATE, ZIP CODE: Massueville, Quebec, Canada J0G 1K0

AREA CODE & TELEPHONE NO.: (b)(6)

AREA CODE & TELEPHONE NO.: 450-788-2490

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	USGN	8446					X			X				X				
2		8447					X			X						X		
3		8697						DUN		X				X			Blind	rite eye
4		8698					X			X				X				
5		8699					X			X				X				
6		8700						Red Dun		X				X				
7		8701						Red Roan		X						X		
8		8702						DUN		X						X		
9		8703						Red Roan		X				X				
10		8704					X			X				X				
11		8705					X			X						X		
12		8706			X						X			X				Off
13		8707				X				X						X		
14		8709	X							X						X		
15		8710						Red Dun		X				X				

Off

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

SIGNATURE (b)(6)

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

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

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

FOIA 11-425_000010

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	USGN	8713					X			X						X		
17		8714	X						X					X				
18		8715			X				X							X		
19		8716						PAL				X				X		
20		8717			X					X				X				
21		8718					X			X				X				
22		8719	X							X				X				
23		8720			X					X				X				
24		8721					X			X				X				
25		8722					X			X				X				
26		8723	X						X					X				
27		8724			X					X				X				
28		8725					X			X						X		
29		8726					X			X						X		
30		8727			X					X				X				
31		8728	X							X						X		
32		8729					X			X						X		
33																		
34	31 head																	
35																		
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SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6)

VS FORM 10-13A
(SEP 2002)

FOIA 11-425_000011

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 9:00 AM

DATE: 1-18-11

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: BROWNTON, MN

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

NAME OF AUCTION/MARKET:

CONSIGNOR (OWNER/SHIPPER) NAME: KEITH O TONGEN

CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.

STREET ADDRESS: (b)(6)

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: (b)(6)

CITY, STATE, ZIP CODE: Massueville, Quebec, Canada J0G 1K0

AREA CODE & TELEPHONE NO.: (b)(6)

AREA CODE & TELEPHONE NO.: 450-788-2490

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	USGN	8687					X			X						X		
2		8708	X						X					X				
3		8711	X						X					X				
4		8712					X			X				X				
5		8706					X			X				X				
6		8788	X										AB			X		
7		8789			X				X							X		
8		8790	X										AB	X				
9		8791	X							X				X				
10		8792	X						X							X		
11		8793			X					X				X				
12		8794					X				X			X				
13		8795			X						X				X		Pen alone	
14		8796	X						X					X				
15		8797					X				X			X				

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

SIGNATURE (b)(6)

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

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

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

FOIA 11-425_000012

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	USGN	8798	X						X							X		
17		8799				X						X				X		
18		8800					X		X					X				
19		8730				X				X				X				
20		8731					X			X						X		
21		8732					X			X				X				
22		8733					X			X						X		
23		8734				X				X				X				
24		8735				X				X						X		
25		8736						PAL		X						X		
26		8737					X			X				X				
27		8738				X				X						X		
28		8739						DUN		X				X				
29		8740					X			X				X				
30		8741						APP		X				X				
31		8742				X				X						X		
32		8743			X					X				X				
33																		
34	30 head																	
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)

VS FORM 10-13A
(SEP 2002)

FOIA 11-425_000013

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: 1-19-11

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

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

NAME OF AUCTION/MARKET:

CONSIGNOR (OWNER/SHIPPER) NAME: KEITH O TONGEN

CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.

STREET ADDRESS: (b)(6)

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: (b)(6)

CITY, STATE, ZIP CODE: Massueville, Quebec, Canada J0G 1K0

AREA CODE & TELEPHONE NO.: (b)(6)

AREA CODE & TELEPHONE NO.: 450-788-2490

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	USGN	~~8687~~					X			X						X		
2		8708	X						X					X				
3		8711	X						X					X				
4		8712					X			X				X				
5		8706					X			X				X				
6		8788	X										AB			X		
7		8789			X				X							X		
8		8790	X										AB	X				
9		8791	X							X				X				
10		8792	X						X							X		
11		8793			X					X				X				
12		8794					X				X			X				
13		8795			X						X				X		Pen alone	
14		8796	X						X					X				
15		8797					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)

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

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

FOIA 11-425_000014

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	Cheain	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USGN	8798	X						X							X		
17		8799				X						X				X		
18		8800					X		X					X				
19		8730				X				X				X				
20		8731					X			X						X		
21		8732					X			X				X				
22		8733					X			X						X		
23		8734				X				X				X				
24		8735				X				X						X		
25		~~8736~~						PAL		X						X		
26		8737					X			X				X				
27		8738				X				X						X		
28		8739						DUN		X				X				
29		8740					X			X				X				
30		8741						APP		X				X				
31		8742				X				X						X		
32		8743			X					X				X				
33																		
34	30 head																	
35																		
36																		
37																		
38																		
39																		
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SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6)

VS FORM 10-13A
(SEP 2002)

FOIA 11-425_000015

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: 1-25-11

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: BROWNTON, MN

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

NAME OF AUCTION/MARKET: R + J HORSE SALE

CONSIGNOR (OWNER/SHIPPER) NAME: KEITH O TONGEN

CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.

STREET ADDRESS: (b)(6)

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: (b)(6)

CITY, STATE, ZIP CODE: Massueville, Quebec, Canada J0G 1K0

AREA CODE & TELEPHONE NO.: (b)(6)

AREA CODE & TELEPHONE NO.: 450-788-2490

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	USGN	8687						Red Roan	APP	X				X				
2		8736						PAL		X						X		
3		8744	X							X				X				
4		8745					X			X				X				
5		8746	X							X				X				
6		8747				X				X				X				
7		8748				X				X				X				
8		8749				X						X				X	Blind	left eye
9		8750	X						X					X				
10	USGZ	1001					X		X					X				
11		1002					X			X				X				
12		1003					X			X				X				
13		1004						Red Dun		X				X				
14		1005					X		X					X				
15		1006					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)

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

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

FOIA 11-425_000016

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	USGZ	1007				X				X				X				
17		1008				X				X				X				
18		1009	X							X				X				
19		1010						Red Roan	X					X				
20		1011					X		X					X				
21		1012						Pal	X					X				
~~22~~		~~1015~~					~~X~~		~~X~~					~~X~~				
23		1016	X							X						X		
24		1017						Pal		X						X		
25		1018	X							X						X		
26		1019					X			X						X		
27		1020	X							X						X		
28		1021						Red Roan		X						X		
29		1022					X			X						X		
30		1023			X					X					X		Pen alone	
31																		
32	29 head																	
33																		
34																		
35																		
36																		
37																		
38																		
39																		
40																		
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SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6)

VS FORM 10-13A
(SEP 2002)

FOIA 11-425_000017

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 8:30 Am

DATE: 1-26-71

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Manchester mi

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

NAME OF AUCTION/MARKET: —

CONSIGNOR (OWNER/SHIPPER) NAME: KEITH O TONGEN

CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.

STREET ADDRESS: (b)(6)

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: (b)(6)

CITY, STATE, ZIP CODE: Massueville, Quebec, Canada JOG IKO

AREA CODE & TELEPHONE NO.: (b)(6)

AREA CODE & TELEPHONE NO.: 450-788-2490

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 this trip.
- [X] Foals are older than 6 months of age.
- [X] Horses are able to bear weight on all 4 limbs.
- [X] Horses are not blind in both eyes.
- [X] Horses are able to walk unassisted.

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION: Bay	Grey	Blk	Pinto	Chestn	Other	BREED/TYPE: TB	QT	Draft	Pony	Other	SEX: Mare	Stal	Geld	BRANDS Tattoos, etc.	REMARKS Include existing conditions
1	USGN	8687						Red Roan		X				X				
2		8736						Pal		X						X		
3		8744	X							X				X				
4		8745					X			X				X				
5		8746	X							X				X				
6		8747				X				X				X				
7		8748				X				X				X				
8		8749				X						X				X	Blind	left eye
9		8750	X						X					X				
10	USGZ	1001					X		X					X				
11		1002					X			X				X				
12		1003					X			X				X				
13		1004						Red Roan		X				X				
14		1005					X		X					X				
15		1006					X			X				X				

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

SIGNATURE: (b)(6)

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

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

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)
EST.
DATE
TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)
EST.
DATE
TIME

FOIA 11-425_000018

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: Bay	Gray	Blk.	Pinto	Cinnm.	Other	BREED/TYPE: TB	QT	Draft	Pony	Other	SEX: Mare	Stal.	Geld	BRANDS Tattoos, etc.	REMARKS Include precondition
16	USGZ	1007				X				X				X				
17		1008				X				X				X				
18		1009	X							X				X				
19		1010						Red Roan	X					X				
20		1011					X		X					X				
21		1012						Pal	X					X				
~~22~~		~~1015~~					X		X					X				
23		1016	X							X						X		
24		1017						Pal		X						X		
25		1018	X							X						X		
26		1019					X			X						X		
27		1020	X							X						X		
28		1021						Red Roan		X						X		
29		1022					X			X						X		
30		1023			X					X					X		Pen alone	
31																		
32																		
33																		
34																		
35																		
36																		
37																		
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SIGNATURE OF OWNER/SHIPPER (verify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6)

VS FORM 10-13A
(SEP 2002)

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 9:00 am	DATE: 2-23-11
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Manchester MS	
VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6)	NAME OF AUCTION/MARKET: R+J Horse Sale
CONSIGNOR (OWNER/SHIPPER) NAME: KEITH O TONGEN	CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.
STREET ADDRESS: (b)(6)	STREET ADDRESS: 595 Rue Royale
CITY, STATE, ZIP CODE: (b)(6)	CITY, STATE, ZIP CODE: Massueville, Quebec, Canada J0G 1K0
AREA CODE & TELEPHONE NO.: (b)(6)	AREA CODE & TELEPHONE NO.: 450-788-2490

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	USGZ	1140					X			X				X				
2		1141					X			X				X				
3		1148						DUN		X				X				
4		1149				X				X				X				
5		1150					X				X			X				
6		1151					X				X			X				
7		1152						PAL		X				X				
8		1153					X			X						X		
9		1156				X				X				X				
10		1157					X			X				X				
11		1158				X				X				X				
12		1154	X										AB	X				
13		1155						PAL		X				X				
14		1159						Red Roan		X				X				
15		1160			X					X	X			X				

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

SIGNATURE (b)(6)

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

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

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

A 11-425_000020

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	Gald		
16	USGZ	1161						PAL	X							X		
17		1162			X				X					X				
18		1163	X							X				X				
19		1164					X			X				X				
20		1165						PAL		X				X				
21		1166					X			X				X				
22		1167			X					X				X			927 on right hip	
23		1168					X			X				X				
24		1169					X			X				X				
25		1170					X			X						X		
26		1171						PAL		X				X				
27		1172	X							X				X				
28		~~1173~~			X						X			X				
29		~~1174~~			X						X			X				
30		1175	X							X				X				
31		1015					X		X					X				
32																		
33																		
34																		
35																		
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SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6)

VS FORM 10-13A
(SEP 2002)

OIA 11-425_000021

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: 2-22-11

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Brownton, MN

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

NAME OF AUCTION/MARKET: R+J Horse Sale

CONSIGNOR (OWNER/SHIPPER) NAME: KEITH O TONGEN

CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.

STREET ADDRESS: (b)(6)

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: (b)(6)

CITY, STATE, ZIP CODE: Massueville, Quebec, Canada J0G 1K0

AREA CODE & TELEPHONE NO.: (b)(6)

AREA CODE & TELEPHONE NO.: 450-788-2490

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	USGZ	1140					X			X				X				
2		1141					X			X				X				
3		1148						DUN		X				X				
4		1149				X				X				X				
5		1150					X				X			X				
6		1151					X				X			X				
7		1152						PAL		X				X				
8		1153					X			X						X		
9		1156				X				X				X				
10		1157					X			X				X				
11		1158				X				X				X				
12		1154	X										AB	X				
13		1155						PAL		X				X				
14		1159						Red Roan		X				X				
15		1160			X					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)

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

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

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	USGZ	1161						PAL	X							X		
17		1162			X				X					X				
18		1163	X							X				X				
19		1164					X			X				X				
20		1165						PAL		X				X				
21		1166					X			X				X				
22		1167			X					X				X			127 on right hip	
23		1168					X			X				X				
24		1169					X			X				X				
25		1170					X			X						X		
26		1171						PAL		X				X				
27		1172	X							X				X				
28		~~1173~~			X						X			X				
29		~~1174~~			X						X			X				
30		1175	X							X				X				
31		1015					X		X					X				
32																		
33																		
34																		
35																		
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SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6)

VS FORM 10-13A
(SEP 2002)

FOIA 11-425_000023

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: 2-9-11

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Manchester NH

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

NAME OF AUCTION/MARKET: Kalona IA

CONSIGNOR (OWNER/SHIPPER) NAME: KEITH O TONGEN

CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.

STREET ADDRESS: (b)(6)

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: (b)(6)

CITY, STATE, ZIP CODE: Massueville, Quebec, Canada J0G 1K0

AREA CODE & TELEPHONE NO.: (b)(6)

AREA CODE & TELEPHONE NO.: 450-788-2490

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	USGZ	1101				X				X					X		Pen	alm
2		1102					X				X			X				
3		1103				X				X				X				
4		1104					X			X				X				
5		1105			X						X					X		
6		1106					X				X			X				
7		1107			X						X			X				
8		1108						Roan		X				X				
9		1109	X							X				X				
10		1110	X							X				X				
11		1111					X			X				X				
12		1112	X							X				X				
13		1113	X							X				X				
14		1114	X							X				X				
15		1115						App		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)

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

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. # 76

DATE 10/02/11

TIME 8:30

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

FOIA 11-425_000024

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	USGZ	1116	X							X				X				
17		1117	X							X				X				
18		1118					X			X				X				
19		1119					X			X				X				
20		1120					X			X				X				
21		1121					X			X				X				
22		1122			X				X							X		
23		1123				X				X				X				
24		1124						Pal		X				X				
25		1125				X				X				X				
26		1126					X			X				X				
27		1127				X				X						X		
28		1128					X			X				X				
29		1129			X					X						X		
30																		
31	29	Total																
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)

FOIA 11-425_000025

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE | DATE | CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE

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

NAME OF AUCTION/MARKET

CONSIGNOR (OWNER/SHIPPER) NAME
KEITH O TONGEN

CONSIGNEE (RECEIVER/DESTINATION) NAME
Viande Richelieu Meat Inc.

STREET ADDRESS
(b)(6)

STREET ADDRESS
595 Rue Royale

CITY, STATE, ZIP CODE
(b)(6)

CITY, STATE, ZIP CODE
Massueville, Quebec, Canada J0G 1K0

AREA CODE & TELEPHONE NO.
(b)(6)

AREA CODE & TELEPHONE NO.
450-788-2490

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	11562	1024					X			X				X				
2		1025					X			X						X		
3		1026	X							X				X				
4		1027					X			X				X				
5		1028					X			X				X				
6		1029	X						X							X		
7		1030	X							X				X				
8		1031					X			X						X		
9		1032			X					X						X		
10		1033					X			X						X	9 L. Hip	
11		1034	X							X				X				
12		1035	X							X						X		
13		1036	X						X							X		
14		1037	X							X						X		
15		1038	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

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

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

CANADIAN FOOD INSPECTION AGENCY (CFIA)
EST.
DATE
TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)
EST.
DATE
TIME

FOIA 11-425_000026

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		
18	USGZ	1039	X							X						X		
17		1040	X						X					X				
18		1041	X							X	X			X				
19		1042					X				X			X				Off
20		1043						Gyp		X				X				
21		1044				X				X						X		
22		1045						Pal		X						X		
23		1046	X							X						X		
24		1047			X				X							X		
25		1048	X							X				X				
26		1049					X			X				X				
27		1050			X					X						X		
28		1051					X				X			X				
29		1052					X			X				X				
30		1053		X							X					X		Off
31		1054						Red Roan		X				X				
32		1055	X							X	X					X		
33		1056	X							X	X			X				
34																		
35	31	horses																
36																		
37																		
38																		
39																		
40																		
41																		
42																		
43																		
44																		
45																		

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

[redacted] (b)(6)

VS FORM 10-13A
(SEP 2002)

FOIA 11-425_000027

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: 2-3-11

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: BROWNTON, MN

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

NAME OF AUCTION/MARKET:

CONSIGNOR (OWNER/SHIPPER) NAME: KEITH O TONGEN

CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.

STREET ADDRESS: (b)(6)

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: (b)(6)

CITY, STATE, ZIP CODE: Massueville, Quebec, Canada J0G 1K0

AREA CODE & TELEPHONE NO.: (b)(6)

AREA CODE & TELEPHONE NO.: 450-788-2490

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	USGZ	1024					X			X				X				
2		1025					X			X						X		
3		1026	X							X				X				
4		1027					X			X				X				
5		1028					X			X				X				
6		1029	X						X							X		
7		1030	X							X				X				
8		1031					X			X						X		
9		1032			X					X						X		
10		1033					X			X						X	9 L. Hip	
11		1034	X							X				X				
12		1035	X							X						X		
13		1036	X						X							X		
14		1037	X							X						X		
15		1038	X						X					X				

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

SIGNATURE (b)(6)

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

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

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

FOIA 11-425_000028

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	USGZ	1039	X							X						X		
17		1040	X						X					X				
18		1041	X							X	X			X				
~~19~~		~~1042~~					X				X			X				~~off~~
20		1043						Gyp		X				X				
21		1044				X				X						X		
22		1045						Pal		X						X		
23		1046	X							X						X		
24		1047			X				X							X		
25		1048	X							X				X				
26		1049					X			X				X				
27		1050			X					X						X		
28		1051					X				X			X				
29		1052					X			X				X				
~~30~~		~~1053~~		X							X					X		~~off~~
31		1054						Red Roan		X				X				
32		1055	X							X	X					X		
33		1056	X							X	X			X				
34																		
35	31 horses																	
36																		
37																		
38																		
39																		
40																		
41																		
42																		
43																		
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45																		

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

(b)(6)

VS FORM 10-13A
(SEP 2002)

FOIA 11-425_000029

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: 9:20 AM

DATE: 2-8-11

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Kalona IA

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

NAME OF AUCTION/MARKET: Kalona IA

CONSIGNOR (OWNER/SHIPPER) NAME: KEITH O TONGEN

CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.

STREET ADDRESS: (b)(6)

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: (b)(6)

CITY, STATE, ZIP CODE: Massueville, Quebec, Canada J0G 1K0

AREA CODE & TELEPHONE NO.: (b)(6)

AREA CODE & TELEPHONE NO.: 450-788-2490

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	USGZ	1101				X				X					X		Pen	alum
2		1102					X				X			X				
3		1103				X				X				X				
4		1104					X			X				X				
5		1105			X						X					X		
6		1106					X				X			X				
7		1107			X						X			X				
8		1108						Roan		X				X				
9		1109	X							X				X				
10		1110	X							X				X				
11		1111					X			X				X				
12		1112	X							X				X				
13		1113	X							X				X				
14		1114	X							X				X				
15		1115						App		X				X				

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

SIGNATURE: (b)(6)

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

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

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. #76

DATE 10/02/11

TIME 8:30 HRS AM

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

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

FOIA 11-425_000030

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	USGZ	1116	X							X				X				
17		1117	X							X				X				
18		1118					X			X				X				
19		1119					X			X				X				
20		1120					X			X				X				
21		1121			[illegible]		X			X				X		[illegible]		
22		1122			X	[illegible]			X	[illegible]				[illegible]		X		
23		1123				X		[illegible]		X				X				
24		1124				[illegible]		Pal		X				X				
25		1125				X	[illegible]			X				X				
26		1126					X			X				X				
27		1127				X				X						X		
28		1128					X			X				X				
29		1129			X					X						X		
30										[illegible]						[illegible]		
31	29	Total																
32																		
33																		
34																		
35																		
36																		
37																		
38																		
39																		
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SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6)

VS FORM 10-13A
(SEP 2002)

FOIA 11-425_000031

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 11:30 AM

DATE: 2-9-11

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Browerton, MN / Kalona Iowa

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

NAME OF AUCTION/MARKET: KALONA SALE BARN

CONSIGNOR (OWNER/SHIPPER) NAME: KEITH O TONGEN

CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.

STREET ADDRESS: (b)(6)

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: (b)(6)

CITY, STATE, ZIP CODE: Massueville, Quebec, Canada J0G 1K0

AREA CODE & TELEPHONE NO.: (b)(6)

AREA CODE & TELEPHONE NO.: 450-788-2490

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	USGZ	1053					X			X						X		
2		1057	X						X							X		
3		1058					X		X					X				
4		1059	X							X						X		
5		1060	X						X							X		
6		1042					X			X	X			X				
7		1061						PAL		X				X				
8		1062	X							X						X		
9		1063				X	X			X				X				
10		1064					X			X				X				
11		1066			X					X				X				
12		1068						PAL		X						X		
13		1070			X					X				X				
14		1071	X							X						X		
15		1072			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)

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

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

FOIA 11-425_000032

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	USGZ	1073					X			X				X				
17		1074						Buck		X				X				
18		1075	X							X				X				
19		1076					X			X						X		
20		1077	X						X							X		
21		1078	X						X							X		
22		1079			X						X			X			Blind	right eye off
~~23~~		~~1081~~					X				X			X				
24		1082					X				X			X				
25		1130	X									X				X		
26		1131					X			X				X				
27		1132					X			X						X		
28		1133			X					X						X		
29		1134					X						Mule			X		
30		1136				X						X		X				
31		1137				X						X				X		
32																		
33	30 head																	
34																		
35																		
36																		
37																		
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SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6)

VS FORM 10-13A
(SEP 2002)

FOIA 11-425_000033

ANIMAL AND PLANT HEALTH INSPECTION SERVICE

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 8:45 AM

DATE: 2-16-15

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Manchester MF

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

NAME OF AUCTION/MARKET: JACKSON LIVESTOCK EXCHANGE – TWIN CITIES 1b SA

CONSIGNOR (OWNER/SHIPPER) NAME: KEITH O TONGEN

CONSIGNEE (RECEIVER/DESTINATION) NAME: VIANDE RICHELIEU MEAT INC

STREET ADDRESS: (b)(6)

STREET ADDRESS: 595 RUE ROYALE

CITY, STATE, ZIP CODE: (b)(6)

CITY, STATE, ZIP CODE: MASSUEVILLE, QUEBEC, CANADA J0G 1K0

AREA CODE & TELEPHONE NO.: (b)(6)

AREA CODE & TELEPHONE NO.: 450-788-2490

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USGZ	1069						PAL		X					X		Pen	alone
2		1081					X				X			X				
3		1083	X							X				X				
4		1084						PAL		X						X		
5		1085	X							X				X				
6		1086	X							X				X				
7		1087					X			X				X				
8		1088					X			X				X				
9		1089					X			X				X				
10		1090					X			X						X		
11		1091					X			X				X				
12		1092	X							X				X				
13		1093	X							X				X				
14		1094	X							X				X				
15		1095					X			X						X		

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

SIGNATURE (b)(6)

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

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

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

FOIA 11-425_000034

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	USGZ	1096						Red Roan		X				X				
17		1097					X			X						X		
18		1098					X			X				X				
19		1099	X							X				X				
20		1138					X		X					X			No right eye	
21		1139					X		X					X				
22		1140					X			X				X				Off
23		1141					X			X				X				Off
24		1142				X				X				X				
25		1143	X					[illegible]		X						X		
26		1144						Blue Roan			X					X	Blind Left eye	
27		1145					X			X						X		
28		1146					X			X				X				
29		1147					X			X				X				
30		1100					X			X					X		Pen alone	
31																		
32	28 head																	
33																		
34																		
35																		
36																		
37																		
38																		
39																		
40																		
41																		
42																		
43																		
44																		
45																		

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

[redacted] (b)(6)

VS FORM 10-13A
(SEP 2002)

FOIA 11-425_000035

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 10:30 AM

DATE: 2-15-11

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: BROWNTON, MN.

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

NAME OF AUCTION/MARKET: JACKSON LIVESTOCK EXCHANGE - TWIN CITIES 16 SA

CONSIGNOR (OWNER/SHIPPER) NAME: KEITH O TONGEN

CONSIGNEE (RECEIVER/DESTINATION) NAME: VIANDE RICHELIEU MEAT INC

STREET ADDRESS: (b)(6)

STREET ADDRESS: 595 RUE ROYALE

CITY, STATE, ZIP CODE: (b)(6)

CITY, STATE, ZIP CODE: MASSUEVILLE, QUEBEC, CANADA J0G 1K0

AREA CODE & TELEPHONE NO.: (b)(6)

AREA CODE & TELEPHONE NO.: 450-788-2490

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USGZ	1069						PAL		X					X		Pen alone	
2		1081					X				X			X				
3		1083	X							X				X				
4		1084						PAL		X						X		
5		1085	X							X				X				
6		1086	X							X				X				
7		1087					X			X				X				
8		1088					X			X				X				
9		1089					X			X				X				
10		1090					X			X						X		
11		1091					X			X				X				
12		1092	X							X				X				
13		1093	X							X				X				
14		1094	X							X				X				
15		1095					X			X						X		

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

SIGNATURE (b)(6)

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

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

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

FOIA 11-425_000036

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	USGZ	1096						Red Roan		X				X				
17		1097					X			X						X		
18		1098					X			X				X				
19		1099	X							X				X				
20		1138					X		X					X			No right eye	
21		1139					X		X					X				
22		~~1140~~					~~X~~			~~X~~				~~X~~				~~off~~
23		~~1141~~					~~X~~			~~X~~				~~X~~				~~off~~
24		1142				X				X				X				
25		1143	X					[illegible]		X						X		
26		1144						Blue Roan			X					X	Blind left eye	
27		1145					X			X						X		
28		1146					X			X				X				
29		1147					X			X				X				
30		1100					X			X					X		Pen alone	
31																		
32	28 head																	
33																		
34																		
35																		
36																		
37																		
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SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6)

VS FORM 10-13A
(SEP 2002)

FOIA 11-425_000037

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 11:15 AM

DATE: 3-17-11

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: MANCHESTER MICHIGAN

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

NAME OF AUCTION/MARKET:

CONSIGNOR (OWNER/SHIPPER) NAME: KEITH O TONGEN

CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.

STREET ADDRESS: (b)(6)

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: (b)(6)

CITY, STATE, ZIP CODE: Massueville, Quebec, Canada J0G 1K0

AREA CODE & TELEPHONE NO.: (b)(6)

AREA CODE & TELEPHONE NO.: 450-788-2490

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	1562	1280					Y.			X						X		
2		1281	X							X				X				
3		1282						Grulla		X						X		
4		1283	X							X				X				
5		1284			X				X							X		
6		1285					X		X					X				
7		1286			X				X							X		
8		1287	X						X							X		
9		~~1288~~				X				X						X		off
10		1289					X			X				X				
11		~~1290~~	X						X					X				off
12		1291					X			X				X				
13		1292	X						X					X				
14		1293					X		X					X				
15		1294					X			X				X				

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

SIGNATURE: (b)(6)

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

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

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

FOIA 11-425_000039

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	HSGZ	1235	X						X							X		
17		1234	X							X				X				
18		1239			X					X						X		
19		1243	X										AB	X				off
20		1244	X										AB			X		off
21		1245					X			X				X				
22		1246					X			X						X		
23		1247	X						X							X		
24		1248					X			X				X				
25		1249						DWN		X				X				
26		1250				X				X				X				
27		1298						APP		X						X		
28		1299					X			X				X				
29		1300	X							X				X				
30		1351						Red Roan		X				X				
31		1352	X							X				X				
32		1353	X							X				X				
33																		
34	28 head																	
35																		
36																		
37																		
38																		
39																		
40																		
41																		
42																		
43																		
44																		
45																		

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

(b)(6)

VS FORM 10-13A
(SEP 2002)

FOIA 11-425_000040

(14)

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: 10:00 AM

DATE: 3-15-11

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Brownton MN

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

NAME OF AUCTION/MARKET: —

CONSIGNOR (OWNER/SHIPPER) NAME: KEITH O TONGEN

CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.

STREET ADDRESS: (b)(6)redacted

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: (b)(6)redacted

CITY, STATE, ZIP CODE: Massueville, Quebec, Canada J0G 1K0

AREA CODE & TELEPHONE NO.: (b)(6)redacted

AREA CODE & TELEPHONE NO.: 450-788-2490

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	USGZ	1280					X			X						X		
2		1281	X							X				X				
3		1282						Grulla		X						X		
4		1283	X							X				X				
5		1284			X				X							X		
6		1285					X		X					X				
7		1286			X				X							X		
8		1287	X						X							X		
9		~~1288~~				X				X						X		
10		1289					X			X				X				
11		~~1290~~	X						X					X				
12		1291					X			X				X				
13		1292	X						X					X				
14		1293					X		X					X				
15		1294					X			X				X				

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

SIGNATURE: (b)(6)redacted

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

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

(b)(6)redacted

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

FOIA 11-425_000041

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	HSGZ	1235	X						X							X		
17		1234	X							X				X				
18		1239			X					X						X		
19		1243	X										AB	X				off
20		1244	X										AB			X		off
21		1245					X			X				X				
22		1246					X			X						X		
23		1247	X						X							X		
24		1248					X			X				X				
25		1249						DWN		X				X				
26		1250				X				X				X				
27		1298						APP		X						X		
28		1299					X			X				X				
29		1300	X							X				X				
30		1351						Pen Roam		X				X				
31		1352	X							X				X				
32		1353	X							X				X				
33																		
34	28 head																	
35																		
36																		
37																		
38																		
39																		
40																		
41																		
42																		
43																		
44																		
45																		

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

(b)(6)

VS FORM 10-13A
(SEP 2002)

FOIA 11-425_000042

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 10:30 AM

DATE: 3-9-11

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Manchester Michigan

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

NAME OF AUCTION/MARKET: —

CONSIGNOR (OWNER/SHIPPER) NAME: KEITH O JONGEN

CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.

STREET ADDRESS: (b)(6)

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: (b)(6)

CITY, STATE, ZIP CODE: Massueville, Quebec, Canada J0G 1K0

AREA CODE & TELEPHONE NO.: (b)(6)

AREA CODE & TELEPHONE NO.: 450-788-2490

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	USGZ	1201					X			X				X				
2		1208					X			X				X				
3		1217	X							X				X				
4		1212				X				X				X				
5		1243	X							X				X				
6		1214	X							X						X		
7		1215	X					Blue Roan	App	X				X				
8		1216						Dun		X				X				
9		~~[illegible]~~																
10		1288						Red Roan		X				X				
11		1219				X				X						X		
12		1220					X			X				X				
13		1221					X			X				X				
14		1222						Dun		X						X		blind rite eye
15		1191	X							X						X		

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

SIGNATURE (b)(6)

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

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

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

FOIA 11-425_000043

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	USGZ	1223			X					X						X		
17		1224	X							X						X		
18		1225	X							X				X				
19		1226	X			X				X						X		
20		1227			X					X				X				
21		1228					X			X				X				
22		1229	X							X						X		
23		1232			X					X				X				
24		1233			X					X						X		
25		1235					X			X				X				
26		1236						Pal		X						X		
27		1237						Pal		X				X				
28		1238						Pal		X				X				
29		1240	X							X						X		
30		1241						Pal		X						X		
31		1242				X				X				X				
32																		
33	30	head																
34																		
35																		
36																		
37																		
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SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6)

VS FORM 10-13A
(SEP 2002)

FOIA 11-425_000044

#13

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: 3-8-11

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Brownton, Mn

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

NAME OF AUCTION/MARKET: —

CONSIGNOR (OWNER/SHIPPER) NAME: KEITH O. TONGEN

CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.

STREET ADDRESS: (b)(6)

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: (b)(6)

CITY, STATE, ZIP CODE: Massueville, Quebec, Canada J0G 1K0

AREA CODE & TELEPHONE NO.: (b)(6)

AREA CODE & TELEPHONE NO.: 450-788-2490

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	USGZ	1201					X			X				X				
2		1208					X			X				X				
3		1217	X							X				X				
4		1212				X				X				X				
5		1213	X							X				X				
6		1214	X							X						X		
7		1215	X					Blue Roan	App	X				X				
8		1216						Dun		X				X				
9		~~1217~~																
10		1218						Red Roan		X				X				
11		1219				X				X						X		
12		1220					X			X				X				
13		1221					X			X				X				
14		1222						Dun		X						X		blind rite eye
15		1191	X							X						X		

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

SIGNATURE (b)(6)

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

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

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

FOIA 11-425_000045

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	USGZ	1223			X					X						X		
17		1224	X							X						X		
18		1225	X							X				X				
19		1226	X			X				X						X		
20		1227			X					X				X				
21		1228					X			X				X				
22		1229	X							X						X		
23		1232			X					X				X				
24		1233			X					X						X		
25		1235					X			X				X				
26		1236						Pal		X						X		
27		1237						Pal		X				X				
28		1238						Pal		X				X				
29		1240	X							X						X		
30		1241						Pal		X						X		
31		1242				X				X				X				
32																		
33	30	head																
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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)

FOIA 11-425_000046

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 9:00 Am

DATE: 3-8-11

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Kalona IA

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

NAME OF AUCTION/MARKET: Kalona Sale Barn Inc

CONSIGNOR (OWNER/SHIPPER) NAME: KEITH O TONGEN

CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.

STREET ADDRESS: (b)(6)

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: (b)(6)

CITY, STATE, ZIP CODE: Massueville, Quebec, Canada J0G 1K0

AREA CODE & TELEPHONE NO.: (b)(6)

AREA CODE & TELEPHONE NO.: 450-788-2490

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	US6Z	1251				X				X					X			
2		1252	X							X						X		
3		1253	X						X					X				
4		1254	X						X					X				
5		1255					X			X				X				
6		1256					X			X						X		
7		1257						Buck		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		1263					X			X				X				
14		1264					X			X				X				
15		1265	X							X				X				

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

SIGNATURE (b)(6)

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

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

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

FOIA 11-425_000047

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

USGE

	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	1266						X				X					X		
17	1267							Pal		X				X				
18	1268		X						X					X				
19	1269						X		X							X		
20	1270						X					X		X				
21	1271		X							X				X				
22	1272				X					X				X				
23	1273						X			X				X				
24	1274		X							X				X				
25	1275						X			X				X				
26	1276						X			X						X		
27	1277					X				X				X			Blind left eye	
28	1278						X			X				X				
29	1279						X			X				X				
30																		
31	29 head																	
32																		
33																		
34																		
35																		
36																		
37																		
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SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6)

VS FORM 10-13A
(SEP 2002)

FOIA 11-425_000048

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 8:30 AM

DATE: 3-9-11

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

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

NAME OF AUCTION/MARKET: Kalin Sale Barn Inc

CONSIGNOR (OWNER/SHIPPER) NAME: KEITH O TONGEN

CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.

STREET ADDRESS: (b)(6)

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: (b)(6)

CITY, STATE, ZIP CODE: Massueville, Quebec, Canada J0G 1K0

AREA CODE & TELEPHONE NO: (b)(6)

AREA CODE & TELEPHONE NO.: 450-788-2490

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	USGZ	1251				X				X					X			
2		1252	X							X						X		
3		1253	X						X					X				
4		1254	X						X					X				
5		1255					X			X				X				
6		1256					X			X						X		
7		1257						Buck		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		1263					X			X				X				
14		1264					X			X				X				
15		1265	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)

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

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

FOIA 11-425_000049

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

USGE

	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	1266						X				X					X		
17	1267							Pal		X				X				
18	1268		X						X					X				
19	1269						X		X							X		
20	1270						X					X		X				
21	1271		X							X				X				
22	1272				X					X				X				
23	1273						X			X				X				
24	1274		X							X				X				
25	1275						X			X				X				
26	1276						X			X						X		
27	1277					X				X				X			Brand left eye	
28	1278						X			X				X				
29	1279						X			X				X				
30																		
31	29 head																	
32																		
33																		
34																		
35																		
36																		
37																		
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SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6)

VS FORM 10-13A
(SEP 2002)

FOIA 11-425_000050

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: 10:00 AM

DATE: 2-28-11

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Brownton, Mn.

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

NAME OF AUCTION/MARKET: —

CONSIGNOR (OWNER/SHIPPER) NAME: KEITH O TONGEN

CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.

STREET ADDRESS: (b)(6)

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: (b)(6)

CITY, STATE, ZIP CODE: Massueville, Quebec, Canada J0G 1K0

AREA CODE & TELEPHONE NO.: (b)(6)

AREA CODE & TELEPHONE NO.: 450-788-2490

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	USGZ	1173					X			X				X				
2		1174						DUN		X						X		
3		1176					X				X			X				
4		1177					X				X			X				
5		1178				X				X						X		
6		1179	X							X						X		
7		1180					X			X						X	Blind left eye	
8		1181						DUN		X				X				
9		1182				X				X				X				
10		1183	X							X				X				
11		1184			X					X				X				
12		1185	X							X						X		
13		1186	X							X				X				
14		1187	X							X				X				
15		1188	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)

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

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

FOIA 11-425_000051

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	MSGE	1189	X							X						X		
17		1190	X							X						X		
~~18~~		~~1191~~	X							X						X		
19		1192					X			X				X				
20		1193					X			X				X				
21		1194					X			X						X		
22		1195			X						X					X		
23		1196					X			X				X				
24		1197					X			X				X				
25		1198					X			X				X				
26		1199	X						X					X				
27		1200					X			X				X				
28		1209						PAL		X						X		
29		1210				X				X						X		
30		1211					X			X						X		
31																		
32	29	Head																
33																		
34																		
35																		
36																		
37																		
38																		
39																		
40																		
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45																		

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

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

(b)(6)

VS FORM 10-13A
(SEP 2002)

FOIA 11-425_000052

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: 3-1-11

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Manchester NH

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

NAME OF AUCTION/MARKET: —

CONSIGNOR (OWNER/SHIPPER) NAME: KEITH O TONGEN

CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.

STREET ADDRESS: (b)(6)

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: (b)(6)

CITY, STATE, ZIP CODE: Massueville, Quebec, Canada J0G 1K0

AREA CODE & TELEPHONE NO.: (b)(6)

AREA CODE & TELEPHONE NO.: 450-788-2490

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	USGZ	1173					X			X				X				
2		1174						DUN		X						X		
3		1176					X				X			X				
4		1177					X				X			X				
5		1178				X				X						X		
6		1179	X							X						X		
7		1180					X			X						X	Blind left eye	
8		1181						DUN		X				X				
9		1182				X				X				X				
10		1183	X							X				X				
11		1184			X					X				X				
12		1185	X							X						X		
13		1186	X							X				X				
14		1187	X							X				X				
15		1188	X							X				X				

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

SIGNATURE (b)(6)

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

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

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

FOIA 11-425_000053

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	HSGZ	1189	X							X						X		
17		1190	X							X						X		
18		~~1191~~	X							X						X		OK
19		1192					X			X				X				
20		1193					X			X				X				
21		1194					X			X						X		
22		1195			X						X					X		
23		1196					X			X				X				
24		1197					X			X				X				
25		1198					X			X				X				
26		1199	X						X					X				
27		1200					X			X				X				
28		1209						PAL		X						X		
29		1210				X				X						X		
30		1211					X			X						X		
31		29																
32																		
33																		
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SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6)

VS FORM 10-13A
(SEP 2002)

FOIA 11-425_000054

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 AM

DATE: 11/29/2011

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: MANCHESTER, MICHIGAN

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

NAME OF AUCTION/MARKET: —

CONSIGNOR (OWNER/SHIPPER) NAME: KEITH O TONGEN

CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc

STREET ADDRESS: (b)(6)

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: (b)(6)

CITY, STATE, ZIP CODE: Massueville, Quebec, Canada J0G 1K0

AREA CODE & TELEPHONE NO.: (b)(6)

AREA CODE & TELEPHONE NO.: 450-788-2490

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	USGZ	1206					X			X				X				
2		1230	X						X							X		
~~3~~		~~1231~~	~~X~~						~~X~~							~~X~~		~~OB~~
4		1243	X							X				X				
5		1244	X										AB			X		
6		1290	X						X					X				
7		1354					X			X				X				
8		1355					X			X				X				
9		1356					X				X					X		
~~10~~		~~1357~~					~~X~~				~~X~~			~~X~~				~~TT~~
11		1358					X			X						X		
12		1359	X							X						X		
13		1360						DUN		X				X				
14		1361					X			X				X				
15		1362					X			X						X		

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

SIGNATURE (b)(6)

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

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

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

FOIA 11-425_000055

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	USGZ	1363						Red Roan		X						X		
17		1364						DUN		X						X		
18		1365					X	APP		X				X				
19		1366						Red Roan		X				X				
20		1367					X				X					X		
21		1368				X				X				X				
22		1369						DUN		X						X		
23		1370					X			X						X		
24		1371				X				X				X				
25		1372				X				X				X				
26		1373	X							X				X				
27		1374	X							X				X				
28		1375				X				X						X		
29		1376				X				X						X		
30																		
31	27	head																
32																		
33																		
34																		
35																		
36																		
37																		
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SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6)

VS FORM 10-13A
(SEP 2002)

FOIA 11-425_000056

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 1:00 PM

DATE: 3-28-11

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: BROWNTON, MN.

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

NAME OF AUCTION/MARKET: —

CONSIGNOR (OWNER/SHIPPER) NAME: KEITH O TONGEN

CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.

STREET ADDRESS: (b)(6)

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: (b)(6)

CITY, STATE, ZIP CODE: Massueville, Quebec, Canada J0G 1K0

AREA CODE & TELEPHONE NO.: (b)(6)

AREA CODE & TELEPHONE NO.: 450-788-2490

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	USGZ	1206					X			X				X				
2		1230	X						X							X		
~~3~~		~~1231~~	~~X~~						~~X~~							~~X~~		
4		1243	X							X				X				
5		1244	X										AB			X		
6		1290	X						X					X				
7		1354					X			X				X				
8		1355					X			X				X				
9		1356					X				X					X		
~~10~~		~~1357~~					~~X~~				~~X~~			~~X~~				
11		1358					X			X						X		
12		1359	X							X						X		
13		1360						PUN		X				X				
14		1361					X			X				X				
15		1362					X			X						X		

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

SIGNATURE: (b)(6)

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

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

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

FOIA 11-425_000057

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	USGZ	1363						Red Roan		X						X		
17		1364						DUN		X						X		
18		1365					X	APP		X				X				
19		1366						Red Roan		X				X				
20		1367					X				X					X		
21		1368				X				X				X				
22		1369						DUN		X						X		
23		1370					X			X						X		
24		1371				X				X				X				
25		1372				X				X				X				
26		1373	X							X				X				
27		1374	X							X				X				
28		1375				X				X						X		
29		1376				X				X						X		
30																		
31	29 head																	
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)

FOIA 11-425_000058

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 11:30 AM

DATE: 4-24-10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: BROWNTON, MN

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

NAME OF AUCTION/MARKET:

CONSIGNOR (OWNER/SHIPPER) NAME: Keith O Tongen

CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc

STREET ADDRESS: (b)(6)

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: (b)(6)

CITY, STATE, ZIP CODE: Massueville, Quebec, CANADA J0G 1K0

AREA CODE & TELEPHONE NO.: (b)(6)

AREA CODE & TELEPHONE NO.: 450-788-2990

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
off 1	USPM	~~8877~~					X						Mule	X				off
2		8912				X				X						X		
3		8913	X										AB			X		
4		8917		X									AB	X				
5		8918	X							X				X				
6		8919					X			X						X		
7		8920					X			X				X				
8		8921						Gyp		X						X		
9		8922					X			X						X		
10		8923				X				X						X		
11		8924				X				X						X		
12		8925				\	X			X						X		
13		8926	X										AB			X		
14		8927	X										AB			X		
off 15		~~8928~~					X						HF	X				off

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

SIGNATURE: (b)(6)

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

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

FOIA 11-425_000059

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	USFM	8929						Red Dun		X				X				
17		8930	X							X						X		
18		8931			X					X				X				
19		8932			X								AB			X		
20		8933					X			X				X				
21		~~8934~~	~~X~~						~~X~~					~~X~~				~~off~~
22		8935	X							X				X				
23		8936					X			X						X		
24		8937					X			X						X		
25		8938						Buckskin		X						X		
26		8939						Appy		X				X				
27		8940					X			X				X				
28		8941					X			X				X				
29		8942	X							X				X				
30		8943					X		X							X		
31		8944	X						X							X		
32		8945	X							X				X				
33		8946					X			X						X		
34		8947					X			X					X		Pen alone	
35																		
36	31 head																	
37																		
38																		
39																		
40																		
41																		
42																		
43																		
44																		
45																		

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

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

(b)(6)

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

VS FORM 10-13A
(SEP 2002)

FOIA 11-425_000060

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 11:30 am.

DATE: Apr 25/10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: MANCHESTER, MICHIGAN

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

NAME OF AUCTION/MARKET:

CONSIGNOR (OWNER/SHIPPER) NAME: Keith O Tongen

CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc

STREET ADDRESS: (b)(6)

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: (b)(6)

CITY, STATE, ZIP CODE: Massueville, Quebec, CANADA J0G 1K0

AREA CODE & TELEPHONE NO.: (b)(6)

AREA CODE & TELEPHONE NO.: 450-788-2990

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		
off 1	USFM	~~8877~~					X						Mule	X				off
2		8912				X				X						X		
3		8913	X										AB			X		
4		8917		X									AB	X				
5		8918	X							X				X				
6		8919					X			X						X		
7		8920					X			X				X				
8		8921						App		X						X		
9		8922					X			X						X		
10		8923				X				X						X		
11		8924				X				X						X		
12		8925				\	X			X						X		
13		8926	X										AB			X		
14		8927	X										AB			X		
off 15		~~8928~~					X						HF	X				off

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

SIGNATURE: (b)(6)

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

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

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

FOIA 11-425_000061

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	USFM	8929						Red Dun		X				X				
17		8930	X							X						X		
18		8931			X					X				X				
19		8932			X								AB			X		
20		8933					X			X				X				
off 21		~~8934~~	X						X					X				off
22		8935	X							X				X				
23		8936					X			X						X		
24		8937					X			X						X		
25		8938						Buckskin		X						X		
26		8939						Appy		X				X				
27		8940					X			X				X				
28		8941					X			X				X				
29		8942	X							X				X				
30		8943					X		X							X		
31		8944	X						X							X		
32		8945	X							X				X				
33		8946					X			X						X		
34		8947					X			X					X		Pen alone	
35																		
36	31	head																
37																		
38																		
39																		
40																		
41																		
42																		
43																		
44																		
45																		

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

(b)(6)

VS FORM 10-13A
(SEP 2002)

FOIA 11-425_000062

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 4:00 PM

DATE: 4-20-10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: BROWNTON, MN

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

NAME OF AUCTION/MARKET: JACKSON LIVESTOCK EXCHANGE

CONSIGNOR (OWNER/SHIPPER) NAME: Keith O Tongen

CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.

STREET ADDRESS: (b)(6)

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: (b)(6)

CITY, STATE, ZIP CODE: Massueville, Quebec, CANADA J0G 1K0

AREA CODE & TELEPHONE NO.: (b)(6)

AREA CODE & TELEPHONE NO.: 450-788-2490

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USFM	8888	X						X					X				
2		8889			X					X				X				
3		8890			X					X						X		
4		8891				X				X				X				
5		8892					X			X				X				
6		8893				X				X				X				
7		8894			X					X				X				
8		8895					X			X				X				
9		8896	X							X						X		
10		8897					X			X				X				
11		8898						Red Dun		X				X				
12		8899						APP		X						X		
13		8900				X				X				X				
14		~~8877~~					X						Mule X					off
15		8882			X					X				X				

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

SIGNATURE: (b)(6)

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

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

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)
EST. 0760
DATE 22/04/2010
TIME 14h45

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)
EST.
DATE
TIME

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

FOIA 11-425_000063

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	USFM	9719						APP		X						X		
17		8860					X			X				X				
18		8901			X					X				X				
19		8902						Blonde					HF			X		
20		8903						Bay Roan		X						X		
21		8904	X							X						X		
22		8905	X							X						X		
23		8906						Pal		X				X				
24		8907			X				X					X				
25		8908			X				X					X				
26		8909					X			X				X				
27		8910					X			X						X		
28		8911						Red Roan		X				X				
29		~~8912~~				X				X						X		Off
30		~~8913~~	X										AB			X		Off
31		8914					X			X				X				
32		8915	X							X				X				
33		8916	X						X					X				
34																		
35	30 head																	
36																		
37																		
38																		
39																		
40																		
41																		
42																		
43																		
44																		
45																		

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)

FOIA 11-425_000064

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: April 7/2010

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Manchester Mt

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

NAME OF AUCTION/MARKET: JACKSON LIVESTOCK EXCHANGE

CONSIGNOR (OWNER/SHIPPER) NAME: Keith O Tongen

CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.

STREET ADDRESS: (b)(6)

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: (b)(6)

CITY, STATE, ZIP CODE: Massueville, Quebec, CANADA J0G 1K0

AREA CODE & TELEPHONE NO.: (b)(6)

AREA CODE & TELEPHONE NO.: 450-788-2490

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USFM	8888	X						X					X				
2		8889			X					X				X				
3		8890			X					X						X		
4		8891				X				X				X				
5		8892					X			X				X				
6		8893				X				X				X				
7		8894			X					X				X				
8		8895					X			X				X				
9		8896	X							X						X		
10		8897					X			X				X				
11		8898						Red Dun		X				X				
12		8899						APP		X						X		
13		8900				X				X				X				
14		~~8877~~					X						Mule	X				off
15		8882			X					X				X				

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

SIGNATURE: (b)(6)

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

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

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

FOIA 11-425_000065

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	USFM	9719						APP		X						X		
17		8860					X			X				X				
18		8901			X					X				X				
19		8902						Blonde					HF			X		
20		8903						Bay Roan		X						X		
21		8904	X							X						X		
22		8905	X							X						X		
23		8906						Pal		X				X				
24		8907			X				X					X				
25		8908			X				X					X				
26		8909					X			X				X				
27		8910					X			X						X		
28		8911						Red Roan		X				X				
29		8912				X				X						X		
30		8913	X										AB			X		
31		8914					X			X				X				
32		8915	X							X				X				
33		8916	X						X					X				
34																		
35	30 head																	
36																		
37																		
38																		
39																		
40																		
41																		
42																		
43																		
44																		
45																		

off
off

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.)

[redacted] (b)(6)

VS FORM 10-13A
(SEP 2002)

FOIA 11-425_000066

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: 11:59 AM

DATE: 4-19-10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: BROWNTON, MN

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

NAME OF AUCTION/MARKET: A+A Horse Sale

CONSIGNOR (OWNER/SHIPPER) NAME: KEITH O TONGEN

CONSIGNEE (RECEIVER/DESTINATION) NAME: VIANDE RICHELIEU MEAT INC

STREET ADDRESS: (b)(6)

STREET ADDRESS: 595 RUE ROYALE

CITY, STATE, ZIP CODE: (b)(6)

CITY, STATE, ZIP CODE: MASSUEVILLE, QUEBEC J0G 1K0

AREA CODE & TELEPHONE NO.: (b)(6)

AREA CODE & TELEPHONE NO.: 450-788-2622

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	USFM	8857					X			X					X		Pen alone	
2		8858						APP		X				X				
3		8856						APP		X				X				
4		8859						Buckskin		X				X				
~~5~~		~~8860~~					X			X				X				
6		8861					X			X						X		
7		8862	X						X							X		
8		8863					X			X				X				
9		8864				X				X						X		
10		8865	X							X						X		
11		8866	X						X					X				
12		8867					X			X				X				
13		8868	X							X				X				
14		8869						APP		X						X		
15		8870				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)

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

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST. 0716

DATE 21 Avril 2010

TIME 9h00

Canada

FOIA 11-425_000067

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	Chesln	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	45FM	8871					X						AB	X				
17		8872					X			X				X				
18		8873					X			X				X				
19		8874	X										AB	X				
20		8875					X			X						X		
21		8876	X							X						X		
22		8878				X				X				X				
23		8879				X				X						X		
24		8880						DUN		X				X				
25		8881	X							X						X		
26		8883				X				X				X				
27		8884	X							X				X				
28		8885						Roan		X				X				
29		8886				X				X						X		
30		8887						BLUE ROAN		X					X		Pen alone	
31																		
32	29	Head																
33																		
34																		
35																		
36																		
37																		
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I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

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

[redacted] (b)(6)

Canada
Government of Canada
Agence canadienne d'inspection des aliments

VS FORM 10-13A
(SEP 2002)

FOIA 11-425_000068

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 NOON

DATE: 4-14-10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: BROWNTON, MN

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

NAME OF AUCTION/MARKET: Katona Sale Barn R+J Horse Sale

CONSIGNOR (OWNER/SHIPPER) NAME: KEITH O TONGEN

CONSIGNEE (RECEIVER/DESTINATION) NAME: VIANDE RICHELIEU MEAT INC

STREET ADDRESS: (b)(6)

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: (b)(6)

CITY, STATE, ZIP CODE: Massueville, Quebec, Canada J0G-1K0

AREA CODE & TELEPHONE NO.: (b)(6)

AREA CODE & TELEPHONE NO.: 450-788-2490

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	USFM	9788					X			X						X		
2		9789	X							X						X		
3		9790			X					X						X		
4		9791						Dun		X				X				
5		9792	X							X						X		
6		9793						White		X				X				
7		9794					X			X						X		
8		9786						Roan		X				X				
9		9787						Roan		X						X		
10		9750					X						Mule			X		
11		9795					X			X				X				
12		9796	X							X				X				
13		9797					X			X						X		
14		9798		X						X						X		
15		9799						APP		X						X		

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

SIGNATURE: (b)(6)

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

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

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST. 076

DATE 19/04/2010

TIME 10h00

FOIA 11-425_000069

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	USFM	9850	X							X				X				
17		8842						PAC		X						X		
18		8844	X							X						X		
19		8845					X			X				X				
20		8846				X				X				X				
21		8847			X					X				X				
22		8848				X				X						X		
23		8849					X			X				X				
24		8850					X			X						X		
25		8851					X				X			X				
26		8852					X				X			X				
27		8853					X				X			X				
28		8854					X				X			X				
29		8855				X				X						X		
30		8856						APP		X				X				off
31		8857					X						AB			X		off
32		8858						APP		X				X				off
33																		
34	29 head																	
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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)

Canada

VS FORM 10-13A
(SEP 2002)

FOIA 11-425_000070

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 am
DATE: April 7/2010
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: KALONA, IA

VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6)
NAME OF AUCTION/MARKET: KALONA SALE BARN

CONSIGNOR (OWNER/SHIPPER) NAME: KEITH O TONGEN
CONSIGNEE (RECEIVER/DESTINATION) NAME: VIANDE RICHELIEU MEAT INC

STREET ADDRESS: (b)(6)
STREET ADDRESS: 595 RUE ROYALE

CITY, STATE, ZIP CODE: (b)(6)
CITY, STATE, ZIP CODE: MASSUEVILLE, QUEBEC, CANADA J0G 1K0

AREA CODE & TELEPHONE NO.: (b)(6)
AREA CODE & TELEPHONE NO.: 450-788-2622

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	USFM	8801	X							X						X		
2		8802					X						HF			X		
3		8803	X						X					X				
4		8804				X				X						X		
5		8805	X						X					X				
6		8806					X		X							X		
7		8807						APP		X				X				
8		8808						Gralla		X				X				
9		8809						Roan		X				X				
10		8810						Roan		X				X				
11		8811	X							X				X				
12		8812	X							X				X				
13		8813					X			X				X				
14		8814				X				X				X				
15		8815						PAL		X				X				

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

SIGNATURE: (b)(6)

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

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

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.
DATE
TIME

CANADIAN FOOD INSPECTION AGENCY Government of Canada

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.
DATE
TIME

Canada Government du Canada AGENCE CANADIENNE D'INSPECTION DES ALIMENTS

FOIA 11-425_000071

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	USFM	8816						Roan		X				X				
17		8817					X		X					X				
18		8818						PAL		X				X				
19		8819					X			X				X				
20		8820				X				X				X			Blind	Right eye
21		8821				X				X				X				
22		8822				X				X						X		
23		8823			X					X						X		
24		8824					X			X				X				
25		8825						APP		X				X				
26		8826					X			X						X		
27		8827	X						X					X				
28		8828			X					X				X				
29		8829	X							X				X				
30		8830	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.)

[redacted] (b)(6)

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

VS FORM 10-13A
(SEP 2002)

FOIA 11-425_000072

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	USFM	8816						Roan		X				X				
17		8817					X		X					X				
18		8818						PAL		X				X				
19		8819					X			X				X				
20		8820				X				X				X			Blind	Right eye
21		8821				X				X				X				
22		8822				X				X						X		
23		8823			X					X						X		
24		8824					X			X				X				
25		8825						APP		X				X				
26		8826					X			X						X		
27		8827	X						X					X				
28		8828			X					X				X				
29		8829	X							X				X				
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SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6)

VS FORM 10-13A
(SEP 2002)

FOIA 11-425_000073

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE | DATE

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: MANCHESTER, MICH.

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

NAME OF AUCTION/MARKET: KALONA SALE BARN

CONSIGNOR (OWNER/SHIPPER) NAME: KEITH O TONGEN

CONSIGNEE (RECEIVER/DESTINATION) NAME: VIANDE RICHELIEU MEAT INC

STREET ADDRESS: (b)(6)

STREET ADDRESS: 595 RUE ROYALE

CITY, STATE, ZIP CODE: (b)(6)

CITY, STATE, ZIP CODE: MASSUEVILLE, QUEBEC, CANADA J0G 1K0

AREA CODE & TELEPHONE NO.: (b)(6)

AREA CODE & TELEPHONE NO.: 450-788-2622

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	USFM	8801	X							X						X		
2		8802					X						HF			X		
3		8803	X						X					X				
4		8804				X				X						X		
5		8805	X						X					X				
6		8806					X		X							X		
7		8807						APP		X				X				
8		8808						Gralla		X				X				
9		8809						Roan		X				X				
10		8810						Roan		X				X				
11		8811	X							X				X				
12		8812	X							X				X				
13		8813					X			X				X				
14		8814				X				X				X				
15		8815						PAL		X				X				

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

SIGNATURE

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

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 9:00 AM

DATE: 4-7-10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: MANCHESTER, MICHIGAN

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

NAME OF AUCTION/MARKET: LANESBORO COMM. SALES, INC

CONSIGNOR (OWNER/SHIPPER) NAME: KEITH O TONGEN

CONSIGNEE (RECEIVER/DESTINATION) NAME: VIANDE RICHELIEU MEAT INC

STREET ADDRESS: [redacted] (b)(6)

STREET ADDRESS: 595 RUE ROYALE

CITY, STATE, ZIP CODE: [redacted] (b)(6)

CITY, STATE, ZIP CODE: MASSUEVILLE, QUEBEC, CANADA J0G 1K0

AREA CODE & TELEPHONE NO.: [redacted] (b)(6)

AREA CODE & TELEPHONE NO.: 450-788-2990

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	USFM	9751				X				X				X				
2		9752						Roan		X						X		
✓ 3		9753					X						HF			X		
4		9754				X				X				X				
✓ 5		9755	X							X				X				
6		9756	X							X				X				
7		9757						PAL		X				X				
8		9758						PAL		X						X		
✓ 9		9759	X							X						X		
10		9760				X				X				X				
11		9761	X							X						X		
12		9762	X							X						X		
✓ 13		9763						PAL		X				X				
✓ 14		9764				X				X				X				
15		9765	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: [redacted] (b)(6)

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

[redacted] (b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

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

FOIA 11-425_000075

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	USFM	9766	X							X				X				
17		9767					X			X						X		
18		9768			X				X					X				
19		9769	X							X				X				
20		9770						PAL		X				X				
21		9771						PAL		X				X				
22		9772					X			X				X				
23		9773						Red Roan		X						X		
24		9774					X			X						X		
25		9775					X			X				X				
26		9776	X							X				X				
27		9777			X						X			X				
28		9778					X			X				X				
29		9779						DUN		X						X		
30		9780				X				X						X		
31		9781				X				X					X		Pen alone	
32		9782								X					X		Pen alone	
33																		
34	28 head																	
35																		
36																		
37																		
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I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

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

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)

FOIA 11-425_000076

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 unload 11:00 pm
DATE: 4-6-10
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: BROWNTON, MN

VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6)
NAME OF AUCTION/MARKET: LANESBORO COMM. SALES, INC

CONSIGNOR (OWNER/SHIPPER) NAME: KEITH O TONGEN
CONSIGNEE (RECEIVER/DESTINATION) NAME: VIANDE RICHELIEU MEAT INC

STREET ADDRESS: (b)(6)
STREET ADDRESS: 595 RUE ROYALE

CITY, STATE, ZIP CODE: (b)(6)
CITY, STATE, ZIP CODE: MASSUEVILLE, QUEBEC, CANADA J0G 1K0

AREA CODE & TELEPHONE NO.: (b)(6)
AREA CODE & TELEPHONE NO.: 450-788-2490

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	USFM	9751				X				X				X				
2		9752						Roan		X						X		
3		9753					X						HF			X		
4		9754				X				X				X				
5		9755	X							X				X				
6		9756	X							X				X				
7		9757						PAL		X				X				
8		9758						PAL		X						X		
9		9759	X							X						X		
10		9760				X				X				X				
11		9761	X							X						X		
12		9762	X							X						X		
13		9763						PAL		X				X				
14		9764				X				X				X				
15		9765	X							X						X		

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

SIGNATURE (b)(6)

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

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

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.
DATE
TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.
DATE
TIME

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

FOIA 11-425_000077

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	USFM	9766	X							X				X				
17		9767					X			X						X		
18		9768			X				X					X				
19		~~9769~~	~~X~~							~~X~~				~~X~~				
20		9770						PAL		X				X				
21		9771						PAL		X				X				
22		9772					X			X				X				
23		~~9773~~						~~Red Roan~~		~~X~~						~~X~~		
24		~~9774~~					~~X~~			~~X~~						~~X~~		
25		9775					X			X				X				
26		9776	X							X				X				
27		9777			X						X			X				
28		9778					X			X				X				
29		9779						Dun		X						X		
30		~~9780~~				~~X~~				~~X~~						~~X~~		
31		9781				X				X					X		Pen alone	
32		9782								X					X		Pen alone	
33																		
34	28 head																	
35																		
36																		
37																		
38																		
39																		
40																		
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SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6)

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

PAGE 2 OF 2

VS FORM 10-13A
(SEP 2002)

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 11:00 AM

DATE: 3-30-10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: BROWNTON, MINNESOTA

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

NAME OF AUCTION/MARKET: WAVERLY MIDWEST HORSE SALE

CONSIGNOR (OWNER/SHIPPER) NAME: KEITH O JONGEN

CONSIGNEE (RECEIVER/DESTINATION) NAME: VIANDE RICHELIEU MEAT INC

STREET ADDRESS: (b)(6)

STREET ADDRESS: 595 RUE ROYALE

CITY, STATE, ZIP CODE: (b)(6)

CITY, STATE, ZIP CODE: MASSUEVILLE, QUEBEC J0G 1K0

AREA CODE & TELEPHONE NO.: (b)(6)

AREA CODE & TELEPHONE NO.: 450-788-2490

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USFM	9690						Blonde			X			X				
2		9693					X				X					X		
3		9694						Blonde			X					X		
4		9695					X				X			X				
5		9696						Roan			X			X				
6		9697			X					X						X		
7		9698					X			X						X		
8		9699	X							X						X		
9		9700	X							X				X				
10		9720			X						X			X				
11		9721	X							X						X		
12		9722				X				X				X				
13		9723						White		X						X		
14		9724					X				X			X				
15		9725						PAL		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)

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

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. 26

DATE 02-04-1

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

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

FITNESS TO TRAVEL TO A SLAUGHTER FACILITY (CONTINUATION SHEET)

(Please type or print in ink)

Public reporting burden for this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

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	USFM	9726		X							X			X				
17		9727	X						X					X				
18		9728					X			X						X		
19		9729					X			X						X		
20		9731			X					X						X		
21		9732			X					X						X		
22		9733					X			X						X		
23		9736				X		PAL		X				X				
24		9737				X				X				X				
25		9739						APP		X						X		
26		9741				X				X					X		Pen alone	
27																		
28	26 head																	
29																		
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31																		
32																		
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SIGNATURE OF OWNER/SHIPPER/I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6)

(SEP 2002)

FOIA 11-425_000080

TIME HORSES LOADED ON CONVEYANCE: 7:30 pm	DATE: 4-1-10
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Peck MI	
VEHICLE LICENSE NO. AND DRIVER'S NAME: [redacted] (b)(6)	NAME OF AUCTION/MARKET: WAVERLY MIDWEST HORSE SALE
CONSIGNOR (OWNER/SHIPPER) NAME: KEITH O JONGEN	CONSIGNEE (RECEIVER/DESTINATION) NAME: VIANDE RICHELIEU MEAT INC
STREET ADDRESS: [redacted] (b)(6)	STREET ADDRESS: 595 RUE ROYALE
CITY, STATE, ZIP CODE: [redacted] (b)(6)	CITY, STATE, ZIP CODE: MASSUEVILLE, QUEBEC J0G 1K0
AREA CODE & TELEPHONE NO.: [redacted] (b)(6)	AREA CODE & TELEPHONE NO.: 450-788-2490

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USFM	9690						Blonde			X			X				
2		9693					X				X					X		
3		9694						Blonde			X					X		
4		9695					X				X			X				
5		9696						Roan			X			X				
6		9697			X					X						X		
7		9698					X			X						X		
8		9699	X							X						X		
9		9700	X							X				X				
10		9720			X						X			X				
11		9721	X							X						X		
12		9722				X				X				X				
~~13~~		~~9723~~						White		~~X~~						~~X~~		Not on Truck
14		9724					X				X			X				
15		9725						PAL		X						X		

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

SIGNATURE [redacted] (b)(6)

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

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

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

FOIA 11-425_000081

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	USFM	9726		X							X			X				
17		9727	X						X					X				
18		9728					X			X						X		
19		9729					X			X						X		
20		9731			X					X						X		
21		9732			X					X						X		
22		9733					X			X						X		
23		9736				X		PAL		X				X				
24		9737				X				X				X				
25		9739						APP		X						X		
26		9741				X				X					X		Pen alone	
27																		
28	25 head																	
29																		
30																		
31																		
32																		
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SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

[redacted] (b)(6)

VS FORM 16-13A
(SEP 2002)

FOIA 11-425_000082

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

OWNER/SHIPPER CERTIFICATE
FI ESS 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: May 4/2010

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: KALONA, IA

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

NAME OF AUCTION/MARKET:

CONSIGNOR (OWNER/SHIPPER) NAME: Keith O Tongen

CONSIGNEE (RECEIVER/DESTINATION) NAME: VIANDE RICHELIEU MEAT INC

STREET ADDRESS: (b)(6)

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: (b)(6)

CITY, STATE, ZIP CODE: Massueville, Quebec, CANADA J0G 1K0

AREA CODE & TELEPHONE NO.: (b)(6)

AREA CODE & TELEPHONE NO.: 450-788-2490

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USGD	4235				X				X						X		
2		4236					X			X						X		
3		4237					X			X						X		
4		4238						APP		X				X				
5		4239					X			X				X				
6		4240					X			X				X				
7		4241				X				X				X				Blind Right eye
8		4242	X						X					X				
9		4243				X				X				X				
10		4244	X							X				X				
11		4245					X			X				X				
12		4246					X			X				X				
13		4247				X				X				X				
14		4248					X			X						X		
15		4249					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

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

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

OIA 11-425_000083

5-5-10

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	USGD	4250	X						X					X				
17		4251	X							X				X				
18		4252					X			X						X		
19		4253				X				X				X				
20		4254					X			X				X				
21		4255					X			X				X				
22		4256					X			X				X				
23		4257				X				X				X				
24		4258			X					X						X		
25		4259					X			X				X				
26		4260	X							X						X		
27		4261						DUN		X				X				
28		4262					X		X					X				
29		4263					X			X				X			Bleed left eye	
30		4264				X				X				X				
31																		
32	30 head																	
33																		
34																		
35																		
36																		
37																		
38																		
39																		
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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.)

[redacted] (b)(6)

VS FORM 10-13A
(SEP 2002)

PAGE 2 OF 2

FOIA 11-425_000084

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 10:30 am

DATE: May 5/2010

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

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

NAME OF AUCTION/MARKET:

CONSIGNOR (OWNER/SHIPPER) NAME: Keith O Tongen

CONSIGNEE (RECEIVER/DESTINATION) NAME: VIANDE RICHELIEU MEAT INC

STREET ADDRESS: (b)(6)

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: (b)(6)

CITY, STATE, ZIP CODE: Massueville, Quebec, CANADA J0G 1K0

AREA CODE & TELEPHONE NO.: (b)(6)

AREA CODE & TELEPHONE NO.: 450-788-2490

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USGD	4235				X				X						X		
2		4236					X			X						X		
3		4237					X			X						X		
4		4238						APP		X				X				
5		4239					X			X				X				
6		4240					X			X				X				
7		4241				X				X				X			Blind Right eye	
8		4242	X						X					X				
9		4243				X				X				X				
10		4244	X							X				X				
11		4245					X			X				X				
12		4246					X			X				X				
13		4247				X				X				X				
14		4248					X			X						X		
15		4249					X			X				X				

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

SIGNATURE: (b)(6)

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

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

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

FOIA 11-425_000085

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	USGD	4250	X						X					X				
17		4251	X							X				X				
18		4252					X			X						X		
19		4253				X				X				X				
20		4254					X			X				X				
21		4255					X			X				X				
22		4256					X			X				X				
23		4257				X				X				X				
24		4258			X					X						X		
25		4259					X			X				X				
26		4260	X							X						X		
27		4261						DUN		X				X				
28		4262					X		X					X				
29		4263					X			X				X			Blind left eye	
30		4264				X				X				X				
31																		
32	30 head																	
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)

Gouvernement du Canada
INSPECTEUR D'INSPECTION DES PLANTES

VS FORM 10-13A
(SEP 2002)

FOIA 11-425_000086

29

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: 10:00 AM (10:30 PM unload)

DATE: 5-4-10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: BROWNTON MN

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

NAME OF AUCTION/MARKET: —

CONSIGNOR (OWNER/SHIPPER) NAME: Keith O Tonger

CONSIGNEE (RECEIVER/DESTINATION) NAME: VIANDE RICHELIEU MEAT INC

STREET ADDRESS: (b)(6)

STREET ADDRESS: 595 RUE ROYALE

CITY, STATE, ZIP CODE: (b)(6)

CITY, STATE, ZIP CODE: MASSUEVILLE, QUEBEC, CANADA J0G 1K0

AREA CODE & TELEPHONE NO.: (b)(6)

AREA CODE & TELEPHONE NO.: 450-788-2490

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USGD	4205					X		X					X				
2		4206	X						X							X		
3		4207			X					X						X		
4		~~4208~~						PAL		~~X~~				~~X~~				~~off~~
5		4209						APP		X				X				
6		4210			X					X				X				
7		4211						APP		X				X				
8		4212			X					X				X				
9		4213	X						X							X		
10		4214					X				X					X		
11		~~4215~~					~~X~~			~~X~~						~~X~~		~~off~~
12		4216	X							X				X				
13		4217						PAL		X				X				
14		4218					X				X			X			1202	on left shoulder
15		4219					X				X					X	662	" " "

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

SIGNATURE: (b)(6)

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

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

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

FOIA 11-425_000087

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	USGD	4220			X						X			X			1216 on	left shoulder
17		4221					X				X					X	1225	" "
18		4222					X				X			X			1148	" "
19		4223					X				X			X			1100	" "
20		4224					X			X					X		Pen alone	
21		4225	X									X				X		
22		4226					X				X					X		
23		4227	X						X					X				
24		4228			X					X				X				
25		4229						DUN		X						X		
26		4230					X			X				X				
27		4231					X			X						X		
28		4232			X					X					X		Pen alone	
29																		
30	26	head																
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.)

[redacted] (b)(6)

VS FORM 16-13A
(SEP 2002)

FOIA 11-425_000088

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 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: 10:00 AM

DATE: 5-5-10

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

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

NAME OF AUCTION/MARKET: —

CONSIGNOR (OWNER/SHIPPER) NAME: Keith O Tongen

CONSIGNEE (RECEIVER/DESTINATION) NAME: VIANDE RICHELIEU MEAT INC

STREET ADDRESS: (b)(6)

STREET ADDRESS: 595 RUE ROYALE

CITY, STATE, ZIP CODE: (b)(6)

CITY, STATE, ZIP CODE: MASSKEVILLE, QUEBEC, CANADA J0G 1K0

AREA CODE & TELEPHONE NO.: (b)(6)

AREA CODE & TELEPHONE NO.: 450-788-2490

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USGD	4205					X		X					X				
2		4206	X						X							X		
3		4207			X					X						X		
4		4208						PAL		X				X				Off
5		4209						APP		X				X				
6		4210			X					X				X				
7		4211						APP		X				X				
8		4212			X					X				X				
9		4213	X						X							X		
10		4214					X				X					X		
11		4215					X			X						X		Off
12		4216	X							X				X				
13		4217						PAL		X				X				
14		4218					X				X			X			1202	on left shoulder
15		4219					X				X					X	662	" " "

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

SIGNATURE: (b)(6)

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

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

FOIA 11-425_000089

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	USGD	4220			X						X			X			1216 on	left shoulder
17		4221					X				X					X	1225	" "
18		4222					X				X			X			1148	" "
19		4223					X				X			X			1100	" "
20		4224					X			X					X		Pen alone	
21		4225	X									X				X		
22		4226					X				X					X		
23		4227	X						X					X				
24		4228			X					X				X				
25		4229						DUN		X						X		
26		4230					X			X				X				
27		4231					X			X						X		
28		4232			X					X					X		Pen alone	
29																		
30	26	head																
31																		
32																		
33																		
34																		
35																		
36																		
37																		
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SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

[redacted] (b)(6)

Canada Gouvernement du Canada

VS FORM 10-13A
(SEP 2002)

FOIA 11-425_000090

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 5:00 PM

DATE: 5-7-10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: BROWNTON, MN

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

NAME OF AUCTION/MARKET: KALONA SALE BARN INC

CONSIGNOR (OWNER/SHIPPER) NAME: KEITH O TONGEN

CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.

STREET ADDRESS: (b)(6)

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: (b)(6)

CITY, STATE, ZIP CODE: Massueville, Quebec, CANADA J0G 1K0

AREA CODE & TELEPHONE NO.: (b)(6)

AREA CODE & TELEPHONE NO.: 450-788-2490

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
Off 1	USGD	~~4208~~						~~PAL~~		~~X~~				~~X~~				Off
2		4233					X			X				X			Blind	Right eye
3		4234					X			X				X				
4		4274						Red Roan		X						X		
5		4265						Pal		X				X				
6		4266					X			X				X				
7		4267					X			X				X				
8		4268			X					X						X		
9		4269					X			X						X		
10		4270					X			X				X				
11		4271						PAL		X				X				
12		4272				X				X						X		
13		4273					X				X			X				
Off 14		~~4301~~				~~X~~				~~X~~				~~X~~				Off
Off 15		~~4302~~				~~X~~				~~X~~				~~X~~				Off

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

SIGNATURE: (b)(6)

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

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

Previous editions are obsolete

FOIA 11-425_000091

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	USGD	4303						Pal		X				X				
~~17~~		~~4304~~					X			X						X		off
18		4305						Pal		X				X				
~~19~~		~~4306~~					X			X				X				off
~~20~~		~~4307~~						App		X				X				off
21		4308					X			X						X		
22		4309						Roan		X						X		
23		4310	X							X				X				
24		4312	X							X				X				
25		4313					X			X						X		
26		4314						App		X						X		
27		4315	X							X				X				
28		4316						Roan App		X				X				
29		4317	X							X				X				
30		~~4318~~						Roan		X						X		
31																		
32	24 head																	
33																		
34																		
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38																		
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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)

FOIA 11-425_000092

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 5:00 AM

DATE: MAY 9/10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: MANCHESTER, MICHIGAN

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

NAME OF AUCTION/MARKET: KALONA SALE BARN INC

CONSIGNOR (OWNER/SHIPPER) NAME: KEITH O Tongen

CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.

STREET ADDRESS: (b)(6)

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: (b)(6)

CITY, STATE, ZIP CODE: Massueville, Quebec, CANADA J0G 1K0

AREA CODE & TELEPHONE NO.: (b)(6)

AREA CODE & TELEPHONE NO.: 450-788-2490

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
Off 1	USGD	4208						PAL		X				X				Off
2		4233					X			X				X			Blind	Right eye
3		4234					X			X				X				
4		4274						Red Roan		X						X		
5		4265						Pal		X				X				
6		4266					X			X				X				
7		4267					X			X				X				
8		4268			X					X						X		
9		4269					X			X						X		
10		4270					X			X				X				
11		4271						PAL		X				X				
12		4272				X				X						X		
13		4273					X				X			X				
Off 14		4301				X				X				X				Off
Off 15		4302				X				X				X				Off

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

SIGNATURE: (b)(6)

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

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

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

FOIA 11-425_000093

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	USGD	4303						Pal		X				X				
~~17~~		~~4304~~					X			X						X		~~off~~
18		4305						Pal		X				X				
~~19~~		~~4306~~					X			X				X				~~off~~
~~20~~		~~4307~~						App		X				X				~~off~~
21		4308					X			X						X		
22		4309						Roan		X						X		
23		4310	X							X				X				
24		4312	X							X				X				
25		4313					X			X						X		
26		4314						App		X						X		
27		4315	X							X				X				
28		4316						Roan App		X				X				
29		4317	X							X				X				
30		~~4318~~						Roan		X						X		
31																		
32	24 head																	
33																		
34																		
35																		
36																		
37																		
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SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6)

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

VS FORM 10-13A
(SEP 2002)

FOIA 11-425_000094

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 10:30 Am

DATE: 5-11-10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: MANCHESTER, MICHIGAN

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

NAME OF AUCTION/MARKET: R + J Horse Sale - Kalona Sale Barn

CONSIGNOR (OWNER/SHIPPER) NAME: Keith O Tongen

CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc

STREET ADDRESS: (b)(6)

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: (b)(6)

CITY, STATE, ZIP CODE: Massneville Quebec, Canada J0G 1K0

AREA CODE & TELEPHONE NO.: (b)(6)

AREA CODE & TELEPHONE NO.: 450-788-2490

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	USGD	4208						PAL		X				X				
2		4301				X				X				X				
3		4302				X				X				X				
4		4304					X			X						X		
5		4306					X			X				X				
6		4307						APP		X				X				
7		4311					X			X				X				
8		4319	X							X				X				
9		4320				X				X				X				
10		~~4321~~					X			X						X		
11		4322						APP		X				X				
12		4323					X			X				X				
13		4324	X							X						X		
14		4325					X			X				X				
15		4326	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)

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

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

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

FOIA 11-425_000095

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	USGD	4327					X			X				X				
17		4328					X			X				X				
18	✓	4329	X							X				X				
19		~~4330~~	X							X				X				
20		4331					X			X				X				
21		4332						APP		X				X				
22		4333	X							X				X				
23		4334						Roan		X						X		
24	✓	4335					X			X						X		
25		4336						DUN		X				X				
26		4337					X			X						X		
27		4338	X							X				X				
28		~~4339~~					X				X			X				
29		~~4340~~					X				X					X		
30		4341	X						X					X				
31	✓	4342						DUN		X				X				
32		4344	X							X				X				
33		4344			X				X					X				
34																		
35	30	head																
36																		
37																		
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SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6)

VS FORM 10-13A
(SEP 2002)

FOIA 11-425_000096

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: 10:00 AM unload 8:45 Pm

DATE: 5-10-10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Brownton, MN.

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

NAME OF AUCTION/MARKET: R + J Horse Sale - Kalona Sale Barn

CONSIGNOR (OWNER/SHIPPER) NAME: Keith O Jongen

CONSIGNEE (RECEIVER/DESTINATION) NAME: Viandes Richelieu Meat Inc

STREET ADDRESS: (b)(6)

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: (b)(6)

CITY, STATE, ZIP CODE: Massiville Quebec, Canada J0G 1K0

AREA CODE & TELEPHONE NO.: (b)(6)

AREA CODE & TELEPHONE NO.: 450-788-2490

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	USGD	4208						PAL		X				X				
2		4301				X				X				X				
3		4302				X				X				X				
4		4304					X			X						X		
5		4306					X			X				X				
6		4307						APP		X				X				
7		4311					X			X				X				
8		4319	X							X				X				
9		4320				X				X				X				
10		~~4321~~					X			X						X		
11		4322						APP		X				X				
12		4323					X			X				X				
13		4324	X							X						X		
14		4325					X			X				X				
15		4326	X							X						X		

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

SIGNATURE (b)(6)

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

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

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

FOIA 11-425_000097

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	USGD	4327					X			X				X				
17		4328					X			X				X				
18		4329	X							X				X				
19		~~4330~~	~~X~~							~~X~~				~~X~~				~~ok~~
20		4331					X			X				X				
21		4332						APP		X				X				
22		4333	X							X				X				
23		4334						Roan		X						X		
24		4335					X			X						X		
25		4336						DUN		X				X				
26		4337					X			X						X		
27		4338	X							X				X				
28		~~4339~~					~~X~~				~~X~~			~~X~~				
29		~~4340~~					~~X~~				~~X~~					~~X~~		
30		4341	X						X					X				
31		4342						DUN		X				X				
32		4344	X							X				X				
33		4344			X				X					X				
34																		
35	30 head																	
36																		
37																		
38																		
39																		
40																		
41																		
42																		
43																		
44																		
45																		

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

(b)(6)

VS FORM 16-13A
(SEP 2002)

FOIA 11-425_000098

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: 5-18-10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: BROWNTON, MN

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

NAME OF AUCTION/MARKET: R+J Horse Sale

CONSIGNOR (OWNER/SHIPPER) NAME: KEITH O TONGEN

CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc

STREET ADDRESS: [redacted] (b)(6)

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: [redacted] (b)(6)

CITY, STATE, ZIP CODE: Massueville, Quebec CANADA J0G 1K0

AREA CODE & TELEPHONE NO.: [redacted] (b)(6)

AREA CODE & TELEPHONE NO.: 450-788-2490

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USGD	4321					X			X						X		
2		4330	X							X				X				
3		4339					X				X			X				
4		4340					X				X					X		
5		4345			X				X							X		
6		4346					X						WE	X				
7		4347		X						X				X				
8		4348						Buckskin		X						X		
9		4349					X			X				X				
10		4350	X							X				X				
11		4351	X							X						X		
12		4352	X							X						X		
13		4353						Bay Roan		X				X				
14		4354						Bay Roan		X				X				
15		4355	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: [redacted] (b)(6)

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

[redacted] (b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

FOIA 11-425_000099

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	USGD	4356						APP		X						X		
17		4357					X			X				X				
18		4358				X				X				X				
19		4359					X			X				X				
20		4360					X			X				X			Blind	Right eye
21		4362					X			X				X				
22		4363						Roan		X				X				
23		4364				X				X				X				
24		4365			X					X				X				
25		4366				X				X				X				
26		4367					X			X				X				
27		4368	X							X				X				
28		4369						APP		X				X				
29		4370	X							X						X		
30		4372						DUN		X				Y				
31																		
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CANADIAN FOOD INSPECTION AGENCY
Government of Canada
Canada
AGENCE CANADIENNE D'INSPECTION DES ALIMENTS

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

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

[redacted] (b)(6)

VS FORM 10-13A
(SEP 2002)

FOIA 11-425_000100

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: May 19

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

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

NAME OF AUCTION/MARKET: R+J Horse Sale

CONSIGNOR (OWNER/SHIPPER) NAME: KEITH O TONGEN

CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc

STREET ADDRESS: (b)(6)

STREET ADDRESS: 595 Rue Royale

CITY: (b)(6)

CITY, STATE, ZIP CODE: Massueville, Quebec, CANADA J0G 1K0

AREA CODE & TELEPHONE NO.: (b)(6)

AREA CODE & TELEPHONE NO.: 450-788-2490

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.
- [ ] 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	USGD	4321					X			X						X		
2		4330	X							X				X				
3		4339					X				X			X				
4		4340					X				X					X		
5		4345			X				X							X		
6		4346					X						WE	X				
7		4347		X						X				X				
8		4348						Buckskin		X						X		
9		4349					X			X				X				
10		4350	X							X				X				
11		4351	X							X						X		
12		4352	X							X						X		
13		4353						Bay Roan		X				X				
14		4354						Bay Roan		X				X				
15		4355	X							X				X				

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

SIGNATURE: (b)(6)

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

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

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

Canada

EST.

DATE

TIME

FOIA 11-425_000101

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	USGD	4356						APP		X						X		
17		4357					X			X				X				
18		4358				X				X				X				
19		4359					X			X				X				
20		4360					X			X				X			Blind	Right eye
21		4362					X			X				X				
22		4363						Roan		X				X				
23		4364				X				X				X				
24		4365			X					X				X				
25		4366				X				X				X				
26		4367					X			X				X				
27		4368	X							X				X				
28		4369						APP		X				X				
29		4370	X							X						X		
30		4372						DUN		X				Y				
31																		
32	30 head																	
33																		
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I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

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

(b)(6)

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

VS FORM 16-15A
(SEP 2002)

FOIA 11-425_000102

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: 6-22

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: ~~Story City IA~~ Manchester MI

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

NAME OF AUCTION/MARKET: ~~EtA Horse Sales~~ Kurtz PO.

CONSIGNOR (OWNER/SHIPPER) NAME: Keith O Torgen

CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat INC.

STREET ADDRESS: [redacted] (b)(6)

STREET ADDRESS: 595 RUE Royale

CITY, STATE, ZIP CODE: [redacted] (b)(6)

CITY, STATE, ZIP CODE: Messueville Quebec, CAnada J0G 1K0

AR[redacted] (b)(6)

AREA CODE & TELEPHONE NO.: 450-788-2790

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	USGD	4530					✓		✓					✓				
2		4531					✓			✓				✓				
3		4532	✓							✓						✓		
4		4469	✓							✓				✓				
5		4470	✓							✓				✓				
6		4474	✓							✓						✓		
7		4464					✓			✓						✓		
8	USGB	8451	✓							✓				✓				
9		8452	✓							✓						✓		
10		8453			✓					✓						✓		
11		8454	✓							✓				✓				
12		8455	✓							✓				✓				
13		8456	✓							✓				✓				
14		8457				✓				✓				✓				
15		8458				✓				✓				✓				

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE [redacted] (b)(6)

SIGNATURE [redacted] (b)(6)

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

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

[redacted] (b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

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

FOIA 11-425_000103

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.

FOR APPROVAL OMB 0579-

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

(Please type or print in ink)

Tag Prefix	Tag NO	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	Item Inc. place
		Bay	Gray	Blk.	Pinto	Cheste	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
USGB	8459				✓				✓						✓		
	8460					✓			✓						✓		
	8461						✓ Roan		✓				✓				
	8462						✓ Palomino		✓						✓		
	8463					✓				✓					✓		
off loaded	8464			✓					✓				✓			Didn't Fit	
	8465					✓				✓			✓				
	8466	✓							✓						✓		
	8467				✓				✓				✓		✓	5X	
	8468				✓				✓						✓		
	8469				✓				✓						✓		
	8470					✓			✓				✓				
	8471	✓							✓						✓		
	8472			✓					✓					✓			
	2918																

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA TO ANY PERSON. FALSIFYING 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 OR AGENT: I certify that the information contained in this form is true and correct to the best of my knowledge.

(b)(6)

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

Dated 10-13A-
of 2002

PAGE 2

FOIA 11-425_000104

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: 10:00 AM

DATE: 6-21-10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Story City IA

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

NAME OF AUCTION/MARKET: A+A Horse Sales

CONSIGNOR (OWNER/SHIPPER) NAME: Keith O Torgen

CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat INC.

STREET ADDRESS: (b)(6)

STREET ADDRESS: 595 RUE Royale

CITY, STATE, ZIP CODE: (b)(6)

CITY, STATE, ZIP CODE: Massueville, Quebec, CAnada J0G 1K0

AREA CODE & TELEPHONE NO.: (b)(6)

AREA CODE & TELEPHONE NO.: 450-788-2790

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	Chesln	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USGD	4530					✓		✓					✓				
2		4531					✓			✓				✓				
3		4532	✓							✓						✓		
4		4469	✓							✓				✓				
5		4470	✓							✓				✓				
6		4474	✓							✓						✓		
7		4464					✓			✓						✓		
8	USGB	8451	✓							✓				✓				
9		8452	✓							✓						✓		
10		8453			✓					✓						✓		
11		8454	✓							✓				✓				
12		8455	✓							✓				✓				
13		8456	✓							✓				✓				
14		8457				✓				✓				✓				
15		8458				✓				✓				✓				

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

(b)(6)

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

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

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

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

FOIA 11-425_000105

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

ANIMAL AND PLANT HEALTH INSPECTION SERVICE

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

(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0180. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FOR APPRO OMB 0579-

	Tag PREFIX	Tag NO	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REM Incl pieces
			Bay	Gray	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
7	USGB	8459				✓				✓						✓		
7		8460					✓			✓						✓		
8		8461						✓ Roan		✓				✓				
9		8462						✓ Buckskin		✓						✓		
10		8463					✓				✓					✓		
11		~~8464~~			✓					✓				✓			Didn't Fit	
12		8465					✓				✓			✓				
13		8466	✓							✓						✓		
14		8467				✓				✓				✓		[illegible]	SK	
15		8468				✓				✓						✓		
16		8469				✓				✓						✓		
17		8470					✓			✓				✓				
18		8471	✓							✓						✓		
19		8472			✓					✓				[illegible]	✓			
20		2918																
21																		
22																		
23																		
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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. FALSIFYING 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 (PRODUCER OR AGENT) I certify that the information contained in this form is true and correct to the best of my knowledge.

[redacted]

(b)(6)

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

PAGE 2

2

FOIA 11-425_000106

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 10:30 am

DATE: June 24/2010

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Manchester NH

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

NAME OF AUCTION/MARKET: —

CONSIGNOR (OWNER/SHIPPER) NAME: KEITH O TONGEN

CONSIGNEE (RECEIVER/DESTINATION) NAME: VIANDE RICHELIEU MEAT INC

STREET ADDRESS: (b)(6)

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: (b)(6)

CITY, STATE, ZIP CODE: Massueville, Quebec, Canada J0G 1K0

AREA CODE & TELEPHONE NO.: (b)(6)

AREA CODE & TELEPHONE NO.: 450-788-2490

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	USGD	4282						Buck		X				X				
~~2~~		~~4465~~					X			X						X		
3		4466						APP		X				X				
4		4467					X			X				X				
5		4468					X			X				X				
6		4471						APP		X				X				
7		4472					X			X				X				
8		4473	X							X				X				
9		4475					X			X				X				
10		4476	X							X				X				
11		4477			X					X				X				
12		4478	X							X						X		
13		4479						PAL		X						X	Blind Right eye	
14		4480					X			X				X				
15		4481	X							X						X		

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

SIGNATURE (b)(6)

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

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

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

Canada

FOIA 11-425_000107

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	USGD	4482						APP		X						X		
17		4483						APP		X						X		
18		4484			X					X				X				
~~19~~		~~4485~~					X			X				X				
20		4486					X			X				X				
21		4487	X							X						X		
22		4488	X							X						X		
23		4489			X					X						X		
24		4490	X							X				X				
25		4491					X			X				X				
26		4492					X			X						X		
27		4493						Buckskin		X						X		
28		4494				X				X						X		
29		4495				X				X				X				
30		4496				X				X				X				
31		4497						Buckskin		X						X		
32		4498	X						X					X				
~~33~~		~~4499~~		X						X				X				
34																		
35	30 head																	
36																		
37																		
38																		
39																		
40																		
41																		
42																		
43																		
44																		
45																		

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

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

(b)(6)

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

VS FORM 10-13A
(SEP 2002)

FOIA 11-425_000108

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: 6-23-10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: BROWNTON MINNESOTA

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

NAME OF AUCTION/MARKET: —

CONSIGNOR (OWNER/SHIPPER) NAME: KEITH O TONGEN

CONSIGNEE (RECEIVER/DESTINATION) NAME: VIANDE RICHELIEU MEAT INC

STREET ADDRESS: (b)(6)

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: (b)(6)

CITY, STATE, ZIP CODE: Massueville, Quebec, Canada J0G 1K0

AREA CODE & TELEPHONE NO.: (b)(6)

AREA CODE & TELEPHONE NO.: 450-788-2490

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	USGD	4282						Buck		X				X				
~~2~~		~~4465~~					X			X						X		
3		4466						APP		X				X				
4		4467					X			X				X				
5		4468					X			X				X				
6		4471						APP		X				X				
7		4472					X			X				X				
8		4473	X							X				X				
9		4475					X			X				X				
10		4476	X							X				X				
11		4477			X					X				X				
12		4478	X							X						X		
13		4479						PAC		X						X	Blind Right eye	
14		4480					X			X				X				
15		4481	X							X						X		

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

SIGNATURE (b)(6)

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

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

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

FOIA 11-425_000109

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	Chestnt	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USGD	4482						APP		X						X		
17		4483						APP		X						X		
18		4484			X					X				X				
~~19~~		~~4485~~					X			X				X				
20		4486					X			X				X				
21		4487	X							X						X		
22		4488	X							X						X		
23		4489			X					X						X		
24		4490	X							X				X				
25		4491					X			X				X				
26		4492					X			X						X		
27		4493						Buckskin		X						X		
28		4494				X				X						X		
29		4495				X				X				X				
30		4496				X				X				X				
31		4497						Buckskin		X						X		
32		4498	X						X					X				
~~33~~		~~4499~~		X						X				X				
34																		
35	36 head																	
36																		
37																		
38																		
39																		
40																		
41																		
42																		
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44																		
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Si [redacted] ined in this form is true and correct to the best of my knowledge.

(b)(6)

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

VS FORM 10-13A
(SEP 2002)

FOIA 11-425_000110

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) 7 AM 5-7-10

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

FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 8 AM

DATE: 7-4-10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: MANCHESTER, MICH.

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

NAME OF AUCTION/MARKET: —

CONSIGNOR (OWNER/SHIPPER) NAME: KEITH O TONGEN

CONSIGNEE (RECEIVER/DESTINATION) NAME: VIANDE RICHELIEU MEAT INC

STREET ADDRESS: (b)(6)

STREET ADDRESS: 595 RUE ROYALE

CITY, STATE, ZIP CODE: (b)(6)

CITY, STATE, ZIP CODE: MASSUEVILLE, QUEBEC, CANADA J0G 1K0

AREA CODE & TELEPHONE NO.: (b)(6)

AREA CODE & TELEPHONE NO.: 450-788-2490

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	USGD	4559					X		X					X				
2		4561	X							X						X		
off 3		~~4562~~						DUN		~~X~~				~~X~~				off
4		4563	X							X				X				
5		4564					X			X						X		
6		4565	X							X				X				
7		4566	X							X				X				
8		4567					X			X				X				
9		4568					X			X						X		
10		4569					X			X						X		
11		4570					X			X				X				
off 12		~~4571~~					~~X~~			~~X~~				~~X~~				off
13		4572					X			X						X		
14		4573			X					X				X				
15		4574					X			X						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 OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

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

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

FOIA 11-425_000111

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	USGD	4575				X				X				X				
17		4576				X				X				X				
18		4577						Buck		X				X				
19		4578						APP		X				X				
20		4579						APP		X				X				
21		4580						APP		X				X				
22		4581			X					X						X		
23		4582				X				X				X				
24		4583				X				X				X				
25		4584					X			X				X				
26		4585					X			X				X				
27		4586					X			X						X		
28		4587						APP		X						X		
29	[redacted]	4588		X						X				X				
30																		
31																		
32																		
33																		
34																		
35																		
36																		
37																		
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SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

[redacted] (b)(6)

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

VS FORM 10-13A
(SEP 2002)

FOIA 11-425_000112

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) 7-7-10

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

FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 11:30 AM 2 AM	DATE: 7-2-10
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: BROWNTON MN	
VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6) redacted	NAME OF AUCTION/MARKET: —
CONSIGNOR (OWNER/SHIPPER) NAME: KEITH O TONGEN	CONSIGNEE (RECEIVER/DESTINATION) NAME: VIANDE RICHELIEU MEAT INC
STREET ADDRESS: (b)(6) redacted	STREET ADDRESS: 595 RUE ROYALE
CITY, STATE, ZIP CODE: (b)(6) redacted	CITY, STATE, ZIP CODE: MASSUEVILLE, QUEBEC, CANADA J0G 1K0
AREA CODE & TELEPHONE NO.: (b)(6) redacted	AREA CODE & TELEPHONE NO.: 450-788-2490

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USGD	4559					X		X					X				
2		4561	X							X						X		
off 3		~~4562~~						DUN		~~X~~				~~X~~				off
4		4563	X							X				X				
5		4564					X			X						X		
6		4565	X							X				X				
7		4566	X							X				X				
8		4567					X			X				X				
9		4568					X			X						X		
10		4569					X			X						X		
11		4570					X			X				X				
off 12		~~4571~~					~~X~~			~~X~~				~~X~~				off
13		4572					X			X						X		
14		4573			X					X				X				
15		4574					X			X						X		

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

SIGNATURE (b)(6) redacted

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

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

(b)(6) redacted

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.
DATE
TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.
DATE
TIME

FOIA 11-425_000113

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	USGD	4575				X				X				X				
17		4576				X				X				X				
18		4577						Buck		X				X				
19		4578						APP		X				X				
20		4579						APP		X				X				
21		4580						APP		X				X				
22		4581			X					X						X		
23		4582				X				X				X				
24		4583				X				X				X				
25		4584					X			X				X				
26		4585					X			X				X				
27		4586					X			X						X		
28		4587						APP		X						X		
~~29~~	~~USGD~~	~~4499~~		X						X				X				
30																		
31	26 head																	
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)

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

VS FORM 10-13A
(SEP 2002)

FOIA 11-425_000114

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 existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 8:45 am

DATE: July 1/2016

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: MANCHESTER, MICHIGAN

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

NAME OF AUCTION/MARKET: —

CONSIGNOR (OWNER/SHIPPER) NAME: KEITH O TONGEN

CONSIGNEE (RECEIVER/DESTINATION) NAME: VIANDE RICHELIEU MEAT INC

STREET ADDRESS: (b)(6)

STREET ADDRESS: 595 RUE ROYALE

CITY, STATE, ZIP CODE: (b)(6)

CITY, STATE, ZIP CODE: MASSUEVILLE, QUEBEC, CANADA J0G 1K0

AREA CODE & TELEPHONE NO: (b)(6)

AREA CODE & TELEPHONE NO.: 450-788-2490

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USGD	4465					X			X						X		
2		4485					X		X					X				
3		~~4499~~		X						X				X				
4		4500	X							X						X		
5		4533	X						X					X				
6		4534				X				X				X				
7		4535	X						X							X		
8		4536	X						X					X				
9		4537					X			X				X				
10		4538					X			X				X				
11		~~4539~~					X			X						X		
12		4540					X			X				X				
13		4541	X							X				X				
14		4542			X				X					X				
15		4543					X		X					X				

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

SIGNATURE (b)(6)

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

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

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

FOIA 11-425_000115

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	USGD	4544	X									X		X				
17		4545			X					X				X				
18		4546					X						AB			X		
19		4547	X										AB	X				
20		4548						Roan			X			X				
21		4549				X				X				X				
22		4550					X			X				X				
23		4551					X			X						X		
24		4552					X				X			X				
25		4553	X							X						X		
26		4554					X			X						X		
27		4555					X			X				X				
28		~~4556~~					X			X						X		
29		4557		X									AB			X		
30		4558	X							X				X				
31		4560	X							X				X				
32																		
33	30 head																	
34																		
35	28 head																	
36																		
37																		
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39																		
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45																		

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

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

[redacted] (b)(6)

CANADIAN FOOD INSPECTION AGENCY

PAGE 2 OF 2

(SEP 2002)

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 9:00 AM

DATE: 6-30-10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: BROWNTON MN

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

NAME OF AUCTION/MARKET: —

CONSIGNOR (OWNER/SHIPPER) NAME: KEITH O TONGEN

CONSIGNEE (RECEIVER/DESTINATION) NAME: VIANDE RICHELIEU MEAT INC

STREET ADDRESS: (b)(6)

STREET ADDRESS: 595 RUE ROYALE

CITY, STATE, ZIP CODE: (b)(6)

CITY, STATE, ZIP CODE: MASSUEVILLE, QUEBEC, CANADA J0G 1K0

AREA CODE & TELEPHONE NO.: (b)(6)

AREA CODE & TELEPHONE NO.: 450-788-2490

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USGD	4465					X			X						X		
2		4485					X		X					X				
3		4499		X						X				X				
4		4500	X							X						X		
5		4533	X						X					X				
6		4534				X				X				X				
7		4535	X						X							X		
8		4536	X						X					X				
9		4537					X			X				X				
10		4538					X			X				X				
11		4539					X			X						X		
12		4540					X			X				X				
13		4541	X							X				X				
14		4542			X				X					X				
15		4543					X		X					X				

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

SIGNATURE: (b)(6)

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

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

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

FOIA 11-425_000117

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	USGD	4544	X									X		X				
17		4545			X					X				X				
18		4546					X						AB			X		
19		4547	X										AB	X				
20		4548						Roan			X			X				
21		4549				X				X				X				
22		4550					X			X				X				
23		4551					X			X						X		
24		4552					X				X			X				
25		4553	X							X						X		
26		4554					X			X						X		
27		4555					X			X				X				
28		~~4556~~					X			X						X		
29		4557		X									AB			X		
30		4558	X							X				X				
31		4560	X							X				X				
32																		
33	30 head																	
34																		
35																		
36																		
37																		
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SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6)

VS FORM 10-13A
(SEP 2002)

FOIA 11-425_000118

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: 10:00 AM	DATE: 6-14-10
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: BROWNTON, MN.	
VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6)	NAME OF AUCTION/MARKET: R+J HORSE SALE PIERZ HORSE SALE
CONSIGNOR (OWNER/SHIPPER) NAME: KEITH O TONGEN	CONSIGNEE (RECEIVER/DESTINATION) NAME: VIANDE RICHELIEU MEAT INC
STREET ADDRESS: (b)(6)	STREET ADDRESS: 595 RUE ROYALE
CITY, STATE, ZIP CODE: (b)(6)	CITY, STATE, ZIP CODE: MASSUEVILLE, QUEBEC, CANADA J0G 1K0
AREA CODE & TELEPHONE NO.: (b)(6)	AREA CODE & TELEPHONE NO.: 450-788-2490

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USGD	4275	X						X					X				
2		4276				X				X				X				
3		4277					X			X				X				
4		4278				X				X				X				
5		4279				X				X				X				
6		4280					X			X				X				
7		4281				X				X				X				
off		4282						DUN		X				X				off
9		4283	X							X				X				
10		4284	X							X				X				
11		4285	X						X							X		
12		4286					X				X			X				
13		4287						Red Roan			X					X		
14		4288						Buckskin		X				X				
15		4290			X				X					X				

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

SIGNATURE (b)(6)

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

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

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

FOIA 11-425_000119

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	USGD	4291	X						X					X				
17		4292			X				X					X				
18		4293	X						X							X	Shid	left eye
19		4294					X			X						X		
20		4295					X			X				X				
21		4296	X							X				X				
22		4297	X							X						X		
23		4451					X			X				X				
24		4452		X						X				X				
25		4453					X			X					X		Pen	alone
26		4454				X				X				X				
27		4455				X				X				X				
28		4456				X				X						X		
29		4457			X					X						X		
30		~~4458~~					X			X				X				
31																		
32	29	head																
33																		
34																		
35																		
36																		
37																		
38																		
39																		
40																		
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SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6)

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

VS FORM 10-13A
(SEP 2002)

FOIA 11-425_000120

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: 6/15/10

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

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

NAME OF AUCTION/MARKET: R+J HORSE SALE PIERZ HORSE SALE

CONSIGNOR (OWNER/SHIPPER) NAME: KEITH O TONGEN

CONSIGNEE (RECEIVER/DESTINATION) NAME: VIANDE RICHELIEU MEAT INC

STREET ADDRESS: (b)(6)

STREET ADDRESS: 595 RUE ROYALE

CITY, STATE, ZIP CODE: (b)(6)

CITY, STATE, ZIP CODE: MASSUEVILLE, QUEBEC, CANADA J0G 1K0

AREA CODE & TELEPHONE NO.: (b)(6)

AREA CODE & TELEPHONE NO.: 450-788-2490

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	USGD	4275	X						X					X				
2		4276				X				X				X				
3		4277					X			X				X				
4		4278				X				X				X				
5		4279				X				X				X				
6		4280					X			X				X				
7		4281				X				X				X				
off 8		4282						DUN		X				X				off
9		4283	X							X				X				
10		4284	X							X				X				
11		4285	X						X							X		
12		4286					X				X			X				
13		4287						Red Roan			X					X		
14		4288						Buckskin		X				X				
15		4290			X				X					X				

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

S (b)(6)

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

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

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

FOIA 11-425_000121

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	USGD	4291	X						X					X				
17		4292			X				X					X				
18		4293	X						X							X		Blind left eye
19		4294					X			X						X		
20		4295					X			X				X				
21		4296	X							X				X				
22		4297	X							X						X		
23		4451					X			X				X				
24		4452		X						X				X				
25		4453					X			X					X			Pen alone
26		4454				X				X				X				
27		4455				X				X				X				
28		4456				X				X						X		
29		4457			X					X						X		
30		~~4458~~					X			X				X				
31																		
32	29	head																
33																		
34																		
35																		
36																		
37																		
38																		
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SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6)

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

VS FORM 10-13A
(SEP 2002)

FOIA 11-425_000122

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: 10:00 AM unload 11:00 pm

DATE: 6-14-10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Brownton MN

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

NAME OF AUCTION/MARKET: Twin Cities Horse Sale

CONSIGNOR (OWNER/SHIPPER) NAME: KEITH O TONGEN

CONSIGNEE (RECEIVER/DESTINATION) NAME: VIANDE RICHELIEU MEAT INC

STREET ADDRESS: (b)(6)

STREET ADDRESS: 595 RUE ROYALE

CITY, STATE, ZIP CODE: (b)(6)

CITY, STATE, ZIP CODE: MASSUEVILLE, QUEBEC, CANADA J0G 1K0

AREA CODE & TELEPHONE NO.: (b)(6)

AREA CODE & TELEPHONE NO.: 450-788-2490

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
off 1	USGD	~~4450~~					X					X		X				off
2		4449				X				X				X				
3		4448	X									X		X				
4		4447					X			X						X		
5		4446				X				X						X		
6		4445			X					X				X				
7		4444				X				X				X				
8		4443					X			X				X				
9		4442	X							X				X				
10		4441					X						Mule			X		
11		4440				X				X						X		
12		4439			X					X				X				
13		4438	X							X						X		
14		4437					X			X				X				
15		4436			X								Mule	X				

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

SIGNATURE (b)(6)

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

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

FOIA 11-425_000123

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	USGD	4435						Pal		X				X				
17		4434					X			X				X				
18		4433						Buckskin		X						X		
19		4432			X					X				X				
20		4431					X			X				X				
21		4430	X							X				X				
22		4429				X				X				X				
23		4428				X				X				X				
24		4427					X			X						X		
25		4298	X							X						X		
26		4299						App		X				X				
27		4300					X		X					X				
28		4459				X				X						X		
29		4460					X			X				X				
30		4461	X						X							X		
31		4462	X						X							X		
32		4463	X							X						X		
33		~~4464~~					X			X						X		OT
34																		
35	31	Recal																
36																		
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I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

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

(b)(6)

CANADIAN FOOD INSPECTION AGENCY
Gouvernement du Canada
MEDICINE D'INSPECTION DES ALIMENTS

VS FORM 10-13A
(SEP 2002)

FOIA 11-425_000124

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: 1030 PM

DATE: 6-15-10

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

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

NAME OF AUCTION/MARKET: Twin Cities Horse Sale

CONSIGNOR (OWNER/SHIPPER) NAME: KEITH O TONGEN

CONSIGNEE (RECEIVER/DESTINATION) NAME: VIANDE RICHELIEU MEAT INC

STREET ADDRESS: (b)(6)

STREET ADDRESS: 595 RUE ROYALE

CITY, STATE, ZIP CODE: (b)(6)

CITY, STATE, ZIP CODE: MASSUEVILLE, QUEBEC, CANADA J0G 1K0

AREA CODE & TELEPHONE NO.: (b)(6)

AREA CODE & TELEPHONE NO.: 450-788-2496

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		
off 1	USGD	~~4450~~					X					X		X				off
2		4449				X				X				X				
3		4448	X									X		X				
4		4447					X			X						X		
5		4446				X				X						X		
6		4445			X					X				X				
7		4444				X				X				X				
8		4443					X			X				X				
9		4442	X							X				X				
10		4441					X						Mule			X		
11		4440				X				X						X		
12		4439			X					X				X				
13		4438	X							X						X		
14		4437					X			X				X				
15		4436			X								Mule	X				

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

SIGNATURE: (b)(6)

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

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

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCIÓN GENERAL DE INSPECCIÓN EN FRONTERAS (DGIF)

EST.

DATE

TIME

FOIA 11-425_000125

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	USGD	4435						Pal		X				X				
17		4434					X			X				X				
18		4433						Buckskin		X						X		
19		4432			X					X				X				
20		4431					X			X				X				
21		4430	X							X				X				
22		4429				X				X				X				
23		4428				X				X				X				
24		4427					X			X						X		
25		4298	X							X						X		
26		4299						App		X				X				
27		4300					X		X					X				
28		4459				X				X						X		
29		4460					X			X				X				
30		4461	X						X							X		
31		4462	X						X							X		
32		4463	X							X						X		
33		~~4464~~					X			X						X		87
34																		
35	31	Head																
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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)

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

VS FORM 10-13A
(SEP 2002)

FOIA 11-425_000126

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: June 8/2010

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: KALONA, IOWA

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

NAME OF AUCTION/MARKET: KALONA SALE BARN

CONSIGNOR (OWNER/SHIPPER) NAME: KEITH TONGEN

CONSIGNEE (RECEIVER/DESTINATION) NAME: VIANDE RICHELIEU MEAT INC

STREET ADDRESS: (b)(6)

STREET ADDRESS: 595 RUE ROYALE

CITY, STATE, ZIP CODE: (b)(6)

CITY, STATE, ZIP CODE: MASSUE VILLE, QUEBEC CANADA J0G 1K0

AREA CODE & TELEPHONE NO.: (b)(6)

AREA CODE & TELEPHONE NO.: 450-788-2490

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	USGD	4380					X				X					X		
2		4401					X				X			X				
3		4402					X				X			X				
4		4403					X				X			X				
5		4404					X			X				X				
6		4405			X					X				X				Blind L eye
7		4406					X		X					X				
8		4407					X			X				X				
9		4408				X				X				X				
10		4409					X			X				X				
11		4410	X							X				X				
12		4411				X				X				X				
13		4412	X							X				X				
14		4413					X			X						X		
15		4414				X				X				X				

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

SIGNATURE (b)(6)

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

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

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

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	USGI	4415					X			X						X		
17		4416					X			X				X				
18		4417					X			X						X		
19		4418					X			X						X		
20		4419					X			X				X				
21		4420	X							X				X				
22		4421						DUN		X				X				
23		4422					X			X				X				
24		4423	X							X				X				
25		4424	X							X						X		
26		4425				X				X				X				
27		4426					X			X				X				
~~28~~																		
29	27 head																	
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.)

[redacted] (b)(6)

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

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 7:30 am

DATE: June 9/2010

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Manchester MT

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

NAME OF AUCTION/MARKET: KALONA SALE BARN

CONSIGNOR (OWNER/SHIPPER) NAME: KEITH TONGEN

CONSIGNEE (RECEIVER/DESTINATION) NAME: VIANDE RICHELIEU MEAT INC

STREET ADDRESS: (b)(6)

STREET ADDRESS: 595 RUE ROYALE

CITY, STATE, ZIP CODE: (b)(6)

CITY, STATE, ZIP CODE: MASSUE VILLE, QUEBEC, CANADA J0G 1K0

AREA CODE & TELEPHONE NO.: (b)(6)

AREA CODE & TELEPHONE NO.: 450-788-2490

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	USGD	4380					X				X					X		
2		4401					X				X			X				
3		4402					X				X			X				
4		4403					X				X			X				
5		4404					X			X				X				
6		4405			X					X				X				Blind L eye
7		4406					X		X					X				
8		4407					X			X				X				
9		4408				X				X				X				
10		4409					X			X				X				
11		4410	X							X				X				
12		4411				X				X				X				
13		4412	X							X				X				
14		4413					X			X						X		
15		4414				X				X				X				

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

SIGNATURE (b)(6)

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

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

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

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

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USGD	4415					X			X						X		
17		4416					X			X				X				
18		4417					X			X						X		
19		4418					X			X						X		
20		4419					X			X				X				
21		4420	X							X				X				
22		4421						DUN		X				X				
23		4422					X			X				X				
24		4423	X							X				X				
25		4424	X							X						X		
26		4425				X				X				X				
27		4426					X			X				X				
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29	27 head																	
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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.)

[redacted] (b)(6)

FOOD INSPECTION AGENCY Government of Canada Canada Gouvernement du Canada L'INSPECTION DES ALIMENTS

VS FORM 10-13A
(SEP 2002)

IA 11-425_000130

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 1:30 — DATE 10-8-10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: KALONA, IA

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

NAME OF AUCTION/MARKET: KALONA SALE BARN

CONSIGNOR (OWNER/SHIPPER) NAME: KEITH TONGEN

CONSIGNEE (RECEIVER/DESTINATION) NAME: VIANDE RICHELIEU MEAT INC

STREET ADDRESS: (b)(6)

STREET ADDRESS: 595 RUE ROYALE

CITY, STATE, ZIP CODE: (b)(6)

CITY, STATE, ZIP CODE: MASSUEVILLE, QUEBEC, CANADA. J0G 1K0

AREA CODE & TELEPHONE NO.: (b)(6)

AREA CODE & TELEPHONE NO.: 450-788-2490

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	USGD	4371						APP		X				X			offload	
2		4373					X		X					X				
3		4374	X					Roan		X						X		
4		4375			X					X				X				
5		4376					X			X						X		
6		4377				X				X						X		
7		4378						Red Roan		X						X		
8		4379						Buck Skin		X				X				
9		4400			X					X			Cross		X			Pen alone
10		4381	X							X			Cross			X		
11		4382	X					Roan		X				X				
12		4383	X							X				X				
13		4384	X							X						X		
14		4385					X			X						X		
15		4386				X		Red Shirt		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)

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

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

FOIA 11-425_000131

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	USGD	4387					X			X						X		
17		4388					X		X					X				
18		4389					X			X				X				
19		4390					X			X				X				
20		4391	X							X			Cross	X				
21		4392	X							X			Cross	X				
22		4393	X							X				X				
23		4394					X			X				X				
24		4395					X			X				X				
25		4396					X			X				X				
26		4397	X							X				X				
27		4398						Dun		X				X				
28		4399	X					Roan					APP	X				
29																		
30	~~28~~	Red																
31	27																	
32																		
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I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

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

(b)(6)

VS FORM 10-13A
(SEP 2002)

FOIA 11-425_000132

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: 6-9-10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Manchester MD

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

NAME OF AUCTION/MARKET: KALONA SALE BARN

CONSIGNOR (OWNER/SHIPPER) NAME: KEITH TONGEN

CONSIGNEE (RECEIVER/DESTINATION) NAME: VIANDE RICHELIEU MEAT INC

STREET ADDRESS: (b)(6)

STREET ADDRESS: 595 RUE ROYALE

CITY, STATE, ZIP CODE: (b)(6)

CITY, STATE, ZIP CODE: MASSUEVILLE, QUEBEC, CANADA J0G 1K0

AREA CODE & TELEPHONE NO.: (b)(6)

AREA CODE & TELEPHONE NO.: 450-788-2490

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USGD	4371						APP		X				X			Orlan	
2		4373					X		X					X				
3		4374	X					Roan		X						X		
4		4375			X					X				X				
5		4376					X			X						X		
6		4377				X				X						X		
7		4378						Red Roan		X						X		
8		4379						Buck Skin		X				X				
9		4400			X					X			Cross		X			Pen alone
10		4381	X							X			Cross			X		
11		4382	X					Roan		X				X				
12		4383	X							X				X				
13		4384	X							X						X		
14		4385					X			X						X		
15		4386				X		Red Shirt		X				X				

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

SIGNATURE (b)(6)

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

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

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

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	USGD	4387					X			X						X		
17		4388					X		X					X				
18		4389					X			X				X				
19		4390					X			X				X				
20		4391	X							X			Cross	X				
21		4392	X							X			Cross	X				
22		4393	X							X				X				
23		4394					X			X				X				
24		4395					X			X				X				
25		4396					X			X				X				
26		4397	X							X				X				
27		4398						Dun		X				X				
28		4399	X					Roan					App	X				
29																		
30	~~28~~	Red																
31	27																	
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.)

[redacted] (b)(6)

VS FORM 10-13A
(SEP 2002)

FOIA 11-425_000134

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 2:30 PM
DATE: 1/27/10
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Lawler, IA

VEHICLE LICENSE NO. AND DRIVER'S NAME: [redacted] (b)(6)
NAME OF AUCTION/MARKET: Kurtenbach Horse Co

CONSIGNOR (OWNER/SHIPPER) NAME: Keith O Tongen
CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc

STREET ADDRESS: [redacted] (b)(6)
STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: [redacted] (b)(6)
CITY, STATE, ZIP CODE: Massueville, Quebec J0G 1K0

AREA CODE & TELEPHONE NO.: [redacted] (b)(6)
AREA CODE & TELEPHONE NO.:

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USEN	5955					X			X				X				
2		5956	X							X				X				dead R eye
3		5957						Dun		X						X		
4		5959					X			X						X		
5		5960	X							X						X		
6		5961	X							X						X		
7		5962			X					X				X				
8		5963			X								Xbd	X				
9		5964	X										HALTX			X		
10		5965					X			X				X				
11		5966					X			X				X				
12		5967						Brown		X				X				
13		5968					X			X				X				
14		5969			X					X				X				
15		5970	X							X						X		Scar RH

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

SIGNATU[redacted] (b)(6)

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

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

[redacted] (b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.
DATE
TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.
DATE
TIME

A 11-425_000135

...IMAL 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
(CONTINUATION SHEET)

(Please type or print in ink)

	Tag PREFIX	Tag NO	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include previously
			Bay	Gray	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
6	USEW	5971	X							X				X				
7		5972					X				X					X		
8		5973				X				X						X		
9		5974					X			X				X				
10		5976					X			X						X		
11		5978						Brown		X						X		
12		5979				X				X				X				
13		5980				X				X				X				
14		5981				X				X				X				lame H
15		5982	X				X			X				X				
16		5983					X			X				X				
17		5984					X			X						X		dead Re
18		5985						Dun		X						X		
19		5986			X					X				X				Scar R
20		5989					X			X						X		
21																		
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...HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY ME TO THE USDA. FALSIFYING THIS FORM OR KNOWINGLY USING A FALSIFIED 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).

(IMPORTANT: DECLARANT(S) MUST certify that the information contained in this form is true and correct to the best of my knowledge.)

[redacted] (b)(6)

...PECTION AGENCY Canada Inspection Agency Canada Alimentaire

PAGE 2 OF

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: 1-20-10

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

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

NAME OF AUCTION/MARKET: A+A Horse Sale

CONSIGNOR (OWNER/SHIPPER) NAME: KEITH O TONGEN

CONSIGNEE (RECEIVER/DESTINATION) NAME: VIANDE RICHELIEU MEAT INC

STREET ADDRESS: (b)(6)

STREET ADDRESS: 595 RUE ROYALE

CITY, STATE, ZIP CODE: (b)(6)

CITY, STATE, ZIP CODE: MASSKVILLE, QUEBEC, CANADA J0G 1K0

AREA CODE & TELEPHONE NO.

AREA CODE & TELEPHONE NO.: 450-788-2622

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		
off 1	~~USFM~~	~~9271~~					~~X~~						~~HF~~	~~X~~				off
2		9285				X							Pt			X		
off 3		~~9308~~	~~X~~							~~X~~						~~X~~		off
4		9309					X			X						X		
5		9311						App					App	X				
6		9312			X					X						X		
off		~~9313~~					~~X~~				~~X~~			~~X~~				off
off		~~9314~~					~~X~~				~~X~~			~~X~~				off
off		~~9315~~					~~X~~				~~X~~			~~X~~				off
10		9316						Brown	X					X				
11		9317				X							Pt	X				
12		9318						Dun		X						X		
13		9319						Dun		X				X				
14		9320	X										AB	X				
15		9321	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)

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

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

FOIA 11-425_000137

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	USFM	9322					X			X				X				
17		9323				X							WE	X				
18		9324					X			X				X				
19		9325				X							Pt	X				
20		9326				X							Pt	X				
21		9327				X							Pt	X				
22		9328					X			X				X				
23		9329	X						X					X				
24		9330	X										AB	X				
25		9331	X							X						X		
26		9332	X							X				X				
27		9333						Pal		X						X		
28		9334			X					X						X		
29		9335					X			X						X		
30		9336	X							X				X				
31		9337				X							Pt			X		
32		9338				X							Pt	X				
33		9339						Pal		X						X		
34		9340					X			X						X		
35		9341	X							X				X				
36		9342					X			X				X				
37																		
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44																		
45																		

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)

FOIA 11-425_000138

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 10:00 AM Winter 12 AM — DATE: 1-19-10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Brownton, MN

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

NAME OF AUCTION/MARKET: A+A Horse Sale

CONSIGNOR (OWNER/SHIPPER) NAME: KEITH O TONGEN

CONSIGNEE (RECEIVER/DESTINATION) NAME: VIANDE RICHELIEU MEAT INC

STREET ADDRESS: (b)(6)

STREET ADDRESS: 595 RUE ROYALE

CITY, STATE, ZIP CODE: (b)(6)

CITY, STATE, ZIP CODE: MASSUEVILLE, QUEBEC, CANADA J0G 1K0

AREA CODE & TELEPHONE NO.

AREA CODE & TELEPHONE NO.: 450-788-2622

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	~~USA~~	~~9271~~					X						~~AF~~	X				off
2		9285				X							Pt			X		
~~3~~		~~9308~~	X							X						X		off
4		9309					X			X						X		
5		9311						App					App	X				
6		9312			X					X						X		
~~7~~		~~9313~~					X				X			X				off
~~8~~		~~9314~~					X				X			X				off
~~9~~		~~9315~~					X				X			X				off
10		9316						Brown	X					X				
11		9317				X							Pt	X				
12		9318						Dun		X						X		
13		9319						Dun		X				X				
14		9320	X										AB	X				
15		9321	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)

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

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

FOIA 11-425_000139

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	USFM	9322					X			X				X				
17		9323				X							WE	X				
18		9324					X			X				X				
19		9325				X							Pt	X				
20		9326				X							Pt	X				
21		9327				X							Pt	X				
22		9328					X			X				X				
23		9329	X						X					X				
24		9330	X										AB	X				
25		9331	X							X						X		
26		9332	X							X				X				
27		9333						Pal		X						X		
28		9334			X					X						X		
29		9335					X			X						X		
30		9336	X							X				X				
31		9337				X							Pt			X		
32		9338				X							Pt	X				
33		9339						Pal		X						X		
34		9340					X			X						X		
35		9341	X							X				X				
36		9342					X			X				X				
37																		
38	31 head																	
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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)

FOIA 11-425_000140

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 8:00 AM

DATE: 1-12-2010

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: BROWNTON, MINNESOTA

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

NAME OF AUCTION/MARKET: R+J Horse Sale - Twin Cities Horse Sale

CONSIGNOR (OWNER/SHIPPER) NAME: KEITH O TONGEN

CONSIGNEE (RECEIVER/DESTINATION) NAME: VIANDE RICHELIEU MEAT INC

STREET ADDRESS: (b)(6)

STREET ADDRESS: 595 RUE ROYALE

CITY, STATE, ZIP CODE: (b)(6)

CITY, STATE, ZIP CODE: MASSUEVILLE, QUEBEC, CANADA J0G 1K0

AREA CODE & TELEPHONE NO.: (b)(6)

AREA CODE & TELEPHONE NO.: 450-788-2490

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	USFM	9202			X					X				X				
2		9267				X				X				X				
~~3~~		~~9271~~					X			X				X				OK
4		9272	X						X					X				
5		9280			X					X				X				
6		9281					X		X							X		
7		9282						PAL	X							X		
8		9283				X				X				X				
9		9284						Buckskin				X		X				
~~10~~		~~9285~~				X				X						X		OK
11		9286						APP		X				X				
12		9287						PAL		X						X		
13		9288			X					X						X		
14		9289					X			X						X		
15		9290	X							X				X				

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

SIGNATURE: (b)(6)

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

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

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

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	USFM	9291		X						X						X		
17		9292				X				X				X				
18		9293				X				X				X				
19		9294				X				X				X			Blind right eye	
20		9295					X			X				X				
21		9296	X							X						X		
22		9297			X					X				X				
23		9298						APP		X				X				
24		9299				X				X				X				
25		9300					X			X				X				
26		9301	X							X				X				
27		9302				X				X				X				
28		9303				X				X				X				
29		9304					X			X						X		
30		9305						PAL		X				X				
31		9306	X							X				X				
32		9307					X			X				X				
33		~~9308~~	X							X						X		Off
34		~~9309~~					X			X						X		Off
35		~~9310~~					X			X						X	Blind right eye	
36																		
37	31 head																	
38																		
39																		
40																		
41																		
42																		
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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

VS FORM 10-13A
(SEP 2002)

FOIA 11-425_000142

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: 9H30 A.M

DATE: 13-01-10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Manchester Michigan

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

NAME OF AUCTION/MARKET: R+J Horse Sale - Twin Cities Horse Sale

CONSIGNOR (OWNER/SHIPPER) NAME: KEITH O TONGEN

CONSIGNEE (RECEIVER/DESTINATION) NAME: VIANDE RICHELIEU MEAT INC

STREET ADDRESS: (b)(6)

STREET ADDRESS: 595 RUE ROYALE

CITY, STATE, ZIP CODE: (b)(6)

CITY, STATE, ZIP CODE: MASSUE VILLE, QUEBEC, CANADA J0G 1K0

AREA CODE & TELEPHONE NO.: (b)(6)

AREA CODE & TELEPHONE NO.: 450-788-2490

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	USFM	9202			X					X				X				
2		9267				X				X				X				
~~3~~		~~9271~~					X			X				X				off
4		9272	X						X					X				
5		9280			X					X				X				
6		9281					X		X							X		
7		9282						PAL	X							X		
8		9283				X				X				X				
9		9284						Buckskin				X		X				
~~10~~		~~9285~~				X				X						X		off
11		9286						APP		X				X				
12		9287						PAL		X						X		
13		9288			X					X						X		
14		9289					X			X						X		
15		9290	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

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

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

FOIA 11-425_000143

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	45FM	9291		X						X						X		
17		9292				X				X				X				
18		9293				X				X				X				
19		9294				X				X				X			Blind right eye	
20		9295					X			X				X				
21		9296	X							X						X		
22		9297			X					X				X				
23		9298						APP		X				X				
24		9299				X				X				X				
25		9300					X			X				X				
26		9301	X							X				X				
27		9302				X				X				X				
28		9303				X				X				X				
29		9304					X			X						X		
30		9305						PAL		X				X				
31		9306	X							X				X				
32		9307					X			X				X				
33		~~9308~~	X							X						X		Off
34		~~9309~~					X			X						X		Off
35		~~9310~~					X			X						X	Blind right eye	
36																		
37	31 head																	
38																		
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Off

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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)

FOIA 11-425_000144

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 11:00 AM	DATE: 1-5-10
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: BRUNTON, MN	
VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6)	NAME OF AUCTION/MARKET: KALONA SALE BARN - JACKSON LIVESTOCK EXCHANGE
CONSIGNOR (OWNER/SHIPPER) NAME: KEITH O TONGEN	CONSIGNEE (RECEIVER/DESTINATION) NAME: VIANDE RICHELIEU MEAT INC
STREET ADDRESS: (b)(6)	STREET ADDRESS: 595 RUE ROYALE
CITY, STATE, ZIP CODE: (b)(6)	CITY, STATE, ZIP CODE: MASSUEVILLE, QUEBEC, CANADA J0G 1K0
AREA CODE & TELEPHONE NO.: (b)(6)	AREA CODE & TELEPHONE NO.: 450-755-2490

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	USFM	9110	X						X					X				
2		9111					X			X				X				
3		9112					X			X				X				
4		9113					X			X						X		
5		9114					X			X						X		
6		9115					X			X						X		
7		9116					X			X				X				
8		9117	X							X						X		
9		9118					X			X						X		
10		9119	X							X				X				
11		9120	X						X					X				
12		9121						Dun					Mule	X				
13		9122			X					X						X		
14		9123			X				X					X				
15		9124					X			X				X				

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

SIGNATURE (b)(6)

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

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

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

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	USFM	9171					X				X			X				
17		9172			X						X			X				
18		9175					X				X			X				
19		9176					X				X			X				
20		9191						PAL		X				X				
21		9192				X				X				X				
22		9193						APP		X						X		
23		9194					X						Mule			X		
24		9195	X							X				X				
25		9196					X			X						X		
26		9197						white		X						X		
27		9198					X			X				X				
28		9199	X							X						X		
29		9200					X			X				X				
~~30~~																		
31	29 head																	
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)

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

VS FORM 10-13A
(SEP 2002)

FOIA 11-425_000146

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: Manchester MI: 3:30pm

DATE: JAN 6/10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: MANCHESTER, MICHIGAN

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

NAME OF AUCTION/MARKET: KALONA SALE BARN - JACKSON LIVESTOCK EXCHANGE

CONSIGNOR (OWNER/SHIPPER) NAME: KEITH O TONGEN

CONSIGNEE (RECEIVER/DESTINATION) NAME: VIANDE RICHELIEU MEAT INC

STREET ADDRESS: (b)(6)

STREET ADDRESS: 595 RUE ROYALE

CITY, STATE, ZIP CODE: (b)(6)

CITY, STATE, ZIP CODE: MASSUEVILLE, QUEBEC, CANADA J0G 1K0

AREA CODE & TELEPHONE NO.: (b)(6)

AREA CODE & TELEPHONE NO.: 450-788-2490

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	USFM	9110	X						X					X				
2		9111					X			X				X				
3		9112					X			X				X				
4		9113					X			X						X		
5		9114					X			X						X		
6		9115					X			X						X		
7		9116					X			X				X				
8		9117	X							X						X		
9		9118					X			X						X		
10		9119	X							X				X				
11		9120	X						X					X				
12		9121						Dun					Mule	X				
13		9122			X					X						X		
14		9123			X				X					X				
15		9124					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) JAN 6/10

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

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

FOIA 11-425_000147

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	USFM	9171																
17		9172																
18		9175																
19		9176																
20		9191																
21		9192																
22		9193																
23		9194																
24		9195																
25		9196																
26		9197																
27		9198																
28		9199																
29		9200																
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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)

FOIA 11-425_000148

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: 10:00 AM

DATE: 2-24-10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: BROWNTON, MN

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

NAME OF AUCTION/MARKET: —

CONSIGNOR (OWNER/SHIPPER) NAME: Keith O Tongen

CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.

STREET ADDRESS: (b)(6)

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: (b)(6)

CITY, STATE, ZIP CODE: Massueville, Quebec, Canada J0G 1K0

AREA CODE & TELEPHONE NO.: (b)(6)

AREA CODE & TELEPHONE NO.: 450-788-2490

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USFM	9367						PAL				X		X				
2		9435					X			X						X		
3		9487			X					X				X				
4		9488						PAL		X				X				
5		9489					X			X				X				
6		9490					X			X				X				
7		9491				X				X						X		
8		9492					X			X						X		
9		9493					X			X						X		
10		9494					X			X				X				
11		9495				X				X						X		
12		9496	X							X						X		
13		9497					X			X						X		Blind left eye
14		9498	X							X				X				
15		9499					X			X						X		

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

SIGNATUR (b)(6)

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

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

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

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	USFM	9500	X						X							X		
17		9501					X			X				X				
18		9502					X			X				X				
19		9535						Roan		X				X				
20		~~9536~~			X					X				X				off
21		~~9537~~						PAL		X				X				off
22		9538			X					X				X				
23		9539	X							X						X		
24		9540						Grulla		X				X				
25		9541					X			X				X				
26		9542						Grulla Buckskin		X						X		
27		9543	X							X				X				
28		9544					X			X				X				
29		9546						DUN		X						X		
30		9547	X							X						X		
31		9549					X			X				X				
32		9548						APP		X				X				
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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.)

[redacted] (b)(6)

VS FORM 10-13A
(SEP 2002)

FOIA 11-425_000150

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 am

DATE: Feb 25/2010

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: MANCHESTER, MICHIGAN

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

NAME OF AUCTION/MARKET: —

CONSIGNOR (OWNER/SHIPPER) NAME: Keith O Tongen

CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.

STREET ADDRESS: (b)(6)

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: (b)(6)

CITY, STATE, ZIP CODE: Massueville, QUEBEC, CANADA J0G 1K0

AREA CODE & TELEPHONE NO.: (b)(6)

AREA CODE & TELEPHONE NO.: 450-788-2490

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	USFM	9367						PAL				X		X				
2		9435					X			X						X		
3		9487			X					X				X				
4		9488						PAL		X				X				
5		9489					X			X				X				
6		9490					X			X				X				
7		9491				X				X						X		
8		9492					X			X						X		
9		9493					X			X						X		
10		9494					X			X				X				
11		9495				X				X						X		
12		9496	X							X						X		
13		9497					X			X						X		Blind left eye
14		9498	X							X				X				
15		9499					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

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

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

FOIA 11-425_000151

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	USFM	9500	X						X							X		
17		9501					X			X				X				
18		9502					X			X				X				
19		9535						Roan		X				X				
~~20~~		~~9536~~			X					X				X				
~~21~~		~~9537~~						PAC		X				X				
22		9538			X					X				X				
23		9539	X							X						X		
24		9540						Grulla		X				X				
25		9541					X			X				X				
26		9542						Grulla Buckskin		X						X		
27		9543	X							X				X				
28		9544					X			X				X				
29		9546						DKN		X						X		
30		9547	X							X						X		
31		9545					X			X				X				
32		9548						APP		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)

VS FORM 10-13A
(SEP 2002)

FOIA 11-425_000152

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 10:30 AM ~~10:45~~ PM
DATE: 2-22-10
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: BROWNTON, MINNESOTA

VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6)
NAME OF AUCTION/MARKET: A+A Horse Sale

CONSIGNOR (OWNER/SHIPPER) NAME: Keith O Tongen
CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc

STREET ADDRESS: (b)(6)
STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: (b)(6)
CITY, STATE, ZIP CODE: Massueville, Quebec, CANADA J0G 1K0

AREA CODE & TELEPHONE NO.: (b)(6)
AREA CODE & TELEPHONE NO.: 450-788-2490

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USFM	9505				X				X				X			Blind left eye	
2		9506				X				X				X				
3		9507						Red Dun		X				X				
4		9508				X				X				X				
5		9509					X			X				X				
6		9510						PAL/APP		X				X				
7		9511				X				X				X				
8		9512					X			X				X				
9		9513					X			X					X		Pen alone	
10		9514						PAL		X				X				
11		9515					X			X						X		
12		9516			X					X				X				
13		9517					X			X						X		
14		9518					X			X						X		
15		9519	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)

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

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.
DATE
TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.
DATE
TIME

FOIA 11-425_000153

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	USFM	9520	X						X					X				
17		9521					X			X				X				
18		9522	X							X				X				
19		9523					X			X						X		
20		9524					X			X				X				
21		9525					X			X				X				
22		9526					X			X				X				
23		9527					X			X				X				
24		9528			X					X				X				
25		9529				X				X				X				
26		9530						Red Dun		X				X				
27		9531	X							X				X				
28		9532	X						X					X				
29		9533	X							X						X		
30		~~9534~~					X			X				X				
31																		
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SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6)

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

VS FORM 10-13A
(SEP 2002)

PAGE 2 OF 2

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: 6:45 Am

DATE: 2-23-10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Manchester NH

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

NAME OF AUCTION/MARKET: A+A Horse Sale

CONSIGNOR (OWNER/SHIPPER) NAME: Keith O Tongen

CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc

STREET ADDRESS: [redacted] (b)(6)

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: [redacted] (b)(6)

CITY, STATE, ZIP CODE: Massueville, Quebec, CANADA J0G 1K0

AREA CODE & TELEPHONE NO.: [redacted] (b)(6)

AREA CODE & TELEPHONE NO.: 450-788-2490

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USFM	9505				X				X				X			Blind left eye	
2		9506				X				X				X				
3		9507						Red Dun		X				X				
4		9508				X				X				X				
5		9509					X			X				X				
6		9510						PAL/APP		X				X				
7		9511				X				X				X				
8		9512					X			X				X				
9		9513					X			X					X		Pen alone	
10		9514						PAL		X				X				
11		9515					X			X						X		
12		9516			X					X				X				
13		9517					X			X						X		
14		9518					X			X						X		
15		9519	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: [redacted] (b)(6)

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

[redacted] (b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

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

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

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USFM	9520	X						X					X				
17		9521					X			X				X				
18		9522	X							X				X				
19		9523					X			X						X		
20		9524					X			X				X				
21		9525					X			X				X				
22		9526					X			X				X				
23		9527					X			X				X				
24		9528			X					X				X				
25		9529				X				X				X				
26		9530						Ret Dun		X				X				
27		9531	X							X				X				
28		9532	X						X					X				
29		9533	X							X						X		
~~30~~		~~9534~~					X			X				X				
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SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6)

VS FORM 10-13A
(SEP 2002)

FOIA 11-425_000156

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 7:00 AM unloaded 7:15 PM
DATE: 2-16-10
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Brownton, MN.
VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6)
NAME OF AUCTION/MARKET: TWIN CITIES HORSE SALE
CONSIGNOR (OWNER/SHIPPER) NAME: KEITH O TONGEN
CONSIGNEE (RECEIVER/DESTINATION) NAME: VIANDE RICHELIEU MEAT INC
STREET ADDRESS: (b)(6)
STREET ADDRESS: 595 RUE ROYALE
CITY, STATE, ZIP CODE: (b)(6)
CITY, STATE, ZIP CODE: MASSUEVILLE, QUEBEC, CANADA J0G 1K
AREA CODE & TELEPHONE NO.: (b)(6)
AREA CODE & TELEPHONE NO.: 450-788-2622

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	USFM	9315						Roan		X					X		Pen alone	
2		9364					X			X					X		Pen alone	
off 3		9367						PAL					WE	X				off
4		9377	X						X					X				
off 5		9433						APP					WE	X				off
off 6		9435					X			X						X		off
off 7		9438			X								WE			X		off
8		9439				X				X				X				
off 9		9464	X							X						X		off
10		9465						PAL		X				X				
11		9466					X			X				X				
12		9467					X			X						X		
13		9468					X				X			X				
14		9469				X				X				X				
15		9470	X							X						X		

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

SIGNATURE (b)(6)

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

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

CANADIAN FOOD INSPECTION AGENCY (CFIA)
EST.
DATE
TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)
EST.
DATE
TIME

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	USFM	9471					X			X				X				
17		9472						Buckskin		X				X				
18		9473						DUN		X				X				
19		9474					X			X				X				
20		9475					X			X						X		
21		9476						PAL		X						X		
22		9477					X			X				X				
23		9478				X				X				X			Blind Right Eye	
24		9479				X				X				X				
25		9480					X			X						X		
26		9481				X				X				X				
27		9482					X			X						X		
28		9483						PAL		X						X		
29		9484						APP		X						X		
30		9485						APP					WE	X				
31		9486					X		X							X		
32																		
33	27 head																	
34																		
35																		
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SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6)

Canada

VS FORM 10-13A
(SEP 2002)

FOIA 11-425_000159

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 Am

DATE: 2-17-10

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

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

NAME OF AUCTION/MARKET: TWIN CITIES HORSE SALE

CONSIGNOR (OWNER/SHIPPER) NAME: KEITH O TONGEN

CONSIGNEE (RECEIVER/DESTINATION) NAME: VIANDE RICHELIER MEAT INC

STREET ADDRESS: (b)(6)

STREET ADDRESS: 595 RUE ROYALE

CITY, STATE, ZIP CODE: (b)(6)

CITY, STATE, ZIP CODE: MASSUEVILLE, QUEBEC, CANADA J0G 1K

AREA CODE & TELEPHONE NO.: (b)(6)

AREA CODE & TELEPHONE NO.: 450-788-2622

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	USFM	9315						Roan		X					X		Pen alone	
2		9364					X			X					X		Pen alone	
off 3		9367						PAL					WE	X				off
4		9377	X						X					X				
off 5		9433						APP					WE	X				off
off 6		9435					X			X						X		off
off 7		9438			X								WE			X		off
8		9439				X				X				X				
off 9		9464	X							X						X		off
10		9465						PAL		X				X				
11		9466					X			X				X				
12		9467					X			X						X		
13		9468					X				X			X				
14		9469				X				X				X				
15		9470	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)

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

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

FOIA 11-425_000160

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	USFM	9471					X			X				X				
17		9472						Buckskin		X				X				
18		9473						DUN		X				X				
19		9474					X			X				X				
20		9475					X			X						X		
21		9476						PAL		X						X		
22		9477					X			X				X				
23		9478				X				X				X			Blind Right Eye	
24		9479				X				X				X				
25		9480					X			X						X		
26		9481				X				X				X				
27		9482					X			X						X		
28		9483						PAL		X						X		
29		9484						APP		X						X		
30		9485						APP					WE	X				
31		9486					X		X							X		
32																		
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[redacted] n this form is true and correct to the best of my knowledge.)

(b)(6)

VS FORM 10-13A
(SEP 2002)

FOIA 11-425_000161

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: 7:15 AM

DATE: 2-11-09

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: LANSING, MICHIGAN / FED AT DOWLING, MICH.

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

NAME OF AUCTION/MARKET: KALONA SALE BARN

CONSIGNOR (OWNER/SHIPPER) NAME: KEITH O TONGEN

CONSIGNEE (RECEIVER/DESTINATION) NAME: VIANDE RICHELIEU MEAT INC

STREET ADDRESS: (b)(6)

STREET ADDRESS: 595 RUE ROYALE

CITY, STATE, ZIP CODE: (b)(6)

CITY, STATE, ZIP CODE: MASSUEVILLE, QUEBEC, CANADA J0G 1K0

AREA CODE & TELEPHONE NO.: (b)(6)

AREA CODE & TELEPHONE NO.: 450-788-2490

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	GSFM	9431					X			X				X				
2		9432					X			X						X		
3		9434					X			X				X				
~~off~~		~~9435~~					X			X						X		off
5		9436					X			X						X		
6		9437		X						X				X				
7		9440	X							X						X		
8		9441						APP		X						X		
9		9442	X						X					X				
10		9443					X			X				X				
11		9444						PAL		X				X				
12		9445			X					X				X				
13		9446	X							X						X		
14		9447	X							X	X			X				
15		9448					X				X					X		

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

SIGNATURE (b)(6)

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

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

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

FOIA 11-425_000162

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	USFM	9449						PAL		X				X				
17		9450					X			X				X				
18		9451	X							X						X		
19		9452	X						X					X				
20		9453	X						X					X				
21		9454			X					X						X		
22		9455				X				X				X				
23		9456	X							X				X				
24		9457	X						X							X		
25		9458				X				X				X				
26		9459	X						X							X		
27		9460						Buckskin		X						X		
28		9461						APP		X				X				
29		9462	X							X				X				
30		9463					X			X				X				
31																		
32	29 head																	
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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

VS FORM 10-13A
(SEP 2002)

FOIA 11-425_000163

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 (earlier 6:45 AM) — DATE: 1-31-10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: KALONA, IA

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

NAME OF AUCTION/MARKET: —

CONSIGNOR (OWNER/SHIPPER) NAME: Keith O Tongen

CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc

STREET ADDRESS: (b)(6)

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: (b)(6)

CITY, STATE, ZIP CODE: Massueville Quebec, Canada J0G 1K0

AREA CODE & TELEPHONE NO.: (b)(6)

AREA CODE & TELEPHONE NO.: 450-788-2622

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USFM	9271					X						HF	X				
2		9308	X							X						X		
~~3~~		~~9364~~	~~X~~						~~X~~							~~X~~		~~off~~
4		9371	X						X					X				
5		9372	X						X					X				
6		9373	X						X					X				
7		9374	X						X					X				
8		9376					X		X							X		
9		9378	X						X					X				
10		9379					X						HF	X				
~~11~~		~~9380~~					~~X~~						~~HF~~	~~X~~				~~off~~
12		9381						PAL		X						X		
~~13~~		~~9382~~						~~PAL~~		~~X~~				~~X~~				~~off~~
14		9383	X										AB			X		
15		9384					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)

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

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

FOIA 11-425_000164

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	USFM	9385				X				X				X				
17		9386	X							X				X				
18		9387					X			X				X				
19		9388						White		X				X				
20		9389					X			X						X		
21		9390						Buckskin		X				X				
22		9391						PAL		X				X				
23		9392					X			X				X				
24		9393				X				X				X				
25		9394					X			X						X		
26		9395	X							X				X				
27		9396						DUN		X						X		
28		9397	X							X				X				
29		9398	X							X						X		
30		9399	X							X				X				
31		9400	X							X				X				
32		9375					X			X				X				
33																		
34	39 head																	
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Canadian Food Inspection Agency
Government of Canada
Agence canadienne d'inspection des aliments
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.)

[redacted] (b)(6)

VS FORM 10-13A
(SEP 2002)

FOIA 11-425_000165

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: 2-1-10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Manchester, Michigan

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

NAME OF AUCTION/MARKET: —

CONSIGNOR (OWNER/SHIPPER) NAME: Keith O Tongen

CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc

STREET ADDRESS: (b)(6)

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: (b)(6)

CITY, STATE, ZIP CODE: Massueville Quebec, Canada J0G 1K0

AREA CODE & TELEPHONE NO.: (b)(6)

AREA CODE & TELEPHONE NO.: 450-788-2622

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USFM	9271					X						HF	X				
2		9308	X							X						X		
~~3~~		~~9364~~	X						X							X		off
4		9371	X						X					X				
5		9372	X						X					X				
6		9373	X						X					X				
7		9374	X						X					X				
8		9376					X		X							X		
9		9378	X						X					X				
10		9379					X						HF	X				
~~11~~		~~9380~~					X						HF	X				off
12		9381						PAL		X						X		
~~13~~		~~9382~~						PAL		X				X				off
14		9383	X										AB			X		
15		9384					X			X						X		

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

SIGNATURE (b)(6)

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

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

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

FOIA 11-425_000166

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	USFM	9385				X				X				X				
17		9386	X							X				X				
18		9387					X			X				X				
19		9388						White		X				X				
20		9389					X			X						X		
21		9390						Buckskin		X				X				
22		9391						PAL		X				X				
23		9392					X			X				X				
24		9393				X				X				X				
25		9394					X			X						X		
26		9395	X							X				X				
27		9396						DUN		X						X		
28		9397	X							X				X				
29		9398	X							X						X		
30		9399	X							X				X				
31		9400	X							X				X				
32		9375					X			X				X				
33																		
34		head																
35		29																
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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.)

[redacted] (b)(6)

FOIA 11-425_000167

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: 7:00 pm

DATE: Feb 3/2010

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: KALONA, IOWA

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

NAME OF AUCTION/MARKET: KALONA SALE BARN

CONSIGNOR (OWNER/SHIPPER) NAME: KEITH O Tongen

CONSIGNEE (RECEIVER/DESTINATION) NAME: VIANDE RICHELIEU MEAT INC

STREET ADDRESS: (b)(6)

STREET ADDRESS: 595 RUE ROYALE

CITY, STATE, ZIP CODE: (b)(6)

CITY, STATE, ZIP CODE: MASSUEVILLE, QUEBEC, CANADA J0G 1K0

AREA CODE & TELEPHONE NO.: (b)(6)

AREA CODE & TELEPHONE NO.: 450-788-2490

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USFM	9401					X			X				X				
2		9402					X			X						X		
3		9403						APP		X				X				
4		9404	X						X					X				Blind right eye
5		9405					X		X					X				
6		9406		X						X						X		
7		9407					X			X				X				
8		9408					X			X				X				
9		9409	X							X						X		
10		9410	X										AB			X		
11		9411						PAL		X				X				
12		9412					X						AB			X		
13		9413	X							X						X		
14		9414	X						X							X		
15		9415		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

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

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

CANADIAN FOOD INSPECTION AGENCY Government of Canada Canada Gouvernement du Canada

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST. 076

DATE 05/02/2010

TIME 6:45

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	USFM	9416						DUN		X						X		
17		9417	X						X					X				
18		9418					X			X				X				
19		9419					X			X						X		
20		9420	X						X					X				
21		9421	X						X					X				
22		9422				X				X						X		
23		9423					X		X							X		
24		9424	X						X					X				
25		9425	X						X					X				
26		9426					X		X					X				
27		9427				X				X						X		
28		9428					X						WE	X				
29		9429	X										WE	X				
30		9430					X			X				X				
31																		
32	30 head																	
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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)

FOIA 11-425_000169

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 8:00 AM

DATE: 3-23-10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: BROWNTON, MN

VEHICLE LICENSE NO. AND DRIVER'S NAME: KEITH TONGEN (b)(6) [redacted] (b)(6)

NAME OF AUCTION/MARKET: A+A HORSE SALE

CONSIGNOR (OWNER/SHIPPER) NAME: KEITH O TONGEN

CONSIGNEE (RECEIVER/DESTINATION) NAME: VIANDE RICHELIEU MEAT INC

STREET ADDRESS: [redacted] (b)(6)

STREET ADDRESS: 595 RUE ROYALE

CITY, STATE, ZIP CODE: [redacted] (b)(6)

CITY, STATE, ZIP CODE: MASSUEVILLE, QUEBEC, CANADA J0G 1K0

AR[redacted] (b)(6)

AREA CODE & TELEPHONE NO.: 450-788-2490

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	USFM	9701						PAL		X				X				
2		9702						PAL		X				X				
3		9703						PAL		X				X				
4		9704						PAL		X				X				
5		9705			X					X				X				Blind right eye
6		9706	X							X						X		
7		9707	X							X						X		
8		9708	X							X				X				
9		9709					X			X						X		
10		9710					X			X				X				
11		9711						PAL		X				X				
12		9712						DUNN		X				X				
13		9713	X						X					X				
14		9714						PAL		X				X				
15		9715						PAL		X				X				

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

SIGNATU[redacted] (b)(6)

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

[redacted] (b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

CANADIAN FOOD INSPECTION AGENCY Government of Canada

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

AGENCE CANADIENNE D'INSPECTION DES ALIMENTS Gouvernement du Canada

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

FOIA 11-425_000170

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	USFM	9716				X				X				X				
17		9717						PAL		X				X				
18		9676						APP		X				X				
19		9677				X				X				X				
20		9680					X			X						X		
21		9683				X				X				X				
22		9684	X							X				X				
23		9685	X							X				X			Blind Right eye	
24		9686						APP		X						X		
25		9687	X							X						X		
26		9688			X					X						X		
27		9689	X							X				X				
28		9691			X						X			X				
29		9692						PAL	X							X		
30																		
31	29 head																	
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CANADIAN FOOD INSPECTION AGENCY Government of Canada Canada AGENCE CANADIENNE D'INSPECTION DES ALIMENTS

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

(b)(6)

VS FORM 10-13A
(SEP 2002)

PAGE ____ OF ____

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: 10:30am

DATE: March 24/2010

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Manchester MT

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

NAME OF AUCTION/MARKET: A + A HORSE SALE

CONSIGNOR (OWNER/SHIPPER) NAME: KEITH O TONGEN

CONSIGNEE (RECEIVER/DESTINATION) NAME: VIANDE RICHELIEU MEAT INC

STREET ADDRESS: (b)(6)

STREET ADDRESS: 595 RUE ROYALE

CITY, STATE, ZIP CODE: (b)(6)

CITY, STATE, ZIP CODE: MASSUEVILLE, QUEBEC, CANADA J0G 1K0

AREA CODE & TELEPHONE NO.: (b)(6)

AREA CODE & TELEPHONE NO.: 450-788-2490

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	USFM	9701						PAL		X				X				
2		9702						PAL		X				X				
3		9703						PAL		X				X				
4		9704						PAL		X				X				
5		9705			X					X				X				Blind right eye
6		9706	X							X						X		
7		9707	X							X						X		
8		9708	X							X				X				
9		9709					X			X						X		
10		9710					X			X				X				
11		9711						PAL		X				X				
12		9712						DUNN		X				X				
13		9713	X						X					X				
14		9714						PAL		X				X				
15		9715						PAL		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)

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

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

FOIA 11-425_000172

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	USFM	9716				X				X				X				
17		9717						PAL		X				X				
18		9676						APP		X				X				
19		9677				X				X				X				
20		9680					X			X						X		
21		9683				X				X				X				
22		9684	X							X				X				
23		9685	X							X				X			Blind Right eye	
24		9686						APP		X						X		
25		9687	X							X						X		
26		9688			X					X						X		
27		9689	X							X				X				
28		9691			X						X			X				
29		9692						PAL	X							X		
30																		
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I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

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

[redacted] (b)(6)

VS FORM 10-13A
(SEP 2002)

PAGE ____ OF ____

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 5:00am

DATE: March 17/2010

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: MANCHESTER, MICHIGAN

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

NAME OF AUCTION/MARKET: R + J Horse Sale

CONSIGNOR (OWNER/SHIPPER) NAME: Keith O Tongen

CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc

STREET ADDRESS: (b)(6)

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: (b)(6)

CITY, STATE, ZIP CODE: Massueville, Quebec, CANADA JOG 1K0

AREA CODE & TELEPHONE NO.: (b)(6)

AREA CODE & TELEPHONE NO.: 450-788-2490

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	USFM	9642						APP		X				X				
2		9643						APP		X				X				
3		9644	X							X						X		
4		9645						PAL		X				X				
5		9646				X				X				X				
6		9662	X							X				X				
7		9663					X			X				X				
8		9649	X							X				X				
9		9650					X			X				X				
10		9651						BAY ROAN		X				X				
11		9652						Buckskin		X						X		
12		9664					X			X				X			Blind	Right eye
13		9665	X							X						X		
14		9666					X			X						X		
15		9667					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

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

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

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

FOIA 11-425_000174

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	USFM	9668						APP		X						X		
17		9669				X				X				X				
18		9670	X							X						X		
19		9671			X					X				X				
20		9672	X							X				X				
21		9673				X				X						X		
22		9674					X			X				X				
23		9675					X			X						X		
24		9678			X					X						X		
25		9679			X					X						X		
26		9680			X					X				X				
27		9681	X						X							X		
28		9682					X			X						X		
29		9647					X						WE	X				
30		9648					X						WE	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)

Canada

VS FORM 10-13A
(SEP 2002)

FOIA 11-425_000175

#17

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 3:00 AM

DATE: 3-16-10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: BROWNTON, MN.

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

NAME OF AUCTION/MARKET: R+J Horse Sale

CONSIGNOR (OWNER/SHIPPER) NAME: Keith O Tongen

CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc

STREET ADDRESS: (b)(6)

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: (b)(6)

CITY, STATE, ZIP CODE: Massueville, Quebec, CANADA J0G 1K0

AREA CODE & TELEPHONE NO.: (b)(6)

AREA CODE & TELEPHONE NO.: 450-788-2490

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	USFM	9642						APP		X				X				
2		9643						APP		X				X				
3		9644	X							X						X		
4		9645						PAL		X				X				
5		9646				X				X				X				
6		9662	X							X				X				
7		9663					X			X				X				
8		9649	X							X				X				
9		9650					X			X				X				
10		9651						BAY ROAN		X				X				
11		9652						Buckskin		X						X		
12		9664					X			X				X			Blind	Right eye
13		9665	X							X						X		
14		9666					X			X						X		
15		9667					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)

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

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

FOIA 11-425_000176

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	USFM	9668						APP		X						X		
17		9669				X				X				X				
18		9670	X							X						X		
19		9671			X					X				X				
20		9672	X							X				X				
21		9673				X				X						X		
22		9674					X			X				X				
23		9675					X			X						X		
24		9678			X					X						X		
25		9679			X					X						X		
26		9680			X					X				X				
27		9681	X						X							X		
28		9682					X			X			~~WE~~			X		
29		9647					X						WE	X				
30		9648					X						WE	X				
31																		
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SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6)

VS FORM 10-13A
(SEP 2002)

FOIA 11-425_000177

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 8:30 AM

DATE: 3-11-10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: BROWNTON MINNESOTA

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

NAME OF AUCTION/MARKET: JACKSON LIVESTOCK EXCHANGE

CONSIGNOR (OWNER/SHIPPER) NAME: KEITH O TONGEN

CONSIGNEE (RECEIVER/DESTINATION) NAME: VIANDE RICHELIEU MEAT INC

STREET ADDRESS: (b)(6)

STREET ADDRESS: 595 RUE ROYALE

CITY, STATE, ZIP CODE: (b)(6)

CITY, STATE, ZIP CODE: MASSUEVILLE, QUEBEC, CANADA J0G 1K0

AREA CODE & TELEPHONE NO.: (b)(6)

AREA CODE & TELEPHONE NO.: 450-788-2490

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USFM	9610						Red Roan		X				X				
2		9611			X					X				X				
3		9612					X			X						X		
4		9613					X			X				X				
5		9614						APP		X						X		
6		9615	X						X					X				Blind left eye
7		9616	X							X				X				
8		9617						Roan		X				X				
9		9618	X							X						X		
10		9619						DUN		X				X				Blind Right eye
11		9620	X										AB			X		
12		9621	X										AB			X		
13		9622				X				X				X				
14		9623					X			X				X				
15		9624					X						HF	X				

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

SIGNATURE (b)(6)

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

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

CANADIAN FOOD INSPECTION AGENCY Government of Canada

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

Canada Gouvernement du Canada AGENCE CANADIENNE D'INSPECTION DES ALIMENTS

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

OIA 11-425_000178

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	USFM	9625				X				X				X				
17		9626					X				X					X		
18		9627					X				X			X			Blind left eye	
19		9628				X				X					X		Pen alone	
20		9566	X						X							X		
21		9580				X				X						X		
22		9608						APP		X						X		
23		9629					X			X						X		
24		9630					X			X						X		
25		9631	X							X						X		
26		9632					X						AB			X		
27	USFK	2038	X							X				X				
28	USED	9551					X			X						X		
29		9552					X			X				X				
30		9553					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)

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

PAGE ___ OF ___

VS FORM 10-13A
(SEP 2002)

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 1:15 PM

DATE: 3/12/10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: MANCHESTER, MICHIGAN

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

NAME OF AUCTION/MARKET: JACKSON LIVESTOCK EXCHANGE

CONSIGNOR (OWNER/SHIPPER) NAME: KEITH O TONGEN

CONSIGNEE (RECEIVER/DESTINATION) NAME: VIANDE RICHELIEU MEAT INC

STREET ADDRESS: (b)(6)

STREET ADDRESS: 595 RUE ROYALE

CITY, STATE, ZIP CODE: (b)(6)

CITY, STATE, ZIP CODE: MASSUEVILLE, QUEBEC, CANADA J0G 1K0

AREA CODE & TELEPHONE NO.: (b)(6)

AREA CODE & TELEPHONE NO.: 450-788-2490

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	USFM	9610						Red Roan		X				X				
2		9611			X					X				X				
3		9612					X			X						X		
4		9613					X			X				X				
5		9614						APP		X						X		
6		9615	X						X					X			Blind left eye	
7		9616	X							X				X				
8		9617						Roan		X				X				
9		9618	X							X						X		
10		9619						DUN		X				X			Blind	Right eye
11		9620	X										AB			X		
12		9621	X										AB			X		
13		9622				X				X				X				
14		9623					X			X				X				
15		9624					X						HF	X				

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

SIGNATURE (b)(6)

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

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

FOIA 11-425_000180

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	USFM	9625				X				X				X				
17		9626					X				X					X		
18		9627					X				X			X				Blind left eye
19		9628				X				X					X			Pen alone
20		9566	X						X							X		
21		9580				X				X						X		
22		9608						APP		X						X		
23		9629					X			X						X		
24		9630					X			X						X		
25		9631	X							X						X		
26		9632					X						AB			X		
27	USFK	2038	X							X				X				
28	USED	9551					X			X						X		
29		9552					X			X				X				
30		9553					X			X				X				
31																		
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SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6)

VS FORM 10-13A
(SEP 2002)

PAGE ____ OF ____

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 8:00 AM	DATE: 3-15-09
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: BROWNTON, MN	
VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6)	NAME OF AUCTION/MARKET: JACKSON LIVESTOCK EXCHANGE – R&J HORSE SALE
CONSIGNOR (OWNER/SHIPPER) NAME: Keith O Tongen	CONSIGNEE (RECEIVER/DESTINATION) NAME: VIANDE RICHELIEU MEAT INC
STREET ADDRESS: (b)(6)	STREET ADDRESS: 595 RUE ROYALE
CITY, STATE, ZIP CODE: (b)(6)	CITY, STATE, ZIP CODE: MASSUEVILLE, QUEBEC, CANADA J0G 1K0
AREA CODE & TELEPHONE NO.: (b)(6)	AREA CODE & TELEPHONE NO.: 450-788-2490

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USED	9554	X							X				X				
2		9555				X				X						X		
3		9556	X							X						X	Blind	right eye
4		9557					X						HF			X		
5		9558					X						HF			X		
6		9559			X					X				X				
7		9561					X		X							X		
8		9562						Buckskin		X						X		
9		9563	X						X					X				
10		9564				X				X						X		
11		9565				X				X				X				
12		9551					X						HF	X				
13	USFM	9633						Red DUN		X						X		
14		9634			X					X				X				
15		9635	X							X				X				

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

SIGNATURE (b)(6)

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

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

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.
DATE
TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.
DATE
TIME

FOIA 11-423_000182

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	USFM	9661			X			APP		X					X		Pen	alone
17		9636	X							X				X				
18		9637				X				X				X				
19		9638			X					X				X				
20		9639						APP		X						X		
21		9640						Red Roan			X			X				
22		9641					X				X			X				
23		9653			X					X				X				
24		9656				X				X				X				
25		9657				X				X					X		Pen	alone
26		9658			X					X				X				
27		9659	X							X				X				
28		9660					X			X						X		
29																		
30	28	head																
31																		
32																		
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SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.

(b)(6)

Canada Agriculture and Agri-Food Canada Agency Government of Canada Canada Agence canadienne d'inspection des aliments Gouvernement du Canada

VS FORM 10-13A
(SEP 2002)

FOIA 11-425_000183

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 AM

DATE: 3-16-10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: MARCH ME

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

NAME OF AUCTION/MARKET: JACKSON LIVESTOCK EXCHANGE – R & J HORSE SALE

CONSIGNOR (OWNER/SHIPPER) NAME: Keith O Tongen

CONSIGNEE (RECEIVER/DESTINATION) NAME: VIANDE RICHELIEU MEAT INC

STREET ADDRESS: (b)(6)

STREET ADDRESS: 595 RUE ROYALE

CITY, STATE, ZIP CODE: (b)(6)

CITY, STATE, ZIP CODE: MASSIEVILLE, QUEBEC, CANADA J0G 1K0

AREA CODE & TELEPHONE NO.: (b)(6)

AREA CODE & TELEPHONE NO.: 450-788-2490

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	USED	9554	X							X				X				
2		9555				X				X						X		
3		9556	X							X						X	Blind right eye	
4		9557					X						HF			X		
5		9558					X						HF			X		
6		9559			X					X				X				
7		9561					X		X							X		
8		9562						Buckskin		X						X		
9		9563	X						X					X				
10		9564				X				X						X		
11		9565				X				X				X				
12		9551					X						HF	X				
13	USFM	9633						Red DUN		X						X		
14		9634			X					X				X				
15		9635	X							X				X				

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

SIGNATURE (b)(6)

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

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

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

FOIA 11-425_000184

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	USFM	9661			X			APP		X					X		Pen	alone
17		9636	X							X				X				
18		9637				X				X				X				
19		9638			X					X				X				
20		9639						APP		X						X		
21		9640						Red Roan			X			X				
22		9641					X				X			X				
23		9653			X					X				X				
24		9656				X				X				X				
25		9657				X				X					X		Pen	alone
26		9658			X					X				X				
27		9659	X							X				X				
28		9660					X			X						X		
29																		
30	28 head																	
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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)

FOIA 11-425_000185

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: 7:00 AM

DATE: 3-8-10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: BROWNTON, MN

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

NAME OF AUCTION/MARKET: KALONA SALE BARN, INC

CONSIGNOR (OWNER/SHIPPER) NAME: KEITH O TONGEN

CONSIGNEE (RECEIVER/DESTINATION) NAME: VIANDE RICHELIEU MEAT INC

STREET ADDRESS: (b)(6)

STREET ADDRESS: 595 RUE ROYALE

CITY, STATE, ZIP CODE: (b)(6)

CITY, STATE, ZIP CODE: MASSUEVILLE, QUEBEC, CANADA J0G 1K0

AREA CODE & TELEPHONE NO.: (b)(6)

AREA CODE & TELEPHONE NO.: 450-788-2490

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	USFM	9557					X				X				X		Pen alone	
2		9558	X							X						X		
3		9559					X			X						X		
4		9560	X							X				X				
5		9561						DUN		X						X		
6		9562	X							X						X		
7		9563	X							X				X				
8		9564					X			X				X				
9		9565	X							X						X		
10		9567						Roan		X				X				
11		9568					X			X				X				
12		9569						APP		X						X		
13		9570					X			X				X				
14		9571					X			X				X				
15		9572					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)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

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

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST. 076

DATE 10/03/2010

TIME 7h40

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

(b)(6)

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

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

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USFM	9573			X					X						X		
17		9574	X						X					X				
18		9575						Red Dun		X						X		
~~19~~		~~9551~~					X						HF	X				
20		9581	X							X						X		
21		9592					X			X						X		
22		9593					X			X				X				
23		9599						DUN		X						X		
24		9601	X							X						X		
25		9576						PAL					HF			X		
26		9577					X			X						X		
27		9578				X				X				X				
28		9579	X							X						X		
29		9607						DUN		X						X		
~~30~~		~~9608~~						APP		X						X		
31		9609					X			X					X		Pen alone	
32																		
33	29 head																	
34																		
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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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SIG[redacted]his form is true and correct to the best of my knowledge.)

(b)(6)

VS FORM 10-13A
(SEP 2002)

FOIA 11-425_000187

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 8:00 AM

DATE: 3-3-10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: BROWNTON MN x/ MANCHESTER, MI

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

NAME OF AUCTION/MARKET: KALONA SALE BARN INC

CONSIGNOR (OWNER/SHIPPER) NAME: Keith O Tongen

CONSIGNEE (RECEIVER/DESTINATION) NAME: VIANDE RICHELIEU MEAT INC

STREET ADDRESS: (b)(6)

STREET ADDRESS: 595 RUE ROYALE

CITY, STATE, ZIP CODE: (b)(6)

CITY, STATE, ZIP CODE: MASSUE VILLE, QUEBEC, CANADA

AREA CODE & TELEPHONE NO.: (b)(6)

AREA CODE & TELEPHONE NO.: 450-788-2490

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	15FM	9582	X							X				X				
2		9583					X			X				X				
3		9584	X							X						X		
4		9585				X				X				X				
5		9586	X							X				X				
6		9587	X							X						X		
7		9588					X			X				X				
8		9589						Red DUN		X				X				
9		9590				X				X				X				
10		9591					X			X						X		
11		9594					X			X						X		
12		9595	X						X					X				
13		9596						APP		X						X		
14		9597	X							X				X				
15		9600						PAL		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)

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

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST. 7C

DATE 5/03/2010

TIME 7h00

Previous editions are obsolete

FOIA 11-425_000188

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	USEM	9602				X				X				X				
17		9603	X						X							X		
18		9604					X		X					X				
19		9605			X					X				X				
20		9606						APP					Mule			X		
21		9536			X					X				X				
22		9537						Pal		X				X				
23		9534						Pal		X						X		
24		9549			X					X				X				
25		9550					X			X				X				
26		9552	X							X				X				
27		9553	X							X						X		
28		9554	X							X						X		
29		9555						Beckstein		X						X		
30		9556						APP		X				X				
31																		
32	30 head																	
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SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6)

CANADIAN FOOD INSPECTION AGENCY
Government of Canada
Gouvernement du Canada
CFIA ALLIANCE

VS FORM 10-13A
(SEP 2002)

FOIA 11-425_000189

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 11:30 am

DATE: April 29/2010

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Manchester NH

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

NAME OF AUCTION/MARKET: —

CONSIGNOR (OWNER/SHIPPER) NAME: Keith O Tonyen

CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc

STREET ADDRESS: [redacted] (b)(6)

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: [redacted] (b)(6)

CITY, STATE, ZIP CODE: Massueville Quebec, Canada J0G 1K0

AREA CODE & TELEPHONE NO.: [redacted] (b)(6)

AREA CODE & TELEPHONE NO.: 450-788-2490

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USFM	8975	X							X						X		
2		8976					X			X				X				
3		8977				X				X				X				
4		8978		X						X						X		
5		8979	X							X						X		
6		8980	X							X				X				
7		8981	X						X					X				
8		8982			X					X				X				
9		8983						PAL	X							X		
10		8984					X			X						X		
11		8985						BAY ROAN		X				X				
12		8986					X			X						X		
13		8987					X			X				X				
14		8988				X				X				X				
15		8989					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: [redacted] (b)(6)

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

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

[redacted] (b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

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

FOIA 11-425_000190

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	USFM	8990				X				X						X		
17		8991						PAL		X				X				
18		8992					X			X				X				
19		8993					X			X						X		
20		8994						Red Roan		X						X		
21		8995					X			X				X				
22		8996					X			X						X		
23		8997						Red Roan		X						X		
24		8998					X			X				X				
25		8999						APP		X				X				
26		9000						DUN		X				X				
27	USGD	4201			X				X					X				
28		4202			X					X				X				
29		4203					X				X					X		
30		4204			X						X					X		
31																		
32	30 head																	
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38																		
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SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6)

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

VS FORM 10-13A
(SEP 2002)

FOIA 11-425_000191

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: 12:01 PM

DATE: 4-28-10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: BROWNTON, MN

[redacted] (b)(6)

NAME OF AUCTION/MARKET: —

CONSIGNOR (OWNER/SHIPPER) NAME: Keith O Tonyen

CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc

STREET ADDRESS: [redacted] (b)(6)

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: [redacted] (b)(6)

CITY, STATE, ZIP CODE: Massueville Quebec, Canada J0G 1K0

AREA CODE & TELEPHONE NO.: [redacted] (b)(6)

AREA CODE & TELEPHONE NO.: 450-788-2490

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USFM	8975	X							X						X		
2		8976					X			X				X				
3		8977				X				X				X				
4		8978		X						X						X		
5		8979	X							X						X		
6		8980	X							X				X				
7		8981	X						X					X				
8		8982			X					X				X				
9		8983						PAL	X							X		
10		8984					X			X						X		
11		8985						BAY ROAN		X				X				
12		8986					X			X						X		
13		8987					X			X				X				
14		8988				X				X				X				
15		8989					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 [redacted] (b)(6)

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

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

[redacted] (b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

VS [redacted]

Previous editions are obsolete

FOIA 11-425_000192

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	USFM	8990				X				X						X		
17		8991						PAL		X				X				
18		8992					X			X				X				
19		8993					X			X						X		
20		8994						Red Roan		X						X		
21		8995					X			X				X				
22		8996					X			X						X		
23		8997						Red Roan		X						X		
24		8998					X			X				X				
25		8999						APP		X				X				
26		9000						DUN		X				X				
27	USGD	4201			X				X					X				
28		4202			X					X				X				
29		4203					X				X					X		
30		4204			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.)

[redacted] (b)(6)

VS FORM 10-13A
(SEP 2002)

FOIA 11-425_000193

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 7:00 AM / 12:15 PM / 10:45 — DATE: 4-26-10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: BROWNTON MN

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

NAME OF AUCTION/MARKET: Central Livestock - West Fargo ND

CONSIGNOR (OWNER/SHIPPER) NAME: Keith O Tongen

CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc

STREET ADDRESS: (b)(6)

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: (b)(6)

CITY, STATE, ZIP CODE: Massueville, Quebec, CANADA J0G 1K0

AREA CODE & TELEPHONE NO.: (b)(6)

AREA CODE & TELEPHONE NO.: 450-788-2490

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	USFM	8877					X						Mule	X				
2		8928					X						HF	X				
3		8934	X						X					X				
4		8948					X			X						X		
5		8949	X						X							X		
6		8950				X				X				X				
7		8951				X				X				X				
8		8952	X							X						X		
9		8953					X			X				X				
10		8954					X		X							X		
11		8955					X			X						X		
12		8956					X			X				X				
13		8957					X			X						X		
14		8958					X			X				X				
15		8959					X			X						X		

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

SIGNATURE (b)(6)

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

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

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

FOIA 11-425_000194

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	USFM	8960				X				X						X		
17		8961	X							X						X		
18		8962					X			X						X		
19		8963				X				X						X		
20		8964						Red Dun		X				X				
21		8965					X			X				X				
22		8966	X							X						X		
23		8967					X			X						X		
24		8968						Red Dun		X						X		
25		8969				X				X						X		
26		8970	X							X				X				
27		8971						Buckskin		X				X				
28		8972					X			X				X				
29		8973	X							X				X				
30		8974						Red Dun		X						X		
31																		
32	30 head																	
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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)

FOIA 11-425_000195

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 10:00 AM

DATE: 4-27-10

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

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

NAME OF AUCTION/MARKET: Central Livestock - West Fargo ND

CONSIGNOR (OWNER/SHIPPER) NAME: Keith O Tongen

CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc

STREET ADDRESS: (b)(6)

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: (b)(6)

CITY, STATE, ZIP CODE: Massueville, Quebec, CANADA J0G 1K0

AREA CODE & TELEPHONE NO.: (b)(6)

AREA CODE & TELEPHONE NO.: 450-788-2490

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	USFM	8877					X						Mule	X				
2		8928					X						HF	X				
3		8934	X						X					X				
4		8948					X			X						X		
5		8949	X						X							X		
6		8950				X				X				X				
7		8951				X				X				X				
8		8952	X							X						X		
9		8953					X			X				X				
10		8954					X		X							X		
11		8955					X			X						X		
12		8956					X			X				X				
13		8957					X			X						X		
14		8958					X			X				X				
15		8959					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)

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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

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

FOIA 11-425_000196

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	USFM	8960				X				X						X		
17		8961	X							X						X		
18		8962					X			X						X		
19		8963				X				X						X		
20		8964						Red Dun		X				X				
21		8965					X			X				X				
22		8966	X							X						X		
23		8967					X			X						X		
24		8968						Red Dun		X						X		
25		8969				X				X						X		
26		8970	X							X				X				
27		8971						Buckskin		X				X				
28		8972					X			X				X				
29		8973	X							X				X				
30		8974						Red Dun		X						X		
31																		
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SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6)

VS FORM 10-13A
(SEP 2002)

FOIA 11-425_000197

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 10:30 AM PM
DATE: 6-21-10
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: STORY CITY, IA

VEHICLE LICENSE NO. AND DRIVER'S NAME: [redacted] (b)(6)
NAME OF AUCTION/MARKET: A+A Horse Sale

CONSIGNOR (OWNER/SHIPPER) NAME: KEITH O TONGEN
CONSIGNEE (RECEIVER/DESTINATION) NAME: VIANDE RICHELIEU MEAT INC

STREET ADDRESS: [redacted] (b)(6)
STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: [redacted] (b)(6)
CITY, STATE, ZIP CODE: MASSUEVILLE, QUEBEC, CANADA J0G 1K0

AREA CODE & TELEPHONE NO.: [redacted] (b)(6)
AREA CODE & TELEPHONE NO.: 450-788-2490

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USED	4501	X						X					X				
2		4502						Buckskin		X				X				
3		4503					X			X				X				
4		4504					X			X				X				
5		4505				X				X				X				
6		4506					X			X				X				
7		4507	X						X							X		
8		4508	X							X						X		
9		4509	X							X				X				
10		4510					X			X				X				
11		4511					X			X				X				
12		4512					X		X					X				
13		4513				X				X				\		X		
14		4514					X		X					X				
15		4515					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

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

SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)
[redacted] (b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)
EST.
DATE
TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)
EST.
DATE
TIME

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

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

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

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

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USGD	4516				X				X				X				
17		4517	X							X				X				
18		4518		X						X				X				
19		4519					X			X				X				
20		4520	X						X					X				
21		4521					X			X				X				
22		4522						app		X				X				
23		4523						DUN		X				X				
24		4524					X			X				X				
25		4525				X				X					X		Pen	alive
26		4526				X				X						X		
27		4527	X							X				X				
28		4528	X							X				X				
29		4529		X						X				X				
30																		
31	29 head																	
32																		
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SIGN[redacted]ion contained in this form is true and correct to the best of my knowledge.)

(b)(6)

CANADIAN FOOD INSPECTION AGENCY
GOVERNMENT OF CANADA
AGENCE CANADIENNE D'INSPECTION DES ALIMENTS

VS FORM 10-13A
(SEP 2002)

FOIA 11-425_000199

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: 1130 Pm

DATE: 6-22-10

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

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

NAME OF AUCTION/MARKET: A+A Horse Sale

CONSIGNOR (OWNER/SHIPPER) NAME: KEITH O TONGEN

CONSIGNEE (RECEIVER/DESTINATION) NAME: VIANDE RICHELIEU MEAT INC

STREET ADDRESS: [redacted] (b)(6)

STREET ADDRESS: 595 Rue Royale

[redacted] (b)(6)

CITY, STATE, ZIP CODE: MASSHEVILLE, QUEBEC, CANADA J0G 1K0

AREA [redacted] (b)(6)

AREA CODE & TELEPHONE NO.: 450-788-2490

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USED	4501	X						X					X				
2		4502						Buckskin		X				X				
3		4503					X			X				X				
4		4504					X			X				X				
5		4505				X				X				X				
6		4506					X			X				X				
7		4507	X						X							X		
8		4508	X							X						X		
9		4509	X							X				X				
10		4510					X			X				X				
11		4511					X			X				X				
12		4512					X		X					X				
13		4513				X				X						X		
14		4514					X		X					X				
15		4515					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 [redacted] (b)(6)

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

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

[redacted] (b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

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

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

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USGD	4516				X				X				X				
17		4517	X							X				X				
18		4518		X						X				X				
19		4519					X			X				X				
20		4520	X						X					X				
21		4521					X			X				X				
22		4522						app		X				X				
23		4523						DUN		X				X				
24		4524					X			X				X				
25		4525				X				X					X		Pen	alve
26		4526				X				X						X		
27		4527	X							X				X				
28		4528	X							X				X				
29		4529		X						X				X				
30																		
31	29 head																	
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)

FOIA 11-425_000201

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 8:00 AM unload 6:15 AM

DATE: 7-19-2010

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: BRAINTON, MN.

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

NAME OF AUCTION/MARKET: A&A Horse Sale

CONSIGNOR (OWNER/SHIPPER) NAME: Keith O Tongen

CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc

STREET ADDRESS: [redacted] (b)(6)

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: [redacted] (b)(6)

CITY, STATE, ZIP CODE: Massueville, Quebec, Canada J0G 1K0

AREA CODE & TELEPHONE NO.: [redacted] (b)(6)

AREA CODE & TELEPHONE NO.: 450-788-2490

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USGD	4673					X				X					X	908 on	left shoulder
2		4674					X				X			X			1125	" "
3		4675					X				X					X	1133	" "
4		4676					X				X			X			1182	" "
5		4677					X				X			X			1286	" "
6		4678	X							X				X				cut on LF Eye
7		4679						Roan		X				X				
8		4680						Roan		X				X				
9		4681					X			X				X				
10		4682	X							X				X				
11		4883					X			X				X				
12		4684						Bay Roan		X				X				
13		4685			X					X				X				
14		4686				X				X				X				
15		4687					X			X				X				

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

SIGNATUR[redacted] (b)(6)

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

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

[redacted] (b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

Canada

Previous editions are obslete

FOIA 11-425_000202

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	USGD	4688					X			X				X			Blind right eye	off
17	USGD	4689						App		X				X				
18		4690				X				X				X				
19		4691						Red Roan		X						X		
20		4692					X			X				X				
21		4693					X			X				X				
22		4694						Dun		X				X				off
23		4695					X			X						X		off
24		4696	X							X				X				
25		4697					X			X					X		Pen alone	
26		4698				X				X						X		
27		4699						App		X						X		
28		4700				X				X						X		
29		4701				X				X						X		
30		4702						Red Roan		X						X		off
31																		
32	26 head																	
33																		
34																		
35																		
36																		
37																		
38																		
39																		
40																		
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[redacted] ion contained in this form is true and correct to the best of my knowledge.

(b)(6)

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

(SEP 2002)

FOIA 11-425_000203

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: 7-20-10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Manchester mi

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

NAME OF AUCTION/MARKET: A&A Horse Sale

CONSIGNOR (OWNER/SHIPPER) NAME: Keith O Tonzen

CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc

STREET ADDRESS: (b)(6)

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: (b)(6)

CITY, STATE, ZIP CODE: Massnerville, Quebec, Canada J0G 1K0

AREA CODE & TELEPHONE NO.: (b)(6)

AREA CODE & TELEPHONE NO.: 450-788-2490

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	USGD	4673					X				X					X	908 on	left shoulder
2		4674					X				X			X			1125	" "
3		4675					X				X					X	1133	" "
4		4676					X				X			X			1182	" "
5		4677					X				X			X			1286	" "
6		4678	X							X				X				cut on LF Eye
7		4679						Roan		X				X				
8		4680						Roan		X				X				
9		4681					X			X				X				
10		4682	X							X				X				
11		4883					X			X				X				
12		4684						Bay Roan		X				X				
13		4685			X					X				X				
14		4686				X				X				X				
15		4687					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)

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

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

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

VS (b)(6) Previous editions are obsolete

FOIA 11-425_000204

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	USGD	4688					X			X				X			Brand right eye	Off
17	USGD	4689						App		X				X				
18		4690				X				X				X				
19		4691						Red Roan		X						X		
20		4692					X			X				X				
21		4693					X			X				X				
22		4694						Dun		X				X				Off
23		4695					X			X						X		Off
24		4696	X							X				X				
25		4697					X			X					X		Pen alone	
26		4698				X				X						X		
27		4699						App		X						X		
28		4700				X				X						X		
29		4701				X				X						X		
30		4702						Red Roan		X						X		Off
31																		
32	26 head																	
33																		
34																		
35																		
36																		
37																		
38																		
39																		
40																		
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SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6)

VS FORM 10-13A
(SEP 2002)

FOIA 11-425_000205

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: 1H00 A.M

DATE: 07-10-10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: KALONA, IOWA

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

NAME OF AUCTION/MARKET: —

CONSIGNOR (OWNER/SHIPPER) NAME: KEITH O TONGEN

CONSIGNEE (RECEIVER/DESTINATION) NAME: VIANDE RICHELIEU MEAT INC

STREET ADDRESS: (b)(6)

STREET ADDRESS: 595 RUE ROYALE

CITY, STATE, ZIP CODE: (b)(6)

CITY, STATE, ZIP CODE: MASSUEVILLE, QUEBEC, CANADA J0G 1K0

AREA CODE & TELEPHONE NO.: (b)(6)

AREA CODE & TELEPHONE NO.: 450-788-2490

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USCN	8101					X			X				X				
2		8102					X			X				X				
3		8103					X			X				X				
4		8104	X							X						X		
5		8105	X							X				X				
6		8106			X					X				X				
7		8107				X				X				X				
8		8108					X			X				X				
9		8109	X							X				X				
10		8110					X			X				X				
11		8111	X							X				X				
12		8112					X			X				X				
13		8113	X							X				X				
14		8114					X			X				X				
15		8115						PAL		X				X				

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

SIGNATURE: (b)(6)

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

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

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

FOIA 11-425-000206

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	USGN	8116					X			X				X				
17		8117	X							X						X		
18		8118					X			X				X				
19		8119	X							X						X		
20		8120					X			X				X				
21		8121						PAL		X				X			Blind left eye	
22		8122			X					X				X				
23		8123					X			X				X				
24		8124			X					X						X		
25		8125				X				X						X	Blind right eye	
26		8126			X					X				X				
27		8127					X			X				X				
28		8128	X							X				X				
29		8129	X							X				X				
30		8130					X			X				X				
31	30 head																	
32																		
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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)

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: 10-18-10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Warwick Iowa

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

NAME OF AUCTION/MARKET:

CONSIGNOR (OWNER/SHIPPER) NAME: KEITH O TONGEN

CONSIGNEE (RECEIVER/DESTINATION) NAME: VIANDE RICHELIEU MEAT INC

STREET ADDRESS: (b)(6)

STREET ADDRESS: 595 RUE ROYALE

CITY, STATE, ZIP CODE: (b)(6)

CITY, STATE, ZIP CODE: MASSUEVILLE, QUEBEC, CANADA J0G 1K0

AREA CODE & TELEPHONE NO.: (b)(6)

AREA CODE & TELEPHONE NO.: 450-788-2490

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	USDF	7558					X			X						X		
2		7559	X							X				X				
3		7555					X			X						X		
4		7560					X			X				X				
5		7562				X				X				X				
6		7563				X				X				X				
7		7564				X				X				X				
8		7565				X				X						X		
9	USGN	8097	X										Mule	X				
10		7970				X				X				X				
11		8170					X			X				X				
12		8171	X						X					X				
13		8172					X			X				X				
14		8173				X				X						X		
15		8174				X				X				X				

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

SIGNATURE: (b)(6)

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

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

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

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	USGN	8175						Red Roan		X				X				
17		8176					X			X				X				
18		8177						Dun		X						X		
19		8178					X			X						X	Blind left eye	
20		8179	X							X				X				
21		8180					X			X						X		
22		8181			X					X						X		
23		8182					X			X						X		
24		8183						Appy		X						X		
25		8184					X			X				X				
26		8185						Appy		X				X				
27		8186						Appy		X				X				
28		8187	X							X				X				
29		8188			X					X				X				
30		8189					X			X				X				
31		8190			X					X				X				
32		8191					X			X				X				
33		8192						Red Roan		X				X				
34																		
35	30 head																	
36																		
37																		
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SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6)

VS FORM 10-13A
(SEP 2002)

11-425_000209

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: 7:00 PM

DATE: 10-15-10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: BROWSWTON, MN

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

NAME OF AUCTION/MARKET: R + J Horse Sale Kelona Horse Sale

CONSIGNOR (OWNER/SHIPPER) NAME: KEITH O TONGEN

CONSIGNEE (RECEIVER/DESTINATION) NAME: VIANDE RICHELIEU MEAT INC

STREET ADDRESS: (b)(6)

STREET ADDRESS: 595 RUE ROYALE

CITY, STATE, ZIP CODE: (b)(6)

CITY, STATE, ZIP CODE: MASSUEVILLE, QUEBEC, CANADA J0G 1K0

AREA CODE & TELEPHONE NO.: (b)(6)

AREA CODE & TELEPHONE NO.: 450-788-2490

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	USDF	7551					X			X				X				
2		7552	X							X				X				
3		7553					X			X				X				
4		7554			X					X						X		
5		7556						Red Roan		X				X				
6		7557	X							X				X				
7		~~7558~~					X			X						X		off
8		~~7559~~	X							X				X				off
9		7561						Dun		X						X		
10		7566					X			X				X				
11	USGN	~~8097~~	X										Mule	X				off
12		8143				X				X				X				
13		8144				X				X				X				
14		8148	X							X				X				
15		8154	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)

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

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

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	USGN	8155						Appo		X						X		
17		8156						Buckskin		X						X		
18		8157				Pt				X				X				
19		8158	X							X	X					X		
20		8159			X					X				X				
21		8160	X							X				X				
22		8161					X			X						X		
23		8162	X							X						X		
24		8163					X			X				X				
25		8164				X				X				X				
26		8165				X				X						X		
27		8166					X			X				X				
28		8167					X			X				X				
29		8168					X			X						X		
30		8169					X			X				X				
31																		
32	27	head																
33																		
34																		
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SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6)

VS FORM 10-13A
(SEP 2002)

IA 11-425_000211

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: 6H00 P.M

DATE: 10-13-10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: BROWNTON, MN

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

NAME OF AUCTION/MARKET: R+J Horse Sale

CONSIGNOR (OWNER/SHIPPER) NAME: KEITH O TONGEN

CONSIGNEE (RECEIVER/DESTINATION) NAME: VIANDE RICHELIEU MEAT INC

STREET ADDRESS: (b)(6)

STREET ADDRESS: 595 RUE ROYALE

CITY, STATE, ZIP CODE: (b)(6)

CITY, STATE, ZIP CODE: MASSUEVILLE, QUEBEC, CANADA J0G 1K0

AREA CODE & TELEPHONE NO.: (b)(6)

AREA CODE & TELEPHONE NO.: 450-788-2490

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	USCN	7073	X							X				X				
2		7074					X			X				X				
3		7075	X							X				X				
4		7076					X			X						X		
5		7077						APP		X						X		
6		7078	X							X				X				
7		7079	X							X				X				
8		7080					X			X				X				
9		7081					X			X				X				
10		7082					X			X				X				
11		7083	X							X				X				
12		7084	X							X				X				
13		7085	X							X				X				
14		7086					X			X						X		
15	USCN	8133				X				X						X		

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

SIGNATUR (b)(6)

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

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

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	USGN	8134						DUN		X						X		
17		8136	X						X					X				
18		8137	X						X					X				
19		8138						Red Roan		X						X		
20		8139						PAL		X				X				
21		8141				X				X				X				
22		8142					X			X				X				
23		~~8143~~				X				X				X				
24		~~8144~~				X				X				X				
25		8145						APP		X				X				
26		8146	X							X				X				
27		8147					X			X						X		
28		~~8148~~	X							X				X				
29		8149						DUN		X				X				
30		8150					X			X				X				
31		8151			X					X				X				
32		8152	X							X				X				
33		8153	X			X				X				X				
34		~~8154~~	X							X				X				
35																		
36	30 head																	
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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)

FOIA 11-425_000213

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: 10:00 AM

DATE: 10-25-10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: BROWNTON, MINNESOTA

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

NAME OF AUCTION/MARKET: A+A Horse Sale - Kulone Draft Horse Sale

CONSIGNOR (OWNER/SHIPPER) NAME: KEITH O TONGEN

CONSIGNEE (RECEIVER/DESTINATION) NAME: VIANDE RICHELIEU MEAT INC

STREET ADDRESS: (b)(6)

STREET ADDRESS: 595 RUE ROYALE

CITY, STATE, ZIP CODE: (b)(6)

CITY, STATE, ZIP CODE: MASSUEVILLE, QUEBEC, CANADA J0G 1K0

AREA CODE & TELEPHONE NO.: (b)(6)

AREA CODE & TELEPHONE NO.: 450-788-2490

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	USDF	7951					X			X				X				
2		7952					X			X				X				
3		7953					X			X				X				
4		7954					X			X				X				
5		7955				X				X				X				
6		7956				X				X						X		
7		7957					X			X				X				
8		7958						Red Roan		X				X				
9		7959						PAL		X				X				
10		7960						PAL		X				X				
11		7961						Red Roan		X				X				
12		7962						Red Roan		X				X				
13		7963						Red Roan		X				X				
14		7964						Red Roan		X				X				
15		7965						Red Roan		X				X				

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

SIGNATURE: (b)(6)

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

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

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

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

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

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestnt	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USDF	7966						Rd Roan		X				X				
17		7967				X				X				X				
18		7968						DUN		X					X		Pen alone	
19	USGN	8191					X			X				X				
20		8252				X				X				X				
21		8254						PAL		X						X		
22		8255						APP		X						X		
23		8256					X			X				X				
~~24~~		~~8257~~					~~X~~			~~X~~					~~X~~		~~Pen alone~~	
25		8258	X							X				X				
26		8259						Red Roan app		X						X		
27		8260			X					X						X		
28		8261	X						X					X				
29		8262				X				X				X				
30		8263			X					X				X				
31		8264						app		X						X		
32																		
33	30 head																	
34																		
35																		
36																		
37																		
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SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6)

VS FORM 10-13A
(SEP 2002)

FOIA 11-425_000215

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 7:30 AM

DATE: 10-22-10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: LAKE ODESSA, MICH.

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

NAME OF AUCTION/MARKET: —

CONSIGNOR (OWNER/SHIPPER) NAME: KEITH O TONGEN

CONSIGNEE (RECEIVER/DESTINATION) NAME: VIANDE RICHELIEU MEAT INC

STREET ADDRESS: (b)(6)

STREET ADDRESS: 595 RUE ROYALE

CITY, STATE, ZIP CODE: (b)(6)

CITY, STATE, ZIP CODE: MASSUEVILLE QUEBEC, CANADA J0G 1K0

AREA CODE & TELEPHONE NO.: (b)(6)

AREA CODE & TELEPHONE NO.: 450-788-2490

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	USGN	8192	●					Red Roan		X				X				
2		8193	X							X				X				
3		8194	X							X				X				
4		8195					X			X	X			X				
5		8196					X			X	X			X				
6		8197					X				X			X				
7		8200				X				X				X				
8		8201					X			X				X				
9		8202					X			X				X			Blind	rite eye
10		8203				X				X				X				
11		8204	X										AB	X				
12		8205				X				X						X		
13		8206				X				X				X				
14		8207				X				X				X				
15		8208					X			X						X		

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

SIGNATURE (b)(6)

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

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

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

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	USGN	8209					X			X				X				
17		8210	X						X					X				
18		8211	X							X				X				
19		8212		X						X				X			Blind	right eye
20		8213						Red Roan		X						X		
21		8214				X				X						X		
22		8215						App		X						X		
23		8216	X						X					X		[redacted]		
24		8217	X						X							X		
25		8220					X					X		X				
26		8221						Red Roan				X		X				
27		8222			X	X				X						X		
28		8223					X			X				X				
29																		
30	28 head																	
31																		
32																		
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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.)

[redacted] (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: ~~[illegible]~~ 11:59 AM

DATE: 10-21-10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: BROWNTON, MN

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

NAME OF AUCTION/MARKET: —

CONSIGNOR (OWNER/SHIPPER) NAME: KEITH O TONGEN

CONSIGNEE (RECEIVER/DESTINATION) NAME: VIANDE RICHELIEU MEAT INC

STREET ADDRESS: (b)(6)

STREET ADDRESS: 595 RUE ROYALE

CITY, STATE, ZIP CODE: (b)(6)

CITY, STATE, ZIP CODE: MASSUEVILLE, QUEBEC, CANADA J0G 1K0

AREA CODE & TELEPHONE NO.: (b)(6)

AREA CODE & TELEPHONE NO.: 450-788-2490

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	USGN	8192	[illegible]					Red Roan		X				X				
2		8193	X							X				X				
3		8194	X							X				X				
4		8195					X			X	X			X				
5		8196					X			X	X			X				
6		8197					X				X			X				
7		8200				X				X				X				
8		8201					X			X				X				
9		8202					X			X				X			Blind	rite eye
10		8203				X				X				X				
11		8204	X										AB	X				
12		8205				X				X						X		
13		8206				X				X				X				
14		8207				X				X				X				
15		8208					X			X						X		

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

SIGNATURE (b)(6)

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

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

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

CIA 11-425_000218

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	USGN	8209					X			X				X				
17		8210	X						X					X				
18		8211	X							X				X				
19		8212		X						X				X			Blind	right eye
20		8213						Red Roan		X						X		
21		8214				X				X						X		
22		8215						Appy		X						X		
23		8216	X						X					X		[redacted]		
24		8217	X						X							X		
25		8220					X					X		X				
26		8221						Red Roan				X		X				
27		8222			X	X				X						X		
28		8223					X			X				X				
29																		
30	28 head																	
31																		
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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.)

[redacted] (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: 7:00 PM

DATE: 10-20-10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: KALONA IOWA

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

NAME OF AUCTION/MARKET: —

CONSIGNOR (OWNER/SHIPPER) NAME: KEITH O TONGEN

CONSIGNEE (RECEIVER/DESTINATION) NAME: VIANDE RICHELIEU MEAT INC

STREET ADDRESS: [redacted] (b)(6)

STREET ADDRESS: 595 RUE ROYALE

CITY, STATE, ZIP CODE: [redacted] (b)(6)

CITY, STATE, ZIP CODE: MASSUEVILLE, QUEBEC, CANADA J0G 1K0

AREA CODE & TELEPHONE NO.: [redacted] (b)(6)

AREA CODE & TELEPHONE NO.: 450-788-2490

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	USGN	8228						PAL		X				X				
2		8229					X			X				X				
3		8230					X			X				X				
4		8231					X			X				X				
5		8232					X			X				X				
6		8233						PAL		X				X				
7		8234				X				X				X				
8		8235				X					X			X				
9		8236	X							X				X				
10		8237						DUN		X						X		
11		8238						DUN		X				X				
12		8239					X						Mule	X				
13		8240	X							X				X				
14		8241						Red Roan			X					X		
15		8242			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: [redacted] (b)(6)

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

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

[redacted] (b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

FOIA 11-425_000220

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	Chestnt	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USGN	8243					X			X				X			Blind rite eye	
17		8244	X						X							X		
18		8245	X							X				X				
19		8246						DUN					Mule	X				
20		8247					X			X						X	Blind right eye	
21		8248						DUN		X				X				
22		8249					X			X				X				
23		8250					X			X				X				
24		8251	X							X				X				
25		8252				X				X				X				
26		8253						DUN					Mule	X				
27		8198					X				X			X				
28		8199					X				X			X				
29		8218				X				X				X				
30		8219					X				X			X				
31		8191					X			X				X				
32																		
33	29 head																	
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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.)

[redacted] (b)(6)

VS FORM 10-13A
(SEP 2002)

425_000221

PAGE ____ OF ____

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: 12-7-20

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: MANCHESTER, MICHIGAN

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

NAME OF AUCTION/MARKET: —

CONSIGNOR (OWNER/SHIPPER) NAME: KEITH O TONGEN

CONSIGNEE (RECEIVER/DESTINATION) NAME: VIANDE RICHELIEU MEAT INC

STREET ADDRESS: (b)(6)

STREET ADDRESS: 595 RUE ROYALE

CITY, STATE, ZIP CODE: (b)(6)

CITY, STATE, ZIP CODE: MASSUEVILLE, QUEBEC, CANADA J0G 1K0

AREA CODE & TELEPHONE NO.: (b)(6)

AREA CODE & TELEPHONE NO.: 450-788-2490

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USGN	8541				X				X				X				
2		8542					X			X				X				
3		8543					X			X						X		
4		8544	X							X						X		
5		8545			X					X						X		
6		8546	X							X						X		
7		8547						PAL		X				X				
8		8548					X			X						X		
9		8549					X			X						X		
10		8550				X				X				X				
11		8551			X						X					X		
12		8552	X						X					X				
13		8553					X			X				X				
14		8571	X							X				X				
15		8572	X							X						X		

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

SIGNATURE (b)(6)

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

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

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

FOIA 11-425_000222

VS

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	USGN	8573				X				X				X				
17		8574					X			X				X				
18		8575	X							X						X		
19		8576					X			X				X				
20		8577						White		X				X				
21		8578	X							X				X				
22		8579				X				X				X			Blind right eye	
23		8580	X							X						X		
24		8581				X				X				X				
25		8582						Red Roan		X				X				
26		8583	X							X				X				
27		8584	X							X						X	Blind left eye	
28		8585				X				X				X				
29		8586					X			X					X		Pen alone	
30		~~8587~~					X				X			X			~~79 on left shoulder~~	
31		8588					X			X				X				
32																		
33	30 head																	
34																		
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Off

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

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

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

[redacted] (b)(6)

11-425_000223

VS FORM 10-13A
(SEP 2002)

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 10:00 AM

DATE: 11-30-10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: BROWNTON, MN

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

NAME OF AUCTION/MARKET: —

CONSIGNOR (OWNER/SHIPPER) NAME: KEITH O TONGEN

CONSIGNEE (RECEIVER/DESTINATION) NAME: VIANDE RICHELIEU MEAT INC

STREET ADDRESS: (b)(6)

STREET ADDRESS: 595 RUE ROYALE

CITY, STATE, ZIP CODE: (b)(6)

CITY, STATE, ZIP CODE: MASSUEVILLE, QUEBEC, CANADA J0G 1K0

AREA CODE & TELEPHONE NO.: (b)(6)

AREA CODE & TELEPHONE NO.: 450-788-2490

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	USGN	8541				X				X				X				
2		8542					X			X				X				
3		8543					X			X						X		
4		8544	X							X						X		
5		8545			X					X						X		
6		8546	X							X						X		
7		8547						PAL		X				X				
8		8548					X			X						X		
9		8549					X			X						X		
10		8550				X				X				X				
11		8551			X						X					X		
12		8552	X						X					X				
13		8553					X			X				X				
14		8571	X							X				X				
15		8572	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)

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

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

VS (b)(6)

FOIA 11-425 000224

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	Chestnut	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USGN	8573				X				X				X				
17		8574					X			X				X				
18		8575	X							X						X		
19		8576					X			X				X				
20		8577						White		X				X				
21		8578	X							X				X				
22		8579				X				X				X			Blind right eye	
23		8580	X							X						X		
24		8581				X				X				X				
25		8582						Red Roan		X				X				
26		8583	X							X				X				
27		8584	X							X						X	Blind left eye	
28		8585				X				X				X				
29		8586					X			X					X		Pen alone	
30		~~8587~~					X				X			X			~~79 on left shoulder~~	
31		8588					X			X				X				
32																		
33	30 head																	
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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: 3:00 PM

DATE: 10-23-10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: BROWNTON, MS

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

NAME OF AUCTION/MARKET: A + A Horse Sale

CONSIGNOR (OWNER/SHIPPER) NAME: KEITH O TONGEN

CONSIGNEE (RECEIVER/DESTINATION) NAME: VIANDE RICHELIEU MEAT INC

STREET ADDRESS: [redacted] (b)(6)

STREET ADDRESS: 595 RUE ROYALE

CITY, STATE, ZIP CODE: [redacted] (b)(6)

CITY, STATE, ZIP CODE: MASSUEVILLE, QUEBEC, CANADA J0G 1K0

AREA CODE & TELEPHONE NO.: [redacted] (b)(6)

AREA CODE & TELEPHONE NO.: 450-788-2490

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USGN	8510	X							X				X				
2		8511					X			X				X				
3		8512	X						X					X				
4		8513					X			X						X		
5		8514						PAL		X				X				
6		8515					X			X				X				
7		8516	X							X						X		
8		8517					X			X						X		
9		8518					X			X						X		
10		8519					X			X				X				
11		8520				X				X						X		
12		8521						DUN		X						X		
13		8522				X				X						X		
14		8523				X				X						X		
15		8524	X							X				X				

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

SIGNATUR[redacted] (b)(6)

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

[redacted] (b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

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

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

(Please type or print in ink)

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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	USGN	8525	X							X				X				
17		8526	X							X				X				
18		8527					X			X						X		
19		8528				X				X				X				
20		8529				X				X				X				
21		8530						DUN		X				X				
22		8531			X					X				X				
23		8532						APP		X						X		
24		8534					X			X				X				
25		8535				X				X						X		
26		8536	X							X						X		
27		8537	X							X						X		
28		8538					X			X						X		
29		8539					X			X				X				
30		8540	X							X				X				
31																		
32	30 head																	
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SIGN[redacted] in this form is true and correct to the best of my knowledge.)

(b)(6)

VS FORM 10-13A
(SEP 2002)

425_000227

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: EST 6:00 PM

DATE: 11-29-10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: BROWNTON, MN

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

NAME OF AUCTION/MARKET: —

CONSIGNOR (OWNER/SHIPPER) NAME: KEITH O TONGEN

CONSIGNEE (RECEIVER/DESTINATION) NAME: VIANDE RICHELIEU MEAT INC

STREET ADDRESS: [redacted] (b)(6)

STREET ADDRESS: 595 RUE ROYALE

CITY, STATE, ZIP CODE: [redacted] (b)(6)

CITY, STATE, ZIP CODE: MASSUEVILLE, QUEBEC, CANADA J0G 1K0

AREA CODE & TELEPHONE NO.: [redacted] (b)(6)

AREA CODE & TELEPHONE NO.: 450-788-2490

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	USGN	8455				X				X				X				
2		8456						DUN		X						X		
3		8457					X			X						X		
4		8458	X							X						X	Blind left eye	
5		8459					X			X				X				
6		8460	X							X						X		
7		8461						DUN		X				X				
8		8462						DUN		X				X				
9		8463					X			X				X				
10		8464			X					X				X				
11		8465					X			X				X				
12		8466				X				X						X		
13		8467						APP		X						X		
14		8468						DUN		X						X		
15		8533				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: [redacted] (b)(6)

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

[redacted] (b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

FOIA 11-425_000228

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	USGN	8469					X			X						X		
17		8470					X			X						X		
18		8471					X			X						X		
19		8472					X			X				X				
20		8473	X							X						X		
21		8474					X			X						X		
22		8475	X							X						X		
23		8476	X							X						X		
24		8477						APP		X				X				
25		8478					X			X				X				
26		8479					X			X						X		
27		8480		X								X		X				
28		8481					X			X				X				
29		8482	X							X						X		
30		8483	X							X				X				
31																		
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SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

[redacted] (b)(6)

VS FORM 10-13A
(SEP 2002)

A 11-425_000229

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 5 pm

DATE: 11-30-10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: MANCHESTER MICH

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

NAME OF AUCTION/MARKET: —

CONSIGNOR (OWNER/SHIPPER) NAME: KEITH O TONGEN

CONSIGNEE (RECEIVER/DESTINATION) NAME: VIANDE RICHELIEU MEAT INC

STREET ADDRESS: (b)(6)

STREET ADDRESS: 595 RUE ROYALE

CITY, STATE, ZIP CODE: (b)(6)

CITY, STATE, ZIP CODE: MASSUEVILLE, QUEBEC, CANADA J0G 1K0

AREA CODE & TELEPHONE NO.: (b)(6)

AREA CODE & TELEPHONE NO.: 450-788-2490

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	USGN	8455				X				X				X				
2		8456						DUN		X						X		
3		8457					X			X						X		
4		8458	X							X						X	Blind	left eye
5		8459					X			X				X				
6		8460	X							X						X		
7		8461						DUN		X				X				
8		8462						DUN		X				X				
9		8463					X			X				X				
10		8464			X					X				X				
11		8465					X			X				X				
12		8466				X				X						X		
13		8467						APP		X						X		
14		8468						DUN		X						X		
15		8533				X				X				X				

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

SIGNATURE: (b)(6)

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

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

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

FOIA 11-425_000230

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	USGN	8469					X			X						X		
17		8470					X			X						X		
18		8471					X			X						X		
19		8472					X			X				X				
20		8473	X							X						X		
21		8474					X			X						X		
22		8475	X							X						X		
23		8476	X							X						X		
24		8477						APP		X				X				
25		8478					X			X				X				
26		8479					X			X						X		
27		8480		X								X		X				
28		8481					X			X				X				
29		8482	X							X						X		
30		8483	X							X				X				
31																		
32	30 head																	
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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) (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: 19 H 30

DATE: 03-11-10

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

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

NAME OF AUCTION/MARKET: KALONA, IOWA KALONA SALE BARN, INC

CONSIGNOR (OWNER/SHIPPER) NAME: KEITH O TONGEN

CONSIGNEE (RECEIVER/DESTINATION) NAME: VIANDE RICHELIEU MEAT INC

STREET ADDRESS: (b)(6)

STREET ADDRESS: 595 RUE ROYALE

CITY, STATE, ZIP CODE: (b)(6)

CITY, STATE, ZIP CODE: MASSUEVILLE, QUEBEC, CANADA J0G 1K0

AREA CODE & TELEPHONE NO.: (b)(6)

AREA CODE & TELEPHONE NO.: 450-788-2490

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	USGN	8267					X			X				X				
2		8268					X			X				X				
3		8269					X					X				X		
4		8270	X							X				X				
5		8271	X							X				X				
6		8272					X					X		X				
7		8273					X			X						X		
8		8274	X							X				X				
9		8275						PAL		X				X				
10		8276	X							X				X				
11		8277						PAW		X				X				
12		8278					X			X				X				
13		8279	X										AB	X				
14		8280			X					X				X				
15		8281				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

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

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

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	USGN	8282	X						X							X		
17		8283						Pal		X						X		
18		8284	X						X					X				
19		8285					X			X				X				
20		8286	X							X				X				
21		8287					X			X				X			Blind left eye	
22		8288						App		X				X				
23		8289			X					X				X				
24		8290						Dun		X				X				
25		8291						Pal		X				X				
26		8292			X					X						X		
27		8293	X							X				X				
28		8294					X			X				X				
29		8295				X				X						X		
30		8296				X				X				X				
31																		
32	30 head																	
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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: 10:00 Am

DATE: 11-16-10

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

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

NAME OF AUCTION/MARKET: KALONA SALE BARN

CONSIGNOR (OWNER/SHIPPER) NAME: KEITH O TONGEN

CONSIGNEE (RECEIVER/DESTINATION) NAME: VIANDE RICHELIEU MEAT INC

STREET ADDRESS: (b)(6)

STREET ADDRESS: 595 RUE ROYALE

CITY, STATE, ZIP CODE: (b)(6)

CITY, STATE, ZIP CODE: MASSUEVILLE, QUEBEC, CANADA J0G 1K0

AREA CODE & TELEPHONE NO.: (b)(6)

AREA CODE & TELEPHONE NO.: 450-788-2490

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	USDF	7986				X				X						X		
2		7987	X						X					X				
3		7988	X							X						X		
4		7989			X				X					X				
5		7990				X				X						X		
6		7991					X			X						X		
7		7992			X					X						X		
8		7993	X						X					X				
9		7985	X						X							X		
10	USGN	8348						APP					MULE	X				
11		8393					X			X					X		Pen alone	
12		8394						Red Roan		X				X				
13		8395					X			X				X				
14		8396					X			X				X				
15		8397					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)

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

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

FOIA 11-425_000234

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	USGN	8398					X			X						X		
17		8399	X							X				X				
18		8400					X			X						X		
19		8401			X				X							X		
20		8402					X			X				X				
21		8403					X				X			X				
22		8404					X				X			X			Blind left eye	
23		8405					X				X			X				
24		8406			X						X				X		Pen alone	
25		8407					X				X			X				
26		8421					Red Dun				X			X				
27		8422		X							X			X				
28		8423					Blue Roan				X			X				
29																		
30	28 head																	
31																		
32																		
33																		
34																		
35																		
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SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

[redacted] (b)(6)

FOIA 11-425_000235

VS FORM 10-13A
(SEP 2002)

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 12:00 NOON / Unloaded 11/15 8AM
DATE: 11-15-10
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: BROWNTON, MN

VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6)
NAME OF AUCTION/MARKET: KALONA SALE BARN

CONSIGNOR (OWNER/SHIPPER) NAME: KEITH O TONGEN
CONSIGNEE (RECEIVER/DESTINATION) NAME: VIANDE RICHELIEU MEAT INC

STREET ADDRESS: (b)(6)
STREET ADDRESS: 595 RUE ROYALE

CITY, STATE, ZIP CODE: (b)(6)
CITY, STATE, ZIP CODE: MASSUEVILLE, QUEBEC, CANADA J0G 1K0

AREA CODE & TELEPHONE NO.: (b)(6)
AREA CODE & TELEPHONE NO.: 450-788-2490

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	USDF	7986				X				X						X		
2		7987	X						X					X				
3		7988	X							X						X		
4		7989			X				X					X				
5		7990				X				X						X		
6		7991					X			X						X		
7		7992			X					X						X		
8		7993	X						X					X				
9		7985	X						X							X		
10	USGN	8348						APP					MULE	X				
11		8393					X			X					X		Pen alone	
12		8394						Red Roan		X				X				
13		8395					X			X				X				
14		8396					X			X				X				
15		8397					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)

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

CANADIAN FOOD INSPECTION AGENCY (CFIA)
EST.
DATE
TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)
EST.
DATE
TIME

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

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

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestnt	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USGN	8398					X			X						X		
17		8399	X							X				X				
18		8400					X			X						X		
19		8401			X				X							X		
20		8402					X			X				X				
21		8403					X				X			X				
22		8404					X				X			X			Blind left eye	
23		8405					X				X			X				
24		8406			X						X				X		Pen alone	
25		8407					X				X			X				
26		8421					Red Dun				X			X				
27		8422		X							X			X				
28		8423					Blue Roan				X			X				
29																		
30	28 head																	
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)

FOIA 11-425_000237

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: 12:05 PM

DATE: 11-23-10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Brownton MN

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

NAME OF AUCTION/MARKET: A + A Horse Sale

CONSIGNOR (OWNER/SHIPPER) NAME: KEITH O TONGEN

CONSIGNEE (RECEIVER/DESTINATION) NAME: VIANDE RICHELIEU MEAT INC

STREET ADDRESS: (b)(6)

STREET ADDRESS: 595 RUE ROYALE

CITY, STATE, ZIP CODE: (b)(6)

CITY, STATE, ZIP CODE: MASSUEVILLE, QUEBEC, CANADA J0G 1K0

AREA CODE & TELEPHONE NO.: (b)(6)

AREA CODE & TELEPHONE NO.: 450-788-2490

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	USGN	8484					X				X					X		
2		8485					X				X					X	Blind	right eye
3		8486					X			X				X				
4		8487					X			X				X				
5		8488					X			X				X				
6		8489	X						X					X				
7		8490	X						X					X				
8		8491					X			X						X		
9		8492					X			X						X		
10		8493			X							X		X				
11		8494			X					X				X				
12		8495	X										AB			X		
13		8496						DUN		X				X				
14		8497	X							X						X		
15		8498						Red Roan		X				X				

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

SIGNATURE (b)(6)

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

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

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

VS (b)(6)

FOIA 11-425_000238

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	USGN	8499	X										AB			X		
17		8500					X			X				X				
18		8501	X							X				X				
19		8502				X				X						X		
20		8503	X							X				X				
21		8504						DUN		X				X				
22		8505	X							X						X		
23		8506						DUN		X				X				
24		8507			X					X				X				
25		8508					X			X				X				
26		8509	X							X						X		
27		8510	X							X				X				
28																		
29																		
30	2 Lead																	
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)

25_000239

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: 12-17-10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Brownton MN

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

NAME OF AUCTION/MARKET: —

CONSIGNOR (OWNER/SHIPPER) NAME: KEITH O TONGEN

CONSIGNEE (RECEIVER/DESTINATION) NAME: VIANDE RICHELIEU MEAT INC

STREET ADDRESS: (b)(6)

STREET ADDRESS: 595 RUE ROYALE

CITY, STATE, ZIP CODE: (b)(6)

CITY, STATE, ZIP CODE: MASSUEVILLE, QUEBEC, CANADA J0G 1K0

AREA CODE & TELEPHONE NO.: 320-328-5911

AREA CODE & TELEPHONE NO.: 450-788-2490

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	USCN	8408					X			X				X				
2		8410	X						X					X				
3		8411						Buckskin		X						X		
4		8412	X					APP		X						X		
5		8413	X							X				X				
6		8414						Pal		X				X				
7		8415					X			X				X				
8		8416				X				X				X				
9		8417	X							X						X		
10		8418					X		X	X				X				
11		8419					X			X				X				
12		8420					X			X						X		
13		8430				X				X						X		
14		8431					X			X				X				
15		8432			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 AUTHO[redacted] THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

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

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

11-425_000240

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	USGN	8433						Red Roan		X				X				
17	USDF	7501					X			X				X				
18		7502				X				X						X		
19		7503						APP		X						X	Blind right eye	
20		7504					X			X				X				
21		7505	X							X						X		
22		7506						Pal		X				X				
23		7507					X			X				X				
24		7508					X		X					X				
25		7509				X				X						X		
26		7510	X							X				X				
27		7511	X							X				X				
~~28~~		~~7512~~	~~X~~							~~X~~				~~X~~				
29		7513					X			X				X				
30		7514					X			X				X				
31		7515	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)

11-425_000241

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: 18H00

DATE: 15-11-10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Manchester Michigan

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

NAME OF AUCTION/MARKET:

CONSIGNOR (OWNER/SHIPPER) NAME: KEITH O TONGEN

CONSIGNEE (RECEIVER/DESTINATION) NAME: VIANDE RICHELIEU MEAT INC

STREET ADDRESS: (b)(6)

STREET ADDRESS: 595 RUE ROYALE

CITY, STATE, ZIP CODE: (b)(6)

CITY, STATE, ZIP CODE: MASSUEVILLE, QUEBEC, CANADA J0G 1K0

AREA CODE & TELEPHONE NO.: (b)(6)

AREA CODE & TELEPHONE NO.: 450-788-2490

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	USGN	8408					X			X				X				
2		8410	X						X					X				
3		8411						Buckskin		X						X		
4		8412	X					APP		X						X		
5		8413	X							X				X				
6		8414						Pal		X				X				
7		8415					X			X				X				
8		8416				X				X				X				
9		8417	X							X						X		
10		8418					X		X	X				X				
11		8419					X			X				X				
12		8420					X			X						X		
13		8430				X				X						X		
14		8431					X			X				X				
15		8432			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

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

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

1-425_000242

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	USGN	8433						Red Roan		X				X				
17	USDF	7501					X			X				X				
18		7502				X				X						X		
19		7503						APP		X						X	Blind right eye	
20		7504					X			X				X				
21		7505	X							X						X		
22		7506						Pal		X				X				
23		7507					X			X				X				
24		7508					X		X					X				
25		7509				X				X						X		
26		7510	X							X				X				
27		7511	X							X				X				
~~28~~		~~7512~~	X							X				X				
29		7513					X			X				X				
30		7514					X			X				X				
31		7515	X							X				X				
32																		
33		30 head																
34																		
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SIGNATU[redacted] ained in this form is true and correct to the best of my knowledge.)

(b)(6)

11-425_000243

VS FORM
(SEP 2002)

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 8:45 AM

DATE: 11-9-2010

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: BROWNTON MN

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

NAME OF AUCTION/MARKET:

CONSIGNOR (OWNER/SHIPPER) NAME: KEITH O TONGEN

CONSIGNEE (RECEIVER/DESTINATION) NAME: VIANDE RICHELIEU MEAT INC

STREET ADDRESS: (b)(6)

STREET ADDRESS: 595 RUE ROYALE

CITY, STATE, ZIP CODE: (b)(6)

CITY, STATE, ZIP CODE: MASSUEVILLE, QUEBEC, CANADA J0G 1K0

AREA CODE & TELEPHONE NO.: (b)(6)

AREA CODE & TELEPHONE NO.: 450-788-2490

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	USGN	8342					X			X						X		
2		8344	X							X				X				
Off 3		~~8297~~						Red Roan		X				X				Off
4		8298						App		X				X				
5		8299	X							X						X		
6		8300	X							X				X				
7		8345	X							X						X		
8		8346			X					X				X				
9		8347						Blue Roan		X				X				
Off 10		~~8348~~						App					Mule	X				Off
11		8349			X					X				X				
12		8350					X					X				X		
Off 13		~~8351~~						Buckskin		X				X				Off
14		8352	X							X				X				
15		8353				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)

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

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

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	USGN	8354					X			X				X				
17		8355	X							X				X				
18		8356	X							X						X		
19		8357						DUN		X						X		
20		8358					X			X						X		
21		8359				X				X				X				
22		8360					X			X				X				
23		8361	X							X				X				
24		8362				X				X						X		
25		8363				X				X				X				
26		8364					X			X						X	Blind	left eye
27		8365				X				X				X				
28		8367					X			X				X				
29		8368				X				X				X				
30		8369					X			X				X				
31		8370						Red Roan		X				X				
32																		
33	28 head																	
34																		
35																		
36																		
37																		
38																		
39																		
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SIG[redacted]ation contained in this form is true and correct to the best of my knowledge.)

(b)(6)

OIA 11-425_000245

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: 6:00 PM

DATE: 11-10-10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: BROWNTON, MN

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

NAME OF AUCTION/MARKET:

CONSIGNOR (OWNER/SHIPPER) NAME: KEITH O TONGEN

CONSIGNEE (RECEIVER/DESTINATION) NAME: VIANDE RICHELIEU MEAT INC

STREET ADDRESS: (b)(6)

STREET ADDRESS: 595 RUE ROYALE

CITY, STATE, ZIP CODE: (b)(6)

CITY, STATE, ZIP CODE: MASSUEVILLE, QUEBEC, CANADA J0G 1K0

AREA CODE & TELEPHONE NO.: (b)(6)

AREA CODE & TELEPHONE NO.: 450-788-2490

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	USGN	8297						Red Roan		X				X				
~~2~~		~~8348~~	X										Mule	X				
3		8351						Buckskin		X				X				
4		8366					X				X					X		
5		8371					X			X				X				
6		8372	X							X						X		
7		8373				X				X						X		
8		8374					X				X			X				
9		8375					X				X			X				
10		8376					X				X					X		
11		8377						White APP		X						X	Blind	left eye
12		8378					X						HF			X		
13		8379					X			X						X		
14		8380						APP		X						X		
15		8381					X			X				X				

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

SIGNATURE: (b)(6)

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

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

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

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

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

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestnt	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USGN	8382				X				X				X				
17		8383						APP		X				X			Blind right eye	
18		8384	X							X				X				
19		8385						APP		X				X				
20		8386				X				X						X		
21		8387						PAL		X				X				
22		8388	X							X				X				
23		8389						DUN		X				X				
24		8390					X			X						X		
25		8391						DUN		X				X				
26		8392						PAL		X				X				
27	USDF	7982					X		X					X				
28		7983					X				X			X				
~~29~~	~~USDF~~	~~7984~~					~~X~~				~~X~~			~~X~~				~~off~~
30																		
31	USDF	7984					X				X			X				
32																		
~~33~~																		
34	28 head																	
35																		
36																		
37																		
38																		
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SIGN[redacted] contained in this form is true and correct to the best of my knowledge.)

(b)(6)

IA 11-425_000247

(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: 6H30 PM

DATE: 11-11-10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Manchester Michigan

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

NAME OF AUCTION/MARKET:

CONSIGNOR (OWNER/SHIPPER) NAME: KEITH O TONGEN

CONSIGNEE (RECEIVER/DESTINATION) NAME: VIANDE RICHELIEU MEAT INC

STREET ADDRESS: (b)(6)

STREET ADDRESS: 595 RUE ROYALE

CITY, STATE, ZIP CODE: (b)(6)

CITY, STATE, ZIP CODE: MASSUEVILLE QUEBEC, CANADA J0G 1K0

AREA CODE & TELEPHONE NO.: (b)(6)

AREA CODE & TELEPHONE NO.: 450-788-2490

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	USGN	8297						Red Roan		X				X				
~~2~~		~~8348~~	X										Mule	X				
3		8351						Buckskin		X				X				
4		8366					X				X					X		
5		8371					X			X				X				
6		8372	X							X						X		
7		8373				X				X						X		
8		8374					X				X			X				
9		8375					X				X			X				
10		8376					X				X					X		
11		8377						White APP		X						X	Blind	left eye
12		8378					X						HF			X		
13		8379					X			X						X		
14		8380						APP		X						X		
15		8381					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)

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

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

425_000248

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	USGN	8382				X				X				X				
17		8383						APP		X				X			Blind right eye	
18		8384	X							X				X				
19		8385				X		APP		X				X				
20		8386				X				X						X		
21		8387						PAL		X				X				
22		8388	X							X				X				
23		8389						DUN		X				X				
24		8390					X			X						X		
25		8391						DUN		X				X				
26		8392						PAL		X				X				
27	USDF	7982					X		X					X				
28		7983					X				X			X				
29																		
30																		
31	USDF	7984					X				X			X				
32																		
33																		
34	28 head																	
35																		
36																		
37																		
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SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

[redacted] (b)(6)

FOIA 11-425_000249

VS FO
(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: 11/2/10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: MANCHESTER, MICHIGAN

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

NAME OF AUCTION/MARKET: —

CONSIGNOR (OWNER/SHIPPER) NAME: KEITH O TONGEN

CONSIGNEE (RECEIVER/DESTINATION) NAME: VIANDE RICHELIEU MEAT INC

STREET ADDRESS: [redacted] (b)(6)

STREET ADDRESS: 595 RUE ROYALE

CITY, STATE, ZIP CODE: [redacted] (b)(6)

CITY, STATE, ZIP CODE: MASSUEVILLE QUEBEC, CANADA J0G 1K0

AREA CODE & TELEPHONE NO.: [redacted] (b)(6)

AREA CODE & TELEPHONE NO.: 450-788-2490

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USGN	8424						Red Roan		X				X				
2		8425						Blue Roan		X				X				
3		8426					X			X						X		
4		8427						Pal		X				X				
5		8428					X			X				X				
6		8429						Grulla		X				X				
7		8434				X				X				X			Blind left eye	
8		8435					X			X				X				
9		8436				X				X				X				
10		8437					X			X				X				
11		8438					X			X				X				
12		8409	X						X							X		
13		8439				X				X						X		
14		8440				X				X						X		
15		8430				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: [redacted] (b)(6)

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

[redacted] (b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

FOIA 11-425_000250

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	USGN	8441					X			X				X				
17		8442					X			X						X		
18		8443						Buck		X				X				
19		8444	X							X						X		
20		8445					X			X						X		
21		8448					X			X						X		
22		8449	X							X						X		
23		8450						Pal		X						X	Blind right eye	
24		8451	X Roan							X						X		
25		8452	X										AB			X		
26		8453	X							X				X				
27		8454	X							X						X		
28																		
29	27 head																	
30																		
31																		
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33																		
34																		
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SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

[redacted] (b)(6)

OIA 11-425_000251

VS FORM 10-10A
(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: 11-20-2010

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: BROWNTON, MN.

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

NAME OF AUCTION/MARKET: —

CONSIGNOR (OWNER/SHIPPER) NAME: KEITH O TONGEN

CONSIGNEE (RECEIVER/DESTINATION) NAME: VIANDE RICHELIEU MEAT INC

STREET ADDRESS: (b)(6)

STREET ADDRESS: 595 RUE ROYALE

CITY, STATE, ZIP CODE: (b)(6)

CITY, STATE, ZIP CODE: MASSUEVILLE, QUEBEC, CANADA J0G 1K0

AREA CODE & TELEPHONE NO.: (b)(6)

AREA CODE & TELEPHONE NO.: 450-788-2490

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	USGN	8424						Red Roan		X				X				
2		8425						Blue Roan		X				X				
3		8426					X			X						X		
4		8427						Pal		X				X				
5		8428					X			X				X				
6		8429						Grulla		X				X				
7		8434				X				X				X			Blind left eye	
8		8435					X			X				X				
9		8436				X				X				X				
10		8437					X			X				X				
11		8438					X			X				X				
12		8409	X						X							X		
13		8439				X				X						X		
14		8440				X				X						X		
15		8430				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)

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

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

FOIA 11-425_000252

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	Chestnt	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USGN	8441					X			X				X				
17		8442					X			X						X		
18		8443						Buck		X				X				
19		8444	X							X						X		
20		8445					X			X						X		
21		8448					X			X						X		
22		8449	X							X						X		
23		8450						Pal		X						X	Blind right eye	
24		8451	X Roan							X						X		
25		8452	X										AB			X		
26		8453	X							X				X				
27		8454	X							X						X		
28																		
29	27	head																
30																		
31																		
32																		
33																		
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S[redacted]ation contained in this form is true and correct to the best of my knowledge.)

(b)(6)

OIA 11-425_000253

VS FORM 10-13A
(SEP 2002)

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 10:00 AM

DATE: 12-14-10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Brownton, MN.

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

NAME OF AUCTION/MARKET: KALONA SALE BARN

CONSIGNOR (OWNER/SHIPPER) NAME: KEITH O TONGEN

CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.

STREET ADDRESS: (b)(6)

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: (b)(6)

CITY, STATE, ZIP CODE: Massueville, Quebec, Canada J0G 1K0

AREA CODE & TELEPHONE NO.: (b)(6)

AREA CODE & TELEPHONE NO.: 450-788-2490

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	USGN	8631				X				X				X				Cut on Eye
2		8632					X			X				X				
3		8633	X						X					X				
4		8634					X				X			X				
5		8635			X					X				X				
6		8636					X			X						X		
7		8637					X			X				X				
8		8638					X				X					X		
9		8639					X			X						X		
10		8640					X				X					X		
11		8641					X				X					X		
12		8642					X				X					X		
13		8643	X							X				X				
14		8644			X					X						X		
15		8645			X					X				X				

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

SIGNATURE (b)(6)

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

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

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

FOIA 11-425_000254

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	BGGN	8646					X			X				X				
17	USGN	8647	X							X				X				
18		8649					X						Mule	X				
~~19~~		~~8565~~	~~X~~						~~X~~					~~X~~				
20		8265					X				X			X				
21		8266					X				X			X				
22		8566					X				X			X				
23		8567					X				X			X				
24		8568					X				X			X				
25		8569					X				X			X				
~~26~~		~~8570~~	~~X~~						~~X~~					~~X~~				
27		8590						PAL		X						X		
28																		
29	25 head																	
30																		
31																		
32																		
33																		
34																		
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SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6)

FOIA 11-425_000255

(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: 12-15-10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: [redacted] Manchester NH

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

NAME OF AUCTION/MARKET: KALONA SALE BARN

CONSIGNOR (OWNER/SHIPPER) NAME: KEITH O TONGEN

CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.

STREET ADDRESS: [redacted] (b)(6)

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: [redacted] (b)(6)

CITY, STATE, ZIP CODE: Massueville, Quebec, Canada J0G 1K0

AREA CODE & TELEPHONE NO.: [redacted] (b)(6)

AREA CODE & TELEPHONE NO.: 450-788-2490

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	USGN	8648			X							X				X		
2		8650	X							X						X		
3		8560						APP				X				X		
4		8561	X									X		X				
5		8562			X							X		X				
6		8563	X						X							X		
7		8564			X					X				X				
~~8~~		~~8590~~						PM		X						X		
9		8651	X						X							X		
10		8652	X						X					X				
11		8653	X						X					X				
12		8654					X			X						X		
13		8655			X					X						X		
14		8656					X			X				X				
15		8657					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

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

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

[redacted] (b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

FOIA 11-425_000256

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	95GN	8658	X										AB	X				
17		8570	X						X					X				
18		8659						Buckskin		X				X				
19		8660	X							X				X				
20		8661	X						X					X				
21		8662	X							X				X				
22		8663						Red Roan		X						X		
23		8664						Roan		X						X		
24		8665				X				X				X				
25		8666				X				X				X				
26		8667					X			X						X		
27		8668					X			X				X				
28		8669					X			X						X		
29		8670				X				X						X		
30		8671						APP		X						X		
31		8672						PAL		X				X				
32		8673	X							X				X				
33		8674					X			X				X				
34																		
35	31	head																
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)

VS FORM 10-13A
(SEP 2002)

FOIA 11-425_000257

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 8:00 AM

DATE: 12-14-10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: BROWNTON MN

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

NAME OF AUCTION/MARKET: KALONA SALE BARN

CONSIGNOR (OWNER/SHIPPER) NAME: KEITH O TONGEN

CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.

STREET ADDRESS: (b)(6)

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: (b)(6)

CITY, STATE, ZIP CODE: Massueville, Quebec, Canada J0G 1K0

AREA CODE & TELEPHONE NO.: (b)(6)

AREA CODE & TELEPHONE NO.: 450-788-2490

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	USGN	8648			X							X				X		
2		8650	X							X						X		
3		8560						APP				X				X		
4		8561	X									X		X				
5		8562			X							X		X				
6		8563	X						X							X		
7		8564			X					X				X				
~~8~~		~~8590~~						PAL		X						X		
9		8651	X						X							X		
10		8652	X						X					X				
11		8653	X						X					X				
12		8654					X			X						X		
13		8655			X					X						X		
14		8656					X			X				X				
~~15~~		~~8657~~					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)

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

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

FOIA 11-425_000258

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	45GN	8658	X										AB	X				
17		8570	X						X					X				
18		8659						Buckskin		X				X				
19		8660	X							X				X				
20		8661	X						X					X				
21		8662	X							X				X				
22		8663						Red Roan		X						X		
23		8664						Roan		X						X		
24		8665				X				X				X				
25		8666				X				X				X				
26		8667					X			X						X		
27		8668					X			X				X				
28		8669					X			X						X		
29		8670				X				X						X		
30		8671						APP		X						X		
31		8672						PAL		X				X				
32		8673	X							X				X				
33		8674					X			X				X				
34																		
35	31	head																
36																		
37																		
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39																		
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SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6)

VS FORM 10-13A
(SEP 2002)

25_000259

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: 0400 A.M
DATE: 09-12-10
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Kalona Iowa

VEHICLE LICENSE NO. AND DRIVER'S NAME: [redacted] (b)(6)
NAME OF AUCTION/MARKET: Kalona Sale Barn

CONSIGNOR (OWNER/SHIPPER) NAME: Keith O Tongen
CONSIGNEE (RECEIVER/DESTINATION) NAME: VIANDE RICHELIEU MEAT INC

STREET ADDRESS: [redacted] (b)(6)
STREET ADDRESS: 595 Rue Royal

CITY, STATE, ZIP CODE: [redacted] (b)(6)
CITY, STATE, ZIP CODE: Massueville, PQ J0G 1K0

AREA CODE & TELEPHONE NO.: [redacted] (b)(6)
AREA CODE & TELEPHONE NO.: 450-788-2470

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USGN	8601	X							X				X				
2		8602					X			X				X				
3		8603						APP		X				X				
4		8604					X			X						X		
5		8605						Buckskin		X				X				
6		8606						Pal		X				X				
7		8607					X			X				X				
8		8608					X			X						X		
9		8609					X			X						X		Right eye
10		8610					X			X				X				
11		8611					X		X					X				
12		8612			X					X						X		
13		8613			X					X				X				
14		8614						DUN		X						X		
15		8615					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: [redacted] (b)(6)

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

[redacted] (b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.
DATE
TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.
DATE
TIME

FOIA 11-425_000260

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	USGP	8616						Red Roan		X						X		
17		8617					X			X						X	Left eye	
18		8618	X							X				X				
19		8619					X			X				X				
20		8620					X	APP		X						X		
21		8621					X			X						X		
22		8622				X				X						X		
23		8623	X							X						X		
24		8624				X				X				X				
25		8625					X			X				X				
26		8626	X							X				X				
27		8627	X							X						X		
28		8628					X			X						X		
29		8629				X				X						X		
30		~~8630~~	X						X					X				
31																		
32	30 head																	
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)

FOIA 11-425_000261

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 3:00 PM

DATE: 12-5-10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: BROWNTON, MN. / Waverly IA

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

NAME OF AUCTION/MARKET:

CONSIGNOR (OWNER/SHIPPER) NAME: KEITH O TONGEN

CONSIGNEE (RECEIVER/DESTINATION) NAME: VIANDE RICHELIEU MEAT INC

STREET ADDRESS: [redacted] (b)(6)

STREET ADDRESS: 595 RUE ROYALE

CITY, STATE, ZIP CODE: [redacted] (b)(6)

CITY, STATE, ZIP CODE: MASSUEVILLE, QUEBEC, CANADA J0G 1K0

AREA CODE & TELEPHONE NO.: [redacted] (b)(6)

AREA CODE & TELEPHONE NO.: 450-788-2490

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USDH	2873					X			X						X		
2		2874					X			X						X		
3		2875						Red Roan					App			X		
4		2879					X			X				X				
5		2880	X							X						X		
6		2881						Dun		X						X		
7		2882				X				X				X				
8		2883						Pal		X						X		
9		2884				X				X						X		
10		2885					X			X						X		
11		2886					X			X						X		
12	USGN	8587					X				X			X				
13		8589				X				X				X				
14		8591						Red Roan					App			X		
15		8592			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

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

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

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

FOIA 11-425 000262

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	USGN	8593				X				X				X				
17		8594						Brown	X							X		
18		8595	X										QH X	X				
19		8596						Bay Roan		X				X				
20		8597					X			X						X		
21		8600			X				X						X		Pen clean	
22		8554						Pal		X						X		
23		8555	X							X				X				
24		8556						Buck		X						X		
25		8557						Buck		X						X		
26		8558					X			X				X				
27		8559					X			X						X		
28	USDH	2878	X							X				X				
29																		
30																		
31	28 head																	
32																		
33																		
34																		
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SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

[redacted] (b)(6)

VS FORM 10-13A
(SEP 2002)

25_000263

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 1200 PM

DATE: 12-6-10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: MANCHESTER, MICHIGAN

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

NAME OF AUCTION/MARKET: —

CONSIGNOR (OWNER/SHIPPER) NAME: KEITH O TONGEN

CONSIGNEE (RECEIVER/DESTINATION) NAME: VIANDE RICHELIEU MEAT INC

STREET ADDRESS: (b)(6)

STREET ADDRESS: 595 RUE ROYALE

CITY, STATE, ZIP CODE: (b)(6)

CITY, STATE, ZIP CODE: MASSUEVILLE, QUEBEC, CANADA J0G 1K0

AREA CODE & TELEPHONE NO.: (b)(6)

AREA CODE & TELEPHONE NO.: 450-788-2490

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	USDH	2873					X			X						X		
2		2874					X			X						X		
3		2875						Red Roan					App			X		
4		2879					X			X				X				
5		2880	X							X						X		
6		2881						Dun		X						X		
7		2882				X				X				X				
8		2883						Pal		X						X		
9		2884				X				X						X		
10		2885					X			X						X		
11		2886					X			X						X		
12	USGN	8587					X				X			X				
13		8589				X				X				X				
14		8591						Red Roan					App			X		
15		8592			X				X					X				

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

SIGNATURE (b)(6)

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

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

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

FOIA 11-425_000264

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	Chestnt	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USGN	8593				X				X				X				
17		8594						Brown	X							X		
18		8595	X										QH X	X				
19		8596						Bay Roan		X				X				
20		8597					X			X						X		
21		8600			X				X						X		Pen	
22		8554						Pal		X						X		
23		8555	X							X				X				
24		8556						Buck		X						X		
25		8557						Buck		X						X		
26		8558					X			X				X				
27		8559					X			X						X		
28	USOH	2878	X							X				X				
29																		
30																		
31	28 head																	
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SI[redacted]ed in this form is true and correct to the best of my knowledge.)

(b)(6)

[redacted]1-425_000265

VS FORM 10-13A
(SEP 2002)

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 10:00 AM under 40 hrs
DATE: 7-26-10
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Brownton, MN

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

CONSIGNOR (OWNER/SHIPPER) NAME: KEITH O TONGEN
CONSIGNEE (RECEIVER/DESTINATION) NAME: VIANDE RICHELIEU MEAT INC

STREET ADDRESS: (b)(6)
STREET ADDRESS: 595 RUE ROYALE

CITY, STATE, ZIP CODE: (b)(6)
CITY, STATE, ZIP CODE: MASSUEVILLE, QUEBEC, CANADA J0G 1K0

AREA CODE & TELEPHONE NO.: (b)(6)
AREA CODE & TELEPHONE NO.: 450-788-2490

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		
	USGD	~~4772~~				X				X				X				off
2	USGD	4793						App		X					X		Pen	alone
3		4794	X							X					X		Pen	alone
4		4764					X			X				X				
5		4765					X			X						X		
6		4766						App		X				X				
7		4767			X					X						X		
8		4777					X			X						X		
9		4738			X					X				X				
10		4776					X			X						X		
11		4768					X			X						X		
12		4769					X			X						X		
13		4756				X				X				X				
14		4779					X			X				X				
15		4739				X				X				X				

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

SIGNATURE (b)(6)

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

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

CANADIAN FOOD INSPECTION AGENCY (CFIA)
EST. #76
DATE 28/07/2010
TIME 7:00 AM

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

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)
EST.
DATE
TIME

FOIA 11-425_000266

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	USGD	4770	X							X				X				
17		4773				X				X				X				
18		4757					X			X				X				
19		4772					X			X				X				
20		4775						app					WE	X				
21		4771					X			X				X				
22		4780					X			X						X		
23		4774						Buckskin		X				X				
24		4778				X				X						X		
25		4781			X					X						X		
26		4782						app		X						X		
27		4783						app		X				X				
28		4786	X							X				X				
29		4787	X							X						X		
30		4788					X			X				X				
31																		
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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.)

[redacted] (b)(6)

VS FORM 10-13A
(SEP 2002)

FOIA 11-425_000267

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: 7-23-10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: BROWNTON, MN

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

NAME OF AUCTION/MARKET: —

CONSIGNOR (OWNER/SHIPPER) NAME: Keith O Tongen

CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc

STREET ADDRESS: (b)(6)

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: (b)(6)

CITY, STATE, ZIP CODE: Massueville, Quebec, Canada J0G 1K0

AREA CODE & TELEPHONE NO.: (b)(6)

AREA CODE & TELEPHONE NO.: 450-788-2490

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	USGD	4716				X				X						X		
2		4717			X					X						X		
3		4758					X			X				X				
4		4759				X				X				X				
~~5~~		~~4760~~	X							X						X		
6		4761				X				X				X				
7		4762					X			X						X		
8		4763					X	Pac			X					X		
9		4702	X							X						X		
10		4712				X				X				X				
11		4714						Buckskin		X						X		
12		4733	X							X						X		
~~13~~		~~4738~~					X			X						X		
~~14~~		~~4739~~						Dun		X				X				
15		4740			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)

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

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. #76

DATE 26/07/2010

TIME 13:57 HR

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

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

FOIA 11-425_000268

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	USGD	4741						Pal					HF			X		
17		4742					X			X						X		
18		4743				X				X				X				
19		4744						App		X				X				
20		4745					X						Mule	X				
21		4746			X						X					X	549 on left shoulder	
22		4747					X				X			X				
23		4748					X				X					X	14 on left shoulder	
24		4749			X						X					X	1044 on left shoulder	
25		4750				X				X						X		
26		4751						Roan		X				X				
27		~~4752~~						Dun		X						X		off
28		4753				X				X						X		
29		4754				X				X				X				
30		4755					X			X				X				
31		~~4756~~			X					X						X		off
32		~~4757~~						App		X						X		off
33		4760				X				X						X		
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27 head

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 19-13A
(SEP 2002)

FOIA 11-425_000269

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 12:15 PM

DATE: 7-27-10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: BROWNTON, PA

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

NAME OF AUCTION/MARKET: —

CONSIGNOR (OWNER/SHIPPER) NAME: KEITH O TONGEN

CONSIGNEE (RECEIVER/DESTINATION) NAME: VIANDE RICHELIEU MEAT INC

STREET ADDRESS: (b)(6)

STREET ADDRESS: 595 RUE ROYALE

CITY, STATE, ZIP CODE: (b)(6)

CITY, STATE, ZIP CODE: MASSUEVILLE, QUEBEC, CANADA J0G 1K0

AREA CODE & TELEPHONE NO.: (b)(6)

AREA CODE & TELEPHONE NO.:

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USGD	4784					X			X				X				
2		4785						Appo		X						X		
3		4791						Buckskin		X				X				
4		4805			X					X						X		
5		4789					X			X						X		
6		4790						Dun		X				X				
7		4795					X			X						X		
8		4796					X			X				X				
9		4797	X							X				X				
10		4799	X						X					X				
11		4800	X						X							X		
12		4801						Pal		X				X				
13		4802	X							X						X		
14		4803					X			X				X				
15		4804						White		X				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 OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

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

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. #76

DATE 29/07/2010

TIME 13:05 hrs

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

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

FOIA 11-425_000270

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	USGD	4798					X		X					X				
17		4806					X		X							X		
18		4807						Appy		X				X			Blind	with eye
19		4810					X			X				X				
20		4811					X			X				X				
21		4812	X							X						X		
22		4813						Dun		X				X				
23		4814	X							X				X				
24		4815					X			X				X				
25		4816	X							X						X		
26		4817					X				X			X			1144 on left shoulder	
27		4818	X								X					X	1121 on left shoulder	
28		4819						Brown Buckskin		X				X				
29		4808					X			X				X				
30																		
31	29																	
32																		
33																		
34																		
35																		
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44																		
45																		

CANADIAN FOOD INSPECTION AGENCY
Government of Canada
Canada
AGENCE CANADIENNE 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.)

[redacted] (b)(6)

VS FORM 10-13A
(SEP 2002)

FOIA 11-425_000271

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: July 28/2010

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

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

NAME OF AUCTION/MARKET: —

CONSIGNOR (OWNER/SHIPPER) NAME: (b)(6)

CONSIGNEE (RECEIVER/DESTINATION) NAME: VIANDE RICHELIEU MEAT INC

STREET ADDRESS: (b)(6)

STREET ADDRESS: 595 RUE ROYALE

CITY, STATE, ZIP CODE: (b)(6)

CITY, STATE, ZIP CODE: MASSUEVILLE, QUEBEC, CANADA J0G 1K0

AREA CODE & TELEPHONE NO.: (b)(6)

AREA CODE & TELEPHONE NO.:

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USGD	4784					X			X				X				
2		4785						App		X						X		
3		4791						Buckskin		X				X				
4		4805			X					X						X		
5		4789					X			X						X		
6		4790						Dun		X				X				
7		4795					X			X						X		
8		4796					X			X				X				
9		4797	X							X				X				
10		4799	X						X					X				
11		4800	X						X							X		
12		4801						Pal		X				X				
13		4802	X							X						X		
14		4803					X			X				X				
15		4804						White		X				X				

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

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

SIGNATURE: (b)(6)

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

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

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. #76

DATE 29/07/2010

TIME 13:10

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

FOIA 11-425_000272

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	USGD	4798					X		X					X				
17		4806					X		X							X		
18		4807						App		X				X			Blind	into eye
19		4810					X			X				X				
20		4811					X			X				X				
21		4812	X							X						X		
22		4813						Dun		X				X				
23		4814	X							X				X				
24		4815					X			X				X				
25		4816	X							X						X		
26		4817					X				X			X			1144	on left shoulder
27		4818	X								X					X	1121	on left shoulder
28		4819						Brown Buckskin		X				X				
29		4808					X			X				X				
30																		
31		29																
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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)

FOIA 11-425_000273

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 8:30am

DATE: July 11

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: MANCHESTER, MICH.

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

NAME OF AUCTION/MARKET: —

CONSIGNOR (OWNER/SHIPPER) NAME: KEITH O TONGEN

CONSIGNEE (RECEIVER/DESTINATION) NAME: VIANDE RICHELIEU MEAT INC

STREET ADDRESS: (b)(6)

STREET ADDRESS: 595 RUE ROYALE

CITY, STATE, ZIP CODE: (b)(6)

CITY, STATE, ZIP CODE: MASSUEVILLE, QUEBEC, CANADA J0G 1K0

AREA CODE & TELEPHONE NO.: (b)(6)

AREA CODE & TELEPHONE NO.: 450-788-2490

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USGD	4571					X			X				X				
2		4612	X						X							X		
3		4613				X				X				X				
4		4614						Buckskin		X						X		
5		4615						APP		X				X				
6		4616						Roan		X				X				
7		4617						APP		X				X				
8		~~4618~~			X						X	Cross				X		
9		4619	X						X					X				
10		4620					X		X							X		
11		4621					X				X					X	Blind left eye	
12		4622	X						X							X		
13		4623	X						X							X		
14		4624			X						X	Cross				X		
15		4625				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)

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

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

FOIA 11-425_000274

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	USGD	4626				X				X				X				
17		4627						APP		X				X				
18		4628						Roan		X				X				
19		4629	X						X							X		
20		4630					X			X						X		
21		4631	X						X							X		
22		4632				X		Dun		X				X				
23		4633					X			X				X				
24		4634						Buckskin		X						X		
25		4635						Roan		X				X				
26		4636	X							X				X				
27		4637					X			X						X		
28		4638	X							X				X				
~~29~~		~~4639~~	~~X~~							~~X~~						~~X~~		
30		4640					X			X						X		
31		4641			X					X				X				
32		4642	X							X						X	Blind Right eye	
33																		
34																		
35																		
36																		
37																		
38																		
39																		
40																		
41																		
42																		
43																		
44																		
45																		

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

(b)(6)

V
(SEP 2002)

PAGE 2 OF 2

FOIA 11-425_000275

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: 6:00 AM

DATE: 7-10-10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: BROWNTON, MN

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

NAME OF AUCTION/MARKET: —

CONSIGNOR (OWNER/SHIPPER) NAME: KEITH O TONGEN

CONSIGNEE (RECEIVER/DESTINATION) NAME: VIANDE RICHELIEU MEAT INC

STREET ADDRESS: (b)(6)

STREET ADDRESS: 595 RUE ROYALE

CITY, STATE, ZIP CODE: (b)(6)

CITY, STATE, ZIP CODE: MASSUEVILLE, QUEBEC, CANADA J0G 1K0

AR (b)(6)

AREA CODE & TELEPHONE NO.: 450-788-2490

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USGD	4571					X			X				X				
2		4612	X						X							X		
3		4613				X				X				X				
4		4614						Buckskin		X						X		
5		4615						APP		X				X				
6		4616						Roan		X				X				
7		4617						APP		X				X				
~~8~~		~~4618~~			X						X	cross				X		
9		4619	X						X					X				
10		4620					X		X							X		
11		4621					X				X					X	Blind left eye	
12		4622	X						X							X		
13		4623	X						X							X		
14		4624			X						X	cross				X		
15		4625				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)

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

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

FOIA 11-425_000276

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	USGD	4626				X				X				X				
17		4627						APP		X				X				
18		4628						Roan		X				X				
19		4629	X						X							X		
20		4630					X			X						X		
21		4631	X						X							X		
22		4632				X		Dun		X				X				
23		4633					X			X				X				
24		4634						Buckskin		X						X		
25		4635						Roan		X				X				
26		4636	X							X				X				
27		4637					X			X						X		
28		4638	X							X				X				
29		~~4639~~	~~X~~							~~X~~						~~X~~		
30		4640					X			X						X		
31		4641			X					X				X				
32		4642	X							X						X	Blind Right eye	
33																		
34	30 head																	
35																		
36																		
37																		
38																		
39																		
40																		
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SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6)

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

VS FORM 16-15A
(SEP 2002)

FOIA 11-425_000277

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 10:30 AM

DATE: 7-13-10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: manchester · nj

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

NAME OF AUCTION/MARKET: —

CONSIGNOR (OWNER/SHIPPER) NAME: KEITH O TONGEN

CONSIGNEE (RECEIVER/DESTINATION) NAME: VIANDE RICHELIEU MEAT INC

STREET ADDRESS: (b)(6)

STREET ADDRESS: 595 RUE ROYALE

CITY, STATE, ZIP CODE: (b)(6)

CITY, STATE, ZIP CODE: MASSUEVILLE, QUEBEC, CANADA J0G 1K0

AREA CODE & TELEPHONE NO.: (b)(6)

AREA CODE & TELEPHONE NO.: 450-788-2490

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	USGD	4618			X						X	cross				X		
2		4639	X							X						X		
3		4643	X							X						X		
4		4644				X				X						X		
5		4645					X						WE			X		
6		4646	X						X							X		
7		4647					X			X				X				
8		4648					X			X				X				
9		4649				X				X				X				
10		4650					X			X				X				
11		4651				X				X				X				
12		4652					X			X				X				
13		4653			X					X						X		
14		4654						Buckskin		X				X				
15		4655	X							X						X		

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

SIGNATURE (b)(6)

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

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

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

FOIA 11-425_000278

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	USGD	4656	X							X						X		
17		4657				X				X						X		
18		4658	X						X							X		
19		~~4659~~						AP		~~X~~						~~X~~	~~Pen above~~	
20		4660					X			X				X				
21		4661					X			X				X				
22		4662			X						X					X		
23		4663	X							X						X		
24		4664					X			X				X				
25		4665	X							X						X		
26		4666					X			X				X				
27		4667				X				X				X				
28		4668	X						X							X		
29		4669				X				X						X		
30		4670	X							X						X		
31		~~4671~~					X		X					X				
32		4672			X						X					X		
33																		
34	30 head																	
35																		
36																		
37																		
38																		
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SIG[redacted] ined in this form is true and correct to the best of my knowledge.)

(b)(6)

Canada
Gouvernement du Canada
AGENCE CANADIENNE D'INSPECTION DES ALIMENTS

VS FORM 10-13A
(SEP 2002)

FOIA 11-425_000279

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 unload 9:45 | DATE: 7-12-10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: BROWNTON, MN

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

NAME OF AUCTION/MARKET: —

CONSIGNOR (OWNER/SHIPPER) NAME: KEITH O TONGEN

CONSIGNEE (RECEIVER/DESTINATION) NAME: VIANDE RICHELIEU MEAT INC

STREET ADDRESS: (b)(6)

STREET ADDRESS: 595 RUE ROYALE

CITY, STATE, ZIP CODE: (b)(6)

CITY, STATE, ZIP CODE: MASSUEVILLE, QUEBEC, CANADA J0G 1K0

AREA CODE & TELEPHONE NO.: (b)(6)

AREA CODE & TELEPHONE NO.: 450-788-2490

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USGD	4618			X						X cross					X		
2		4639	X							X						X		
3		4643	X							X						X		
4		4644				X				X						X		
5		4645					X						WE			X		
6		4646	X						X							X		
7		4647					X			X				X				
8		4648					X			X				X				
9		4649				X				X				X				
10		4650					X			X				X				
11		4651				X				X				X				
12		4652					X			X				X				
13		4653			X					X						X		
14		4654						Buckskin		X				X				
15		4655	X							X						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)

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

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

ditions 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	USGD	4656	X							X						X		
17		4657				X				X						X		
18		4658	X						X							X		
19		~~4659~~						AM		~~X~~						~~X~~	~~Pen alone~~	
20		4660					X			X				X				
21		4661					X			X				X				
22		4662			X						X					X		
23		4663	X							X						X		
24		4664					X			X				X				
25		4665	X							X						X		
26		4666					X			X				X				
27		4667				X				X				X				
28		4668	X						X							X		
29		4669				X				X						X		
30		4670	X							X						X		
31		~~4671~~					~~X~~		~~X~~					~~X~~				
32		4672			X						X					X		
33																		
34	30 head																	
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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)

Canada Food Inspection Agency
Government of Canada
Canada
Agence canadienne d'inspection des aliments

VS FORM 10-13A
(SEP 2002)

FOIA 11-425_000281

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 under 9145 | DATE: 7-6-10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: KALONA, IOWA

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

NAME OF AUCTION/MARKET: KALONA SALE BARN

CONSIGNOR (OWNER/SHIPPER) NAME: KEITH O JONGEN

CONSIGNEE (RECEIVER/DESTINATION) NAME: VIANDE RICHELIEU MEAT INC

STREET ADDRESS: (b)(6)

STREET ADDRESS: 595 RUE ROYALE

CITY, STATE, ZIP CODE: (b)(6)

CITY, STATE, ZIP CODE: MASSUEVILLE, QUEBEC, CANADA J0G 1K0

AREA CODE & TELEPHONE NO.: (b)(6)

AREA CODE & TELEPHONE NO.: 450-788-2490

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USGD	~~4499~~		X						X				X				Offline
2		~~4539~~					X			X						X		Off Load
3		4556				X				X					X			Pen ALONE
4		4562						Red Roan			X					X		
5		4588	X										Mule			X		
6		4589				X				X				X				
7		4590	X							X						X		
8		4591				X				X						X		
9		4592				X				X				X				
10		4593	X							X						X		
11		4594	X							X						X		
12		4595	X							X						X		
13		4596			X				X							X		
14		~~4597~~						DUN		X						X		
15		4598					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)

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

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. 0776
DATE 8 Juillet 2010
TIME 1100

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.
DATE
TIME

VS (b)(6)

Previous editions are obsolete

FOIA 11-425_000282

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	USGD	4599					X			X						X		
17		4600						Red Roan		X						X	Blind Right eye	
18		4601				X				X				X				
19		4602				X				X				X				
20		4603					X			X						X		
21		4604					X			X						X		
22		4605						DUN		X				X				
23		4606					X			X				X				
24		4607			X					X				X				
25		4608					X			X				X				
26		4609					X			X						X		
27		4610			X					X				X				
28		4611					X			X						X		
29																		
30	~~28~~	Head																
31																		
32	26																	
33																		
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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.)

[redacted] (b)(6)

PAGE 2 OF 2

(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: 2145 PM

DATE: 8-6-10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: MANCHESTER MICHIGAN

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

NAME OF AUCTION/MARKET: —

CONSIGNOR (OWNER/SHIPPER) NAME: Keith O Torgen

STREET ADDRESS: (b)(6)

CITY, STATE, ZIP CODE: (b)(6)

AREA CODE & TELEPHONE NO.: (b)(6)

CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: Massueville, Quebec Canada J0G 1K0

AREA CODE & TELEPHONE NO.:

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USGD	4824					X			X				X				
2		4825	X							X						X		
3		4826	X										Arab			X		
4		4827	X							X						X		
5		4828						Pal		X						X		left eye
6		4829						App					App	X				
7		4830				X							Pt	X				
8		4831	X										Arab	X				
9		4832	X										Arab			X		
10		4833	X							X				X				
11		4834	X							X						X		
12		4835	X						X							X		
13		4836					X		X							X		
14		4837	X						X							X		
15		4838					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)

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

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

Previous editions are obsolete

FOIA 11-425_000284

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	USGD	4839	X										Arab			X		
17		4840	X										Mule	X				
18		4841					X			X						X		
19		4842						App					App	X				
20		4843					X			X					X			Pen Alone
21		4844	X							X						X		Blind Eye
22		4845	X							X						X		
23		4792	X							X				X				
24		4820	X							X				X				
25		4821					X			X				X				
26		4822						Red Roan			X					X		
27		4823					X				X			X				
28		4847					X			X						X		
29		~~4848~~				X							Pt	X				
30																		
31	29 head																	
32																		
33																		
34																		
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SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6)

VS FORM 16-15A
(SEP 2002)

FOIA 11-425_000285

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 until 12:00 Am

DATE: 8-9-10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Brownton MN

(b)(6)

NAME OF AUCTION/MARKET: —

CONSIGNOR (OWNER/SHIPPER) NAME: Keith O Torgen

CONSIGNEE (RECEIVER/DESTINATION) NAME: Viande Richelieu Meat Inc.

STREET ADDRESS: (b)(6)

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: (b)(6)

CITY, STATE, ZIP CODE: Massueville, Quebec Canada J0G 1K0

AREA CODE & TELEPHONE NO.: (b)(6)

AREA CODE & TELEPHONE NO.:

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USGD	4824					X			X				X				
2		4825	X							X						X		
3		4826	X										Arab			X		
4		4827	X							X						X		
5		4828						Pal		X						X		left eye
6		4829						App					App	X				
7		4830				X							Pt	X				
8		4831	X										Arab	X				
9		4832	X										Arab			X		
10		4833	X							X				X				
11		4834	X							X						X		
12		4835	X						X							X		
13		4836					X		X							X		
14		4837	X						X							X		
15		4838					X			X				X				

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

SIGNATURE (b)(6)

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

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

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

V (b)(6) Previous editions are obslete

FOIA 11-425_000286

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	USGD	4839	X										Arab			X		
17		4840	X										Mule	X				
18		4841					X			X						X		
19		4842						App					App	X				
20		4843					X			X					X			Pen Alone
21		4844	X							X						X		Blind Eye
22		4845	X							X						X		
23		4792	X							X				X				
24		4820	X							X				X				
25		4821					X			X				X				
26		4822						Red Roan			X					X		
27		4823					X				X			X				
28		4847					X			X						X		
29		~~4848~~				X							Pt	X				
30																		
31	29 head																	
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)

FOIA 11-425_000287

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 10:30 am Danger

DATE: July 22/200

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Manchester

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

NAME OF AUCTION/MARKET: JACKSON LIVESTOCK EXCHANGE

CONSIGNOR (OWNER/SHIPPER) NAME: KEITH O TONGEN

CONSIGNEE (RECEIVER/DESTINATION) NAME: VIANDE RICHELIEU MEAT INC

STREET ADDRESS: (b)(6)

STREET ADDRESS: 595 Rue Royale

CITY, STATE, ZIP CODE: (b)(6)

CITY, STATE, ZIP CODE: Massueville Quebec, Canada J0G 1K0

AREA CODE & TELEPHONE NO.: (b)(6)

AREA CODE & TELEPHONE NO.: 450-788-2490

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	USGD	4703	X						X							X		
2		4704	X							X						X		
3		4705						app		X				X				
4		4706						app		X				X				
5		4707						app		X				X				
6		4708				X				X				X				
7		4709				X				X				X				
8		4710					X			X						X		
9		4711				X				X						X		
10		4713				X				X				X				
11		4715					X			X				X				
12		4716				X				X						X		off
13		4717			X					X						X		off
14		4718					X			X				X				
15		4719					X			X				X				

off
off

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

SIGNATURE: (b)(6)

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

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

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

CANADIAN FOOD INSPECTION AGENCY Government of Canada

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

Canada Gouvernement du Canada AGENCE CANADIENNE D'INSPECTION DES ALIMENTS

Previous editions are obslete

FOIA 11-425_000288

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	USGD	4720				X				X						X		
17		4721						Red Roan		X						X		
18		4722			X					X				X				
19		4723						App		X				X				
20		4724						Buckskin		X				X				
21		4725						Buckskin		X				X				
22		4726					X			X				X				
23		4727					X			X						X		
24		4728						Grulla		X				X				
25		4729	X							X						X		
26		4730					X			X				X				
27		4731						App		X				X				
28		4732	X						X							X		
29		4734					X		X					X			Blind right eye	
30		4735					X						Mule	X				
31		4736						Blk Roan		X				X				
32		4737					X				X					X		
33																		
34																		
35	30 head																	
36																		
37																		
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43																		
44																		
45																		

CANADIAN FOOD INSPECTION AGENCY
Government of 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)

FOIA 11-425_000289

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: 9:15 AM

DATE: 7-21-10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Brownton MN

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

NAME OF AUCTION/MARKET: JACKSON LIVESTOCK EXCHANGE

CONSIGNOR (OWNER/SHIPPER) NAME: KEITH O TONGEN

CONSIGNEE (RECEIVER/DESTINATION) NAME: VIANDE RICHELIEU MEAT INC

STREET ADDRESS: (b)(6)

STREET ADDRESS: 595 Rue Royale

CITY: (b)(6)

CITY, STATE, ZIP CODE: Massueville Quebec, CANADA J0G 1K0

AREA CODE & TELEPHONE NO.: (b)(6)

AREA CODE & TELEPHONE NO.: 450-788-2490

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USGD	4703	X						X							X		
2		4704	X							X						X		
3		4705						App		X				X				
4		4706						App		X				X				
5		4707						App		X				X				
6		4708				X				X				X				
7		4709				X				X				X				
8		4710					X			X						X		
9		4711				X				X						X		
10		4713				X				X				X				
11		4715					X			X				X				
12		~~4716~~				X				X						X		off
13		~~4717~~			X					X						X		off
14		4718					X			X				X				
15		4719					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)

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

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

FOIA 11-425_000290

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	USGD	4720				X				X						X		
17		4721						Red Roan		X						X		
18		4722			X					X				X				
19		4723						App		X				X				
20		4724						Buckskin		X				X				
21		4725						Buckskin		X				X				
22		4726					X			X				X				
23		4727					X			X						X		
24		4728						Grulla		X				X				
25		4729	X							X						X		
26		4730					X			X				X				
27		4731						App		X				X				
28		4732	X						X							X		
29		4734					X		X					X			Blind right eye	
30		4735					X						Mule	X				
31		4736						Blk Roan		X				X				
32		4737					X				X					X		
33																		
34																		
35		30 head																
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)

VS
(SEP 2002)

FOIA 11-425_000291

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: 8-30-10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: BROWNTON, MN

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

NAME OF AUCTION/MARKET: —

CONSIGNOR (OWNER/SHIPPER) NAME: KEITH O TONGEN

CONSIGNEE (RECEIVER/DESTINATION) NAME: VIANDE RICHELIEU MEAT INC

STREET ADDRESS: (b)(6)

STREET ADDRESS: 595 RUE ROYALE

CITY, STATE, ZIP CODE: (b)(6)

CITY, STATE, ZIP CODE: MASSUEVILLE, QUEBEC, CANADA J0G 1K0

AREA CODE & TELEPHONE NO.: (b)(6)

AREA CODE & TELEPHONE NO.: 450-788-2490

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	USGD	4939					X			X				X				
2		4940				X				X				X				
3		4941			X						X			X				
4		4942	X						X							X		
5		4943						Blonde			X			X				
6		4944						Blond			X					X		
7		4945			X					X				X				
8		4946						Roan		X				X				
9		4947					X			X						X		
10		4948					X			X						X		
11		4949						APP		X				X				
12		4950	X						X	X						X		
13		4951			X				X							X		
14		4952					X			X				X				
15		4953					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)

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

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

MBB

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

FOIA 11-425_000293

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	USGD	4954						DUN		X				X				
17		4955						DUN		X				X				
18		~~4956~~						~~DUN~~		~~X~~				~~X~~			off truck	
19		4957	X							X						X		
20		4958						DUN		X				X				
21		4959						PAL		X				X				
22		4960						APP		X				X				
23		4961				X				X				X				
24		4962	X							X						X		
25		4963	X						X							X		
26		4964					X			X				X				
27		4965				X				X						X		
28		4966				X				X						X		
29		4967	X						X							X		
30		29 head																
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32																		
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CANADIAN FOOD INSPECTION AGENCY
Government of Canada
Canada
AGENCE CANADIENNE D'INSPECTION DES ALIMENTS
Gouvernement du Canada
1433

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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.)

[redacted] (b)(6)

VS FORM 10-13A
(SEP 2002)

FOIA 11-425_000294

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 11:00 AM

DATE: 8-31-10

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

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

NAME OF AUCTION/MARKET: —

CONSIGNOR (OWNER/SHIPPER) NAME: KEITH O TONGEN

CONSIGNEE (RECEIVER/DESTINATION) NAME: VIANDE RICHELIEU MEAT INC

STREET ADDRESS: (b)(6)

STREET ADDRESS: 595 RUE ROYALE

CITY, STATE, ZIP CODE: (b)(6)

CITY, STATE, ZIP CODE: MASSUEVILLE QUEBEC, CANADA J0G 1K0

AREA CODE & TELEPHONE NO.: (b)(6)

AREA CODE & TELEPHONE NO.: 450-788-2490

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USCD	4939					X			X				X				
2		4940				X				X				X				
3		4941			X						X			X				
4		4942	X						X							X		
5		4943						Blonde			X			X				
6		4944						Blonde			X					X		
7		4945			X					X				X				
8		4946						Roan		X				X				
9		4947					X			X						X		
10		4948					X			X						X		
11		4949						APP		X				X				
12		4950	X						X	X						X		
13		4951			X				X							X		
14		4952					X			X				X				
15		4953					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

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

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

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

FOIA 11-425_000295

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	USGD	4954						DUN		X				X				
17		4955						DUN		X				X				
18		~~4956~~						~~DUN~~		~~X~~				~~X~~				
19		4957	X							X						X		
20		4958						DUN		X				X				
21		4959						PAL		X				X				
22		4960						APP		X				X				
23		4961				X				X				X				
24		4962	X							X						X		
25		4963	X						X							X		
26		4964					X			X				X				
27		4965				X				X						X		
28		4966				X				X						X		
29		4967	X						X							X		
30		29 head																
31																		
32																		
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CANADIAN FOOD INSPECTION AGENCY
Government of Canada
Canada
AGENCE CANADIENNE D'INSPECTION DES ALIMENTS
Gouvernement du Canada
HBB

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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)

FOIA 11-425_000296

TR-53

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 9:00 AM unlo 8:00 DATE: 8-24-10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: BROWNTON MN

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

NAME OF AUCTION/MARKET: —

CONSIGNOR (OWNER/SHIPPER) NAME: KEITH O TONGEN

CONSIGNEE (RECEIVER/DESTINATION) NAME: VIANDE RICHELIEU MEAT INC

STREET ADDRESS: [redacted] (b)(6)

STREET ADDRESS: 595 RUE ROYALE

C[redacted] (b)(6)

CITY, STATE, ZIP CODE: MASSUEVILLE, QUEBEC CANADA J0G 1K

AREA CODE & TELEPHONE NO. [redacted] (b)(6)

AREA CODE & TELEPHONE NO.: 450-788-2490

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	USGD	4809	X						X							X		
2		4846						DUN		X				X				
3		4856						PAL		X				X				
4		4883				X				X				X				
5		4884	X							X				X				
6		4885						PAL		X						X		
7		4886						Roan		X				X				
8		4887	X							X				X				
9		4888					X			X				X				
10		4889		X						X				X				
11		4890	X							X						X		
12		4891	X						X					X				
13		4892	X							X	X					X		
14		4893						DUN		X				X				
15		4894	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 [redacted] (b)(6)

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

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

[redacted] (b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

Previous editions are obsolete

FOIA 11-425_000297

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	USGD	4895						Dun		X				X				
17		4896						Roan		X				X				
18		4897					X			X				X				
19		4898	X										AB			X		
20		4899			X					X				X				
21		4900			X					X				X				
22		4851				X						X		X				
23		4857					X		X							X		
24		4849	X							X				X				
25		4901	X							X				X				
26		4902						Red Roan		X	X			X				
27		4903						Red Roan		X	X			X				
28		4904						Blue Roan		X						X	Blind Right eye	
29		4905		X						X						X		
30		4906			X					X				X				
31		4907			X					X						X		
32		4908					X			X				X				
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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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contained in this form is true and correct to the best of my knowledge.)

(b)(6)

FOIA 11-425_000298

TR-53

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 10:30 Am
DATE: 8-25-10
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Manchester NJ

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

CONSIGNOR (OWNER/SHIPPER) NAME: KEITH O TONGEN
CONSIGNEE (RECEIVER/DESTINATION) NAME: VIANDE RICHELIEU MEAT INC

STREET ADDRESS: (b)(6)
STREET ADDRESS: 595 RUE ROYALE

CITY, STATE, ZIP CODE: (b)(6)
CITY, STATE, ZIP CODE: MASSUEVILLE, QUEBEC, CANADA J0G 1K

AREA CODE & TELEPHONE NO.: (b)(6)
AREA CODE & TELEPHONE NO.: 450-788-2490

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	USGD	4809	X						X							X		
2		4846						DUN		X				X				
3		4856						PAL		X				X				
4		4883				X				X				X				
5		4884	X							X				X				
6		4885						PAL		X						X		
7		4886						Roan		X				X				
8		4887	X							X				X				
9		4888					X			X				X				
10		4889		X						X				X				
11		4890	X							X						X		
12		4891	X						X					X				
13		4892	X							X	X					X		
14		4893						DUN		X				X				
15		4894	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)

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

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)
EST.
DATE
TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)
EST.
DATE
TIME

Previous editions are obsolete

FOIA 11-425_000299

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	USGD	4895						Dun		X				X				
17		4896						Roan		X				X				
18		4897					X			X				X				
19		4898	X										AB			X		
20		4899			X					X				X				
21		4900			X					X				X				
22		4851				X						X		X				
23		4857					X		X							X		
24		4849	X							X				X				
25		4901	X							X				X				
26		4902						Red Roan		X	X			X				
27		4903						Red Roan		X	X			X				
28		4904						Blue Roan		X						X	Blind Right eye	
29		4905		X						X						X		
30		4906			X					X				X				
31		4907			X					X						X		
32		4908					X			X				X				
33																		
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CANADIAN FOOD INSPECTION AGENCY
Government of Canada
Canada
AGENCE CANADIENNE D'INSPECTION DES ALIMENTS
Gouvernement du Canada
PBB

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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)

FOIA 11-425_000300

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 8:00 AM

DATE: 8-25-10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: BROWNTON, MN

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

NAME OF AUCTION/MARKET: —

CONSIGNOR (OWNER/SHIPPER) NAME: KEITH O TONGEN

CONSIGNEE (RECEIVER/DESTINATION) NAME: VIANDE RICHELIEU MEAT INC

STREET ADDRESS: (b)(6)

STREET ADDRESS: 595 RUE ROYALE

CITY, STATE, ZIP CODE: (b)(6)

CITY, STATE, ZIP CODE: MASSUEVILLE, QUEBEC, CANADA J0G 1K0

AREA CODE & TELEPHONE NO.: (b)(6)

AREA CODE & TELEPHONE NO.: 450-788-2490

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USGD	~~4908~~					X			X				X				
2	USGD	4909					X			X				X				
3		4910					X			X						X		
4		4911	X							X				X				
5		4912	X							X				X				
6		4913					X			X				X				
7		4914					X			X				X				
8		4915				X				X						X		
9		4916	X							X				X				
10		4917				X				X				X				
11		4918	X							X				X				
12		4919	X						X					X				
13		4920					X			X				X			Blind	left eye
14		4921						PAL		X				X				
15		4922					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)

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

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCIÓN GENERAL DE INSPECCIÓN EN FRONTERAS (DGIF)

EST.

DATE

TIME

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

Previous editions are obsolete

FOIA 11-425_000301

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	USGD	4923	X							X				X				
17		4924					1	PAL		X				X				
18		4925			X					X				X				
19		4926					X			X				X				
20		4927	X							X				X				
21		4928						PAL		X				X				
22		4929					X			X						X		
23		4930					X			X				X				
24		4931				X				X				X				
25		4932			X					X				X				
26		4933				X				X				X				
27		4934	X						X							X		
28		4935						APP		X						X		
29		4936			X					X				X				
30		4937					X			X						X		
31		4938				X				X				X				
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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)

FOIA 11-425_000302

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: Aug 26 2010

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

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

NAME OF AUCTION/MARKET: — Manchester

CONSIGNOR (OWNER/SHIPPER) NAME: KEITH O TONGEN

CONSIGNEE (RECEIVER/DESTINATION) NAME: VIANDE RICHELIEU MEAT INC

STREET ADDRESS: (b)(6)

STREET ADDRESS: 595 RUE ROYALE

CITY, STATE, ZIP CODE: (b)(6)

CITY, STATE, ZIP CODE: MASSUEVILLE, QUEBEC, CANADA J0G 1K0

AREA CODE & TELEPHONE NO.: (b)(6)

AREA CODE & TELEPHONE NO.: 450-788-2490

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	USGD	4908					X			X				X				
2	USGD	4909					X			X				X				
3		4910					X			X						X		
4		4911	X							X				X				
5		4912	X							X				X				
6		4913					X			X				X				
7		4914					X			X				X				
8		4915				X				X						X		
9		4916	X							X				X				
10		4917				X				X				X				
11		4918	X							X				X				
12		4919	X						X					X				
13		4920					X			X				X			Blind	left eye
14		4921						PAL.		X				X				
15		[illegible]								X						X		

HORSES HA[illegible]VE
HOURS IMM[illegible]

SIGNATURE (b)(6)

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

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

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE NBB

TIME

Previous editions are obsolete

FOIA 11-425_000303

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	USED	4923	X							X				X				
17		4924					1	PAL		X				X				
18		4925			X					X				X				
19		4926					X			X				X				
20		4927	X							X				X				
21		4928						PAL		X				X				
22		4929					X			X						X		
23		4930					X			X				X				
24		4931				X				X				X				
25		4932			X					X				X				
26		4933				X				X				X				
27		4934	X						X							X		
28		4935						APP		X						X		
29		4936			X					X				X				
30		4937					X			X						X		
31		4938				X				X				X				
32																		
33	30	head																
34																		
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CANADIAN FOOD INSPECTION AGENCY
Government of Canada
Canada
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[redacted] ained in this form is true and correct to the best of my knowledge.)

(b)(6)

FOIA 11-425_000304

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 9:00 AM

DATE: 24-9-2010

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Brownton, MN

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

NAME OF AUCTION/MARKET: —

CONSIGNOR (OWNER/SHIPPER) NAME: KEITH O TONGEN

CONSIGNEE (RECEIVER/DESTINATION) NAME: VIANDE RICHELIEU MEAT INC

STREET ADDRESS: (b)(6)

STREET ADDRESS: 595 RUE ROYALE

CITY, STATE, ZIP CODE: (b)(6)

CITY, STATE, ZIP CODE: MASSUEVILLE, QUEBEC, CANADA J0G 1K0

AREA CODE & TELEPHONE NO.: (b)(6)

AREA CODE & TELEPHONE NO.: 450-788-2490

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	USGN	7931						Red Roan		X				X				
2		7932				X				X						X		
3		7933					X			X						X		
4		7934				X				X				X				
5		7935					X			X				X				
6		7936						Red Roan		X				X				
7		7937	X						X					X				
8		7938						App		X						X		
9		7939					X			X						X		
10		7940				X				X				X				
11		7941	X						X							X		
12		7942	X						X							X		
13		7943					X		X					X				
14		7944			X				X					X				
~~15~~		7945					X				X					X	Blind left eye	

off off

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

SIGNATURE (b)(6)

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

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

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

FOIA 11-425_000305

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	USGN	7946	X						X							X		
17		7947	X						X							X		
18		7948	X						X					X				
19		7949						Red Roan		X				X				
20		7950					X			X				X				
21		7951					X			X				X				
22		7952					X			X						X		
23		7953						DUN		X				X				
24		7954			X				X					X				
25		7955	X							X						X		
26		7956						app		X				X				
27		7957					X			X				X				
28		7958			X					X				X				
29		7959						app		X						X		
30		7960						Pal		X				X				
31		7909				X				X						X		
32	30 head																	
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CANADIAN FOOD INSPECTION AGENCY
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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.)

[redacted] (b)(6)

VS FORM 10-13
(SEP 2002)

FOIA 11-425_000306

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 10:00 AM

DATE: 25-9-2010

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE:

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

NAME OF AUCTION/MARKET:

CONSIGNOR (OWNER/SHIPPER) NAME: KEITH O TONGEN

CONSIGNEE (RECEIVER/DESTINATION) NAME: VIANDE RICHELIEU MEAT INC

STREET ADDRESS: (b)(6)

STREET ADDRESS: 595 RUE ROYALE

CITY, STATE, ZIP CODE: (b)(6)

CITY, STATE, ZIP CODE: MASSUEVILLE, QUEBEC, CANADA J0G 1K0

AREA CODE & TELEPHONE NO.: (b)(6)

AREA CODE & TELEPHONE NO.: 450-788-2490

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	USGN	7931						Red Roan		X				X				
2		7932				X				X						X		
3		7933					X			X						X		
4		7934				X				X				X				
5		7935					X			X				X				
6		7936						Red Roan		X				X				
7		7937	X						X					X				
8		7938						Appy		X						X		
9		7939					X			X						X		
10		7940				X				X				X				
11		7941	X						X							X		
12		7942	X						X							X		
13		7943					X		X					X				
14		7944			X				X					X				
~~15~~		~~7945~~					X				X					X	Blind left eye	

off

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

SIGNATURE: (b)(6)

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

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

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

VS FOR... (b)(6) ...s editions are obsolete

FOIA 11-425_000307

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	Chestnt	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USGN	7946	X						X							X		
17		7947	X						X							X		
18		7948	X						X					X				
19		7949						Alt Roan		X				X				
20		7950					X			X				X				
21		7951					X			X				X				
22		7952					X			X						X		
23		7953						DUN		X				X				
24		7954			X				X					X				
25		7955	X							X						X		
26		7956						app		X				X				
27		7957					X			X				X				
28		7958			X					X				X				
29		7959						app		X						X		
30		7960						Pal		X				X				
31		7909				X				X						X		
32																		
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CANADIAN FOOD INSPECTION AGENCY
Government of Canada
Canada
AGENCE CANADIENNE D'INSPECTION DES ALIMENTS
Gouvernement du Canada

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

[redacted] (b)(6)

VS FORM 10-
(SEP 2002)

FOIA 11-425_000308

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 10:00 AM

DATE: 9-25-10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: BROWNTON, MINNESOTA

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

NAME OF AUCTION/MARKET:

CONSIGNOR (OWNER/SHIPPER) NAME: KEITH O TONGEN

CONSIGNEE (RECEIVER/DESTINATION) NAME: VIANDE RICHELIEU MEAT INC

STREET ADDRESS: (b)(6)

STREET ADDRESS: 595 RUE ROYALE

CITY, STATE, ZIP CODE: (b)(6)

CITY, STATE, ZIP CODE: MASSUEVILLE, QUEBEC, CANADA J0G 1K0

AREA CODE & TELEPHONE NO.: (b)(6)

AREA CODE & TELEPHONE NO.: 450-788-2490

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USGN	8001																
2		8002					X			X				X				
3		8003						DUN		X				X				
4		8004						Brown		X				X				
5		8005			X					X						X		
6		8006						Brown		X				X				
7		8007					X			X				X				
8		8008			X						X			X				
9		8009						Pal		X				X				
10		8010					X			X				X				
11		8011	X							X						X		
12		8012						Brown		X				X				
13		8013						Brown		X						X		
14		8014					X			X				X				
15		8015						Pal		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)

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

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST. 1133

DATE

TIME

VS FO (b)(6)

Previous editions are obsolete

A-11-425-000309

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	USGD	8016						Brown		X						X		
17		8017						Brown		X				X				
18	USDF	7882	X							X				X				
19		7883						Roan		X				X				
20		7884				X				X						X		
21		7885				X				X				X				
22		7886	X							X						X		
23		7887						Dun		X				X				
24		7888	X							X				X				
25		7889					X			X				X				
26		7890					X			X				X				
27	USGD	7945					X				X					X		
28																		
29																		
30	27 head																	
31																		
32																		
33																		
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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

(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, 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: 200 TO 1030 AM - 9-26-10

DATE: 9-26-10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: MANCHESTER, MICHIGAN

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

NAME OF AUCTION/MARKET: —

CONSIGNOR (OWNER/SHIPPER) NAME: KEITH O TONGEN

CONSIGNEE (RECEIVER/DESTINATION) NAME: VIANDE RICHELIEU MEAT INC

STREET ADDRESS: (b)(6)

STREET ADDRESS: 595 RUE ROYALE

CITY, STATE, ZIP CODE: (b)(6)

CITY, STATE, ZIP CODE: MASSUEVILLE, QUEBEC, CANADA J0G 1K0

AREA CODE & TELEPHONE NO.: (b)(6)

AREA CODE & TELEPHONE NO.: 450-788-2490

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USGN	8001																
2		8002					X			X				X				
3		8003						DUN		X				X				
4		8004						Brown		X				X				
5		8005			X					X						X		
6		8006						Brown		X				X				
7		8007					X			X				X				
8		8008			X						X			X				
9		8009						Pal		X				X				
10		8010					X			X				X				
11		8011	X							X						X		
12		8012						Brown		X				X				
13		8013						Brown		X						X		
14		8014					X			X				X				
15		8015						Pal		X				X				

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

SIGNATURE (b)(6)

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

SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my [redacted]

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

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

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

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USGD	8016						Brown		X						X		
17		8017						Brown		X				X				
18	USDF	7882	X							X				X				
19		7883						Roan		X				X				
20		7884				X				X						X		
21		7885				X				X				X				
22		7886	X							X						X		
23		7887						Dun		X				X				
24		7888	X							X				X				
25		7889					X			X				X				
26		7890					X			X				X				
27	USGD	7945					X				X					X		
28																		
29																		
30	27 head																	
31																		
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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)

5_000312

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: 16H30

DATE: 22-09

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Gary Indiana

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

NAME OF AUCTION/MARKET: —

CONSIGNOR (OWNER/SHIPPER) NAME: KEITH O TONGEN

CONSIGNEE (RECEIVER/DESTINATION) NAME: VIANDE RICHELIEU MEAT INC

STREET ADDRESS: (b)(6)

STREET ADDRESS: 595 RUE ROYALE

CITY, STATE, ZIP CODE: (b)(6)

CITY, STATE, ZIP CODE: MASSUEVILLE, QUEBEC, CANADA J0G 1K0

AREA CODE & TELEPHONE NO.: (b)(6)

AREA CODE & TELEPHONE NO.: 450-788-2490

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	USGN	7901			X						X			X				
2		7902			X						X			X				
3		7903					X			X						X		
4		7904						APP		X				X			Blind	Left eye
5		7905						PAL		X						X		
6		7906					X			X				X				
7		7907						DUN		X						X		
8		7908					X			X				X				
9		~~7909~~				X				X						X		Off
10		7910				X				X						X		
11		7911					X			X				X				
12		7912					X			X				X				
13		7913				X				X				X				
14		7914				X				X				X				
15		7915	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

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

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

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

FOIA 11-425_000313

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	USGN	7916					X			X				X				
17		7917						PAL		X				X				
18		7918					X			X				X				
19		7919	X							X						X		
20		7920		X						X				X				
21		7921					X			X						X		
22		7922				X				X						X		
23		7923				X				X						X		
24		7924	X							X				X				
25		7925					X			X						X		
26		7926	X							X						X		
27		7927						Berkshire		X				X				
28		7928			X					X				X				
29		7929					X			X				X				
30		7930					X			X				X				
31																		
32	29 head																	
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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)

FOIA 11-425_000314

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 8:00 AM

DATE: 9-22-10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Brownton MN

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

NAME OF AUCTION/MARKET:

CONSIGNOR (OWNER/SHIPPER) NAME: KEITH O TONGEN

CONSIGNEE (RECEIVER/DESTINATION) NAME: VIANDE RICHELIEU MEAT INC

STREET ADDRESS: (b)(6)

STREET ADDRESS: 595 RUE ROYALE

CITY, STATE, ZIP CODE: (b)(6)

CITY, STATE, ZIP CODE: MASSUEVILLE, QUEBEC, CANADA J0G 1K0

AREA CODE & TELEPHONE NO.: (b)(6)

AREA CODE & TELEPHONE NO.: 450-788-2490

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	USGN	7901			X						X			X				
2		7902			X						X			X				
3		7903					X			X						X		
4		7904						APP		X				X			Blind	Left eye
5		7905						PAL		X						X		
6		7906					X			X				X				
7		7907						DUN		X						X		
8		7908					X			X				X				
9		~~7909~~				X				X						X		
10		7910				X				X						X		
11		7911					X			X				X				
12		7912					X			X				X				
13		7913				X				X				X				
14		7914				X				X				X				
15		7915	X						X					X				

OFF

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

SIGNATURE: (b)(6)

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

FOIA 11-425_000315

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	USGN	7916					X			X				X				
17		7917						PAL		X				X				
18		7918					X			X				X				
19		7919	X							X						X		
20		7920		X						X				X				
21		7921					X			X						X		
22		7922				X				X						X		
23		7923				X				X						X		
24		7924	X							X				X				
25		7925					X			X						X		
26		7926	X							X						X		
27		7927						Buckskin		X				X				
28		7928			X					X				X				
29		7929					X			X				X				
30		7930					X			X				X				
31																		
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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)

FOIA 11-425_000316

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: 9-19-10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: BROWNTON MN

VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6)

NAME OF AUCTION/MARKET: CENTRAL WIS HORSE SALE A+A Horse Sa

CONSIGNOR (OWNER/SHIPPER) NAME: KEITH O TONGEN

CONSIGNEE (RECEIVER/DESTINATION) NAME: VIANDE RICHELIEU MEAT INC

STREET ADDRESS: (b)(6)

STREET ADDRESS: 595 RUE ROYALE

CITY, STATE, ZIP CODE: (b)(6)

CITY, STATE, ZIP CODE: MASSUEVILLE, QUEBEC, CANADA J0G 1K0

AREA (b)(6)

AREA CODE & TELEPHONE NO.: 450-788-2490

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	USGD	5180				X				X						X		
2		5183	X						X					X				
3		5184	X						X					X				
4		5185					X		X							X		
5		5093					X			X				X				
6		5181			X					X						X		
7		5182						PAL		X				X				
8		5096					X			X				X				
9		5097			X					X				X				
10		5098					X			X				X				
11		5099						APP		X						X		
12		5186	X							X				X				
13		5187	X							X				X				
14		5188				X				X				X				
15		5189	X							X						X		

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE

SIGNATUR (b)(6)

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

FOIA 11-425_000317

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	USGD	5190					X			X						X		
17		5191					X			X				X				
18		5192					X			X						X		
19		5193			X					X				X				
20		5194					X			X						X		
21		5195						APP		X						X		
22		5196						APP		X				X				
23		5197				X				X						X		
24		5198						PAL		X						X		
25		5199						Buckskin		X				X				
26		5200			X					X				X				
27		4646					X			X				X				
28		4647					X			X				X				
29		4648					X				X			X				
30																		
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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.)

[redacted] (b)(6)

VS
(SEP 2002)

FOIA 11-425_000318

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 5:00

DATE: 9-23-22

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: MANCHESTER, MICHIGAN

VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6)

NAME OF AUCTION/MARKET: CENTRAL WIS HORSE SALE A+A Horse Sa

CONSIGNOR (OWNER/SHIPPER) NAME: KEITH O TONGEN

CONSIGNEE (RECEIVER/DESTINATION) NAME: VIANDE RICHELIEU MEAT INC

STREET ADDRESS: (b)(6)

STREET ADDRESS: 595 RUE ROYALE

(b)(6)

CITY, STATE, ZIP CODE: MASSUEVILLE QUEBEC, CANADA J0G 1K0

AREA CODE & TELEPHONE NO.: (b)(6)

AREA CODE & TELEPHONE NO.: 450-788-2490

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- [✓] Pregnant mares are not likely to foal (give birth) during the trip.
- [✓] Foals are older than 6 months of age.
- [✓] Horses are able to bear weight on all 4 limbs.
- [✓] Horses are not blind in both eyes.
- [✓] Horses are able to walk unassisted.

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USGD	5180				X				X						X		
2		5183	X						X					X				
3		5184	X						X					X				
4		5185					X		X							X		
5		5093					X			X				X				
6		5181			X					X						X		
7		5182						PAL		X				X				
8		5096					X			X				X				
9		5097			X					X				X				
10		5098					X			X				X				
11		5099						APP		X						X		
12		5186	X							X				X				
13		5187	X							X				X				
14		5188				X				X				X				
15		5189	X							X						X		

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

SIGNATURE: (b)(6)

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

evious editions are obsolete

FOIA 11-425_000319

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	USGD	5190					X			X						X		
17		5191					X			X				X				
18		5192					X			X						X		
19		5193			X					X				X				
20		5194					X			X						X		
21		5195						APP		X						X		
22		5196						APP		X				X				
23		5197				X				X						X		
24		5198						PAL		X						X		
25		5199						BUCKSKIN		X				X				
26		5200			X					X				X				
27		4646					X			X				X				
28		4647					X			X				X				
29		4648					X				X			X				
30																		
31	29	Head																
32																		
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CANADIAN FOOD INSPECTION AGENCY
Government of Canada
Canada
Agence canadienne d'inspection des aliments
Gouvernement du Canada
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.)

[redacted] (b)(6)

VS FORM 10-13A
(SEP 2002)

FOIA 11-425_000320

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 4:30 AM

DATE: 9-17-10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: MANCHESTER, MICHIGAN

VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6)

NAME OF AUCTION/MARKET: —

CONSIGNOR (OWNER/SHIPPER) NAME: KEITH O TONGEN

CONSIGNEE (RECEIVER/DESTINATION) NAME: VIANDE RICHELIEU MEAT INC

STREET ADDRESS: (b)(6)

STREET ADDRESS: 595 RUE ROYALE

CITY, STATE, ZIP CODE: (b)(6)

CITY, STATE, ZIP CODE: MASSUEVILLE, QUEBEC, CANADA J0G 1K0

AREA CODE & TELEPHONE NO.: (b)(6)

AREA CODE & TELEPHONE NO.: 450-788-2490

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	USGD	5029					X						Male	X				
2		5049	X						X							X		
3		5131					X			X				X				
4		4670					X			X						X		
5		4956						DUN		X				X				
6		5136					X				X			X				
7	X	5137			X					X						X		
8		5140	X							X				X				
9		5141				X				X				X				
10		5142	X							X						X		
11		5143			X					X						X		
12		5144				X							WE	X				
13		5145				X				X				X				
14		5146			X					X				X				
15		5147				X				X						X		

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMM[redacted]CE.

SIGNATURE (b)(6)

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the b[redacted] (b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

VS F[redacted]Previous editions are obsolete

FOIA 11-425_000321

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	USGD	5148			X				X					X				
17		5149	X						X							X		
18		5150			X				X							X		
19		5083	X							X				X				
20		5084				X				X				X				
21		5085			X					X				X				
22		5086						BAY ROAN		X				X			3. L. Shoulder △ L. Hip	
23		5087					X			X						X		
24		5088					X			X						X		
25		5089					X			X				X				
26		5090						Red Roan		X						X		
27		5092					X			X						X		
28		5093						Buckskin		X				X				
29		5094	X							X				X				
30		5095	X						X					X				
31		5096					X			X						X		
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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)

(SEP 2002)

FOIA 11-425_000322

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 Manchester Michigan

DATE: 15-07-10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: MANCHESTER, MICHIGAN

VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6)

NAME OF AUCTION/MARKET: —

CONSIGNOR (OWNER/SHIPPER) NAME: KEITH O TONGEN

CONSIGNEE (RECEIVER/DESTINATION) NAME: VIANDE RICHELIEU MEAT INC

STREET ADDRESS: (b)(6)

STREET ADDRESS: 595 RUE ROYALE

CITY, STATE, ZIP CODE: (b)(6)

CITY, STATE, ZIP CODE: MASSUEVILLE, QUEBEC, CANADA J0G 1K0

AREA CODE & TELEPHONE NO.: (b)(6)

AREA CODE & TELEPHONE NO.: 450-788-2490

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	USGD	5151	X							X				X				
2		5152				X				X				X				
3		5153						DUN		X				X				
4		5154	X							X						X		
5		5155	X							X						X		
6		5156			X					X				X				
7		5157				X				X						X		
8		5158					X			X						X		
9		5159					X			X				X				
10		5160					X			X				X				
11		5161					X			X				X				
12		5162				X				X				X				
13		5163					X			X				X				
14		5164	X							X						X		
15		5165					X			X				X				

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

(b)(6)

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SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

FOIA 11-425_000323

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	USGD	5166					X			X						X		
17		5167	X							X				X				
18		5168	X							X				X				
19		5169			X					X				X				
20		5170	X							X						X		
21		5171	X						X							X		
22		5172	X						X							X		
23		5173					X			X						X		
24		5174			X				X					X				
25		5175					X			X				X				
26		5176					X			X				X				
27		5177			X					X				X				
28		5178			X					X						X		
29		5179						Buckskin	X	X				X				
30																		
31	29 head																	
32																		
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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)

FOIA 11-425_000324

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: 9-14-2010

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: BROWNTON, MINNESOTA

VEHICLE LICENSE NO. AND DRIVER'S NAME: [redacted] (b)(6)

NAME OF AUCTION/MARKET:

CONSIGNOR (OWNER/SHIPPER) NAME: KEITH O TONGEN

CONSIGNEE (RECEIVER/DESTINATION) NAME: VIANDE RICHELIEU MEAT INC

STREET ADDRESS: [redacted] (b)(6)

STREET ADDRESS: 595 RUE ROYALE

CITY, STATE, ZIP CODE: [redacted] (b)(6)

CITY, STATE, ZIP CODE: MASSUEVILLE, QUEBEC, CANADA J0G 1K0

AREA CODE & TELEPHONE NO.: [redacted] (b)(6)

AREA CODE & TELEPHONE NO.: 450-788-2490

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	USGD	5151	X							X				X				
2		5152				X				X				X				
3		5153						DUN		X				X				
4		5154	X							X						X		
5		5155	X							X						X		
6		5156			X					X				X				
7		5157				X				X						X		
8		5158					X			X						X		
9		5159					X			X				X				
10		5160					X			X				X				
11		5161					X			X				X				
12		5162				X				X				X				
13		5163					X			X				X				
14		5164	X							X						X		
15		5165					X			X				X				

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

SIGNATU[redacted] (b)(6)

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SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

[redacted] (b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

CANADIAN FOOD INSPECTION AGENCY Government of Canada

Canada

Gouvernement du Canada

SERVICE CANADIENNE D'INSPECTION DES ALIMENTS

[redacted] us editions are obsolete

FOIA 11-425_000325

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	USGD	5166					X			X						X		
17		5167	X							X				X				
18		5168	X							X				X				
19		5169			X					X				X				
20		5170	X							X						X		
21		5171	X						X							X		
22		5172	X						X							X		
23		5173					X			X						X		
24		5174			X				X					X				
25		5175					X			X				X				
26		5176					X			X				X				
27		5177			X					X				X				
28		5178			X					X						X		
29		5179						Buckskin		X				X				
30																		
31	29 head																	
32																		
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CANADIAN FOOD INSPECTION AGENCY
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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)

FOIA 11-425_000326

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: 9-12-10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: MANCHESTER, MICHIGAN

VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6)

NAME OF AUCTION/MARKET: —

CONSIGNOR (OWNER/SHIPPER) NAME: KEITH O TONGEN

CONSIGNEE (RECEIVER/DESTINATION) NAME: VIANDE RICHELIEU MEAT INC

STREET ADDRESS: (b)(6)

STREET ADDRESS: 595 RUE ROYALE

CITY, STATE, ZIP CODE: (b)(6)

CITY, STATE, ZIP CODE: MASSUEVILLE, QUEBEC, CANADA J0G 1K0

AREA CODE & TELEPHONE NO.: (b)(6)

AREA CODE & TELEPHONE NO.: 450-788-2490

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- ☑ Pregnant mares are not likely to foal (give birth) during the trip.
- ☑ Foals are older than 6 months of age.
- ☑ Horses are able to bear weight on all 4 limbs.
- ☑ Horses are not blind in both eyes.
- ☑ Horses are able to walk unassisted.

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USGD	5013			X						X					X		
2		5016					X			X				X				
3		5024					X						Mule	X				
4		5027					X					X		X				
5		5028					X			X						X		
6		5031					X		X							X		
7		5034	X						X							X		
8		5038						App		X						X		
9		5039						App		X						X		
10		5040	X								X			X				
11		5041	X						X							X		
12		5043	X						X							X		
13		5044	X						X							X		
14		5050	X						X							X		
15		5045						Dun		X				X				

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

SIGNATURE (b)(6)

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

VS FOR (b)(6) ...itions are obsolete

FOIA 11-425_000327

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	USGD	5046						Dun		X				X				
17		5047						Dun		X						X		
18		5048	X							X						X		
19		5100	X							X						X		
20		5101	X							X						X		
21		5102	X							X						X		
22		5103	X							X						X		
23		5104						Roan		X				X				
24		5105					X			X				X				
25		5106				X				X						X		
26		5107	X							X				X				
27		5108						Dun		X				X				
28																		
29	26 head																	
30																		
31																		
32																		
33																		
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CANADIAN FOOD INSPECTION AGENCY
Government of Canada
Canada
AGENCE CANADIENNE D'INSPECTION DES ALIMENTS
Gouvernement du Canada
MGB

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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.)

[redacted] (b)(6)

VS FORM
(SEP 2002)

FOIA 11-425_000328

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 AM

DATE: 12-07-10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: MANCHESTER, MN

VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6)

NAME OF AUCTION/MARKET: KALONA SALE BARN, INC

CONSIGNOR (OWNER/SHIPPER) NAME: KEITH O TONGEN

CONSIGNEE (RECEIVER/DESTINATION) NAME: VIANDE RICHELIEU MEAT INC

STREET ADDRESS: (b)(6)

STREET ADDRESS: 595 RUE ROYALE

CITY, STATE, ZIP CODE: (b)(6)

CITY, STATE, ZIP CODE: MASSUEVILLE, QUEBEC, CANADA J0G 1K0

AREA CODE & TELEPHONE NO.: (b)(6)

AREA CODE & TELEPHONE NO.: 450-788-2490

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- [✓] Pregnant mares are not likely to foal (give birth) during the trip.
- [✓] Foals are older than 6 months of age.
- [✓] Horses are able to bear weight on all 4 limbs.
- [✓] Horses are not blind in both eyes.
- [✓] Horses are able to walk unassisted.

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USGD	5051						PAL		X				X				
2		5052						ROAN		X				X				
3		5053						BLUE ROAN		X				X		X		
4		5054						Buckskin		X				X				
5		5055					X			X				X				
~~6~~		~~5056~~					X			X						X		
~~7~~		~~5057~~	X							X						X		
8		5058					X			X				X				
9		5059				X				X				X				
10		5060						PAL		X				X				
11		5061					X			X						X		
12		5062					X			X						X		
13		5063			X					X				X				
14		5064			X					X				X				
15		5065					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)

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SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

VS (b)(6) Previous editions are obslete

FOIA 11-425_000329

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	Chestnt	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USGD	5066			X				X					X				
17		5067					X			X				X				
18		5068	X						X					X				
19		5069						Red Roan		X				X				
20		5070	X							X						X		
21		5071						Brown		X				X				
22		5072						Brown		X						X		
23		5073	X							X				X				
24		5074				X				X				X				
25		5075				X				X						X	Blind right eye	
26		5076					X			X						X		
27		5077						Red Dun		X				X				
28		5078					X			X				X				
29		5079						Grulla		X						X		
30		5080					X			X				X				
31		5081			X					X				X				
32		5082			X					X				X				
~~33~~		~~4974~~						Roan		X				X				
34																		
35	30 head																	
36																		
37																		
38																		
39																		
40																		
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42																		
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44																		
45																		

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.)

[redacted] (b)(6)

OIA 11-425_000330

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 8:00 AM

DATE: 9-11-10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: BROWNTON, MINNESOTA

VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6)

NAME OF AUCTION/MARKET: KALONA SALE BARN, INC

CONSIGNOR (OWNER/SHIPPER) NAME: KEITH O TONGEN

CONSIGNEE (RECEIVER/DESTINATION) NAME: VIANDE RICHELIEU MEAT INC

STREET ADDRESS: (b)(6)

STREET ADDRESS: 595 RUE ROYALE

CITY, STATE, ZIP CODE: (b)(6)

CITY, STATE, ZIP CODE: MASSUEVILLE, QUEBEC, CANADA J0G 1K0

AREA CODE & TELEPHONE NO.: (b)(6)

AREA CODE & TELEPHONE NO.: 450-788-2490

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	USGD	5051						PAL		X				X				
2		5052						ROAN		X				X				
3		5053						BLUE ROAN		X				X		X		
4		5054						Buckskin		X				X				
5		5055					X			X				X				
6		5056					X			X						X		off
7		5057	X							X						X		off
8		5058					X			X				X				
9		5059				X				X				X				
10		5060						PAL		X				X				
11		5061					X			X						X		
12		5062					X			X						X		
13		5063			X					X				X				
14		5064			X					X				X				
15		5065					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)

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SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

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

FOIA 11-425_000331

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	Chestnt	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USGD	5066			X				X					X				
17		5067					X			X				X				
18		5068	X						X					X				
19		5069						Red Roan		X				X				
20		5070	X							X						X		
21		5071						Brown		X				X				
22		5072						Brown		X						X		
23		5073	X							X				X				
24		5074				X				X				X				
25		5075				X				X						X	Blind right eye	
26		5076					X			X						X		
27		5077						Red Dun		X				X				
28		5078					X			X				X				
29		5079						Grulla		X						X		
30		5080					X			X				X				
31		5081			X					X				X				
32		5082			X					X				X				
33		~~4974~~						Roan		X				X				
34																		
35	30 head																	
36																		
37																		
38																		
39																		
40																		
41																		
42																		
43																		
44																		
45																		

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)

(SEP 2002)

FOIA 11-425_000332

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 8:15 AM

DATE: 9-11-10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Brownton MN

VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6)

NAME OF AUCTION/MARKET: —

CONSIGNOR (OWNER/SHIPPER) NAME: KEITH O TONGEN

CONSIGNEE (RECEIVER/DESTINATION) NAME: VIANDE RICHELIEU MEAT INC

STREET ADDRESS: (b)(6)

STREET ADDRESS: 595 RUE ROYALE

CITY, STATE, ZIP CODE: (b)(6)

CITY, STATE, ZIP CODE: MASSUEVILLE QUEBEC, CANADA J0G 1K0

AREA CODE & TELEPHONE NO.: (b)(6)

AREA CODE & TELEPHONE NO.: 450-788-2490

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	USGD	5042						Roan			X			X				
~~2~~		~~5049~~	X						X							X		
3		5109					X			X				X				
4		5110	X							X				X				
5		5111	X							X				X				
6		5112					X			X						X		
7		5113					X			X				X				
8		5114				X				X				X				
9		5115			X					X						X		
10		5116				X				X						X		
11		5117						Roan		X				X				
12		5118					X			X				X				
13		5119				X				X				X				
14		5120					X			X				X				
15		5121					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)

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SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

Canada

Government of Canada

Previous editions are obsolete

FOIA 11-425_000333

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	USGD	5122						Dun		X				X				
17		5123						Red Roan	X					X				
18		5125					X			X				X				
19		5126						Red Roan		X						X		
20		5127						Bay Roan		X				X				
21		5128						Red Roan		X						X		
22		5129					X			X				X				
23		5130				X				X						X		
24		~~5131~~					~~X~~			~~X~~				~~X~~				OT
25		5132					X			X						X		
26		5133					X			X						X		
27		5134					X			X				X				
28		5135						Roan		X				X				
29		5138					X			X						X		
30		5139	X							X						X		
~~31~~																		
32	28	Load																
33																		
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38																		
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CANADIAN FOOD INSPECTION AGENCY
Government of Canada
Canada
Agence canadienne d'inspection des aliments
Gouvernement du Canada
TB

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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.)

[redacted] (b)(6)

VS F
(SEP 2002)

FOIA 11-425_000334

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 existing and maintaining the data needed, and completing and reviewing the collection of information.

FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 9:00 A.M.

DATE: 9/12/10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: MANCHESTER, MICHIGAN

VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6)

NAME OF AUCTION/MARKET: —

CONSIGNOR (OWNER/SHIPPER) NAME: KEITH O TONGEN

CONSIGNEE (RECEIVER/DESTINATION) NAME: VIANDE RICHELIEU MEAT INC

STREET ADDRESS: (b)(6)

STREET ADDRESS: 595 RUE ROYALE

CITY, STATE, ZIP CODE: (b)(6)

CITY, STATE, ZIP CODE: MASSUEVILLE, QUEBEC, CANADA J0G 1K0

AREA CODE & TELEPHONE NO.: (b)(6)

AREA CODE & TELEPHONE NO.: 450-788-2490

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	USGD	5042						Roan			X			X				
~~2~~		~~5049~~	X						X							X		
3		5109					X			X				X				
4		5110	X							X				X				
5		5111	X							X				X				
6		5112					X			X						X		
7		5113					X			X				X				
8		5114				X				X				X				
9		5115			X					X						X		
10		5116				X				X						X		
11		5117						Roan		X				X				
12		5118					X			X				X				
13		5119				X				X				X				
14		5120					X			X				X				
15		5121					X			X				X				

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

SIGNATURE: (b)(6)

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

Previous editions are obsolete

FOIA 11-425_000335

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	Chestnt	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USGD	5122						Dun		X				X				
17		5123						Red Roan	X					X				
18		5125					X			X				X				
19		5126						Red Roan		X						X		
20		5127						Bay Roan		X				X				
21		5128						Red Roan		X						X		
22		5129					X			X				X				
23		5130				X				X						X		
24		~~5131~~					~~X~~			~~X~~				~~X~~				OFF
25		5132					X			X						X		
26		5133					X			X						X		
27		5134					X			X				X				
28		5135						Roan		X				X				
29		5138					X			X						X		
30		5139 X								X						X		
31																		
32	28	Lead																
33																		
34																		
35																		
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42																		
43																		
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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.)

VS
(SE

(b)(6)

FOIA 11-425_000336

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: 11:00am

DATE: Sept 8/2010

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: MANCHESTER, MICHIGAN

VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6)

NAME OF AUCTION/MARKET: —

CONSIGNOR (OWNER/SHIPPER) NAME: KEITH O TONGEN

CONSIGNEE (RECEIVER/DESTINATION) NAME: VIANDE RICHELIEU MEAT INC

(b)(6)

STREET ADDRESS: 595 RUE ROYALE

CITY, STATE, ZIP CODE: (b)(6)

CITY, STATE, ZIP CODE: MASSUEVILLE, QUEBEC, CANADA J0G 1K0

AREA CODE & TELEPHONE NO.: (b)(6)

AREA CODE & TELEPHONE NO.: 450-788-2490

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- ☑ Pregnant mares are not likely to foal (give birth) during the trip.
- ☑ Foals are older than 6 months of age.
- ☑ Horses are able to bear weight on all 4 limbs.
- ☑ Horses are not blind in both eyes.
- ☑ Horses are able to walk unassisted.

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USGD	4968	X							X						X		
2		4969					X						AB			X		
3		4970						APP		X						X		
4		4971					X			X				X				
5		4972	X							X						X		
6		4973						DUN		X						X		
7		4974						Roan		X				X				
8		4975				X				X						X		
9		4976						APP		X				X				
10		4977				X				X				X				
11		4978						APP		X						X		
12		4979						APP		X				X				
13		4980						PAL		X				X				
14		4981					X			X				X				
15		4982	X							X						X		

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

SIGNATURE (b)(6)

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

Previous editions are obsolete

FOIA 11-425_000337

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	USGD	4983						Grulla		X				X				
17		4984			X					X				X				
18		4985					X			X				X				
19		4986						Cream		X				X				
20		4987					X			X				X				
21		4988				X				X				X				
22		4989				X				X						X		
23		4990						APP		X						X		
24		4991						Roan		X						X		
25		4992			X					X				X				
26		4993				X				X						X		
27		4994					X		X					X				
28		4995					X			X				X				
29		4996					X			X						X		
30		4997		X						X						X		
31		4998	X							X						X		
32		4999			X					X						X		
33		5000					X			X				X				
34	33 head																	
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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)

FOIA 11-425_000338

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: 11:40 AM

DATE: 9-7-10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Manchester ME

VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6)

NAME OF AUCTION/MARKET: —

CONSIGNOR (OWNER/SHIPPER) NAME: KEITH O TONGEN

CONSIGNEE (RECEIVER/DESTINATION) NAME: VIANDE RICHELIEU MEAT INC

STREET ADDRESS: (b)(6)

STREET ADDRESS: 595 RUE ROYALE

CITY, STATE, ZIP CODE: (b)(6)

CITY, STATE, ZIP CODE: MASSUEVILLE QUEBEC, CANADA J0G 1K0

AREA CODE & TELEPHONE NO.: (b)(6)

AREA CODE & TELEPHONE NO.: 450-788-2490

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	USGD	5001					X			X						X		
2		5002					X			X				X				
3		5003				X				X						X		
4		5004				X				X						X		
5		5005	X							X						X		
6		5006				X				X						X		
7		5007				X				X						X		
8		5008					X			X						X		Pen alone
9		5009		X						X						X		
10		5010						Roan		X						X		
11		5011				X				X					X			Pen alone
12		5012				X				X				X				
AK		[illegible]																AK
14		5014	X							X				X				
15		5015	X							X				X				

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE

SIGNATURE: (b)(6)

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCIÓN GENERAL DE INSPECCIÓN EN FRONTERAS (DGIF)

EST.

DATE

TIME

Previous editions are obsolete

FOIA 11-425_000339

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	USGD	5017				X				X				X				
17		5018	X							X				X				
18		5019		X						X				X				
19		5020		X						X				X				
20		5021						Roan		X						X		
21		5022						White		X						X		
22		5023	X							X						X		
23		5025	X						X							X		
24		5026					X		X					X				
25		5029		X						X						X		
26		5030	X							X						X		
27		5032	X							X						X		
28		5033				X				X						X		
29		5035					X			X				X				
30		5036																
31	29 head																	
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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.)

[redacted] (b)(6)

V
(SEP 2002)

FOIA 11-425_000340

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: 9-6-10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Brownton, MN

VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6)

NAME OF AUCTION/MARKET: —

CONSIGNOR (OWNER/SHIPPER) NAME: KEITH O TONGEN

CONSIGNEE (RECEIVER/DESTINATION) NAME: VIANDE RICHELIEU MEAT INC

STREET ADDRESS: (b)(6)

STREET ADDRESS: 595 RUE ROYALE

CITY, STATE, ZIP CODE: (b)(6)

CITY, STATE, ZIP CODE: MASSUEVILLE, QUEBEC, CANADA J0G 1K0

AREA CODE & TELEPHONE NO.: (b)(6)

AREA CODE & TELEPHONE NO.: 450-788-2490

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- [✓] Pregnant mares are not likely to foal (give birth) during the trip.
- [✓] Foals are older than 6 months of age.
- [✓] Horses are able to bear weight on all 4 limbs.
- [✓] Horses are not blind in both eyes.
- [✓] Horses are able to walk unassisted.

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USGD	5001					X			X						X		
2		5002					X			X				X				
3		5003				X				X						X		
4		5004				X				X						X		
5		5005	X							X						X		
6		5006				X				X						X		
7		5007				X				X						X		
8		5008					X			X						X		Pen alone
9		5009		X						X						X		
10		5010						Roan		X						X		
11		5011				X				X					X			Pen alone
12		5012				X				X				X				
AK		~~[illegible]~~																AK
14		5014	X							X				X				
15		5015	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)

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SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

VS (b)(6)

Previous editions are obsolete

FOIA 11-425_000341

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	USGD	5017				X				X				X				
17		5018	X							X				X				
18		5019		X						X				X				
19		5020		X						X				X				
20		5021						Roan		X						X		
21		5022						White		X						X		
22		5023	X							X						X		
23		5025	X						X							X		
24		5026					X		X					X				
25		5029		X						X						X		
26		5030	X							X						X		
27		5032	X							X						X		
28		5033				X				X						X		
29		5035					X			X				X				
30		5036																
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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 F
(SEP 2002)

FOIA 11-425_000342

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: 10-31-10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: BROWNTON MN.

VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6)

NAME OF AUCTION/MARKET:

CONSIGNOR (OWNER/SHIPPER) NAME: KEITH O TONGEN

CONSIGNEE (RECEIVER/DESTINATION) NAME: VIANDE RICHELIEU MEAT INC

STREET ADDRESS: (b)(6)

STREET ADDRESS: 595 RUE ROYALE

CITY, STATE, ZIP CODE: (b)(6)

CITY, STATE, ZIP CODE: MASSUEVILLE, QUEBEC, CANADA J0G 1K

AREA CODE & TELEPHONE NO.: (b)(6)

AREA CODE & TELEPHONE NO.: 450-788-2490

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	USGN	8301						DUN		X				X				
2		8307				X				X				X				
3		8314				X				X				X				
4		8317					X			X						X		
5		8334					X						MULE			X		
6		8224			X					X				X				
7		8225			X					X				X				
8		8226					X			X				X				
9		8227				X				X				X				
10		8335						APP		X						X	Blind left eye	
11		8336					X			X				X				
12		8339						APP		X				X				
13		8338	X							X				X				
14		8339			X					X				X				
15		8340	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 A[redacted]T AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

VS FO[redacted] Previous editions are obsolete

11-425-000343

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	USGN	8341			X					X						X		
17	USDF	7970					X			X				X				
18		7971	X							X				X				
19		7972					X			X						X		
20		7973					X			X						X		
21		7974	X							X				X				
22		7975					X			X				X				
23		7976			X					X						X		
24		7977					X			X						X		
25		7978	X							X				X				
26		7979					X			X						X		
27		7980						Red Roan		X				X				
28		7981					X			X						X		
29	USGN	8257	X							X cast	X			X				
30		~~8343~~	~~X~~										Roan	X				
31																		
32	30 head																	
33																		
34																		
35																		
36																		
37																		
38																		
39																		
40																		
41																		
42																		
43																		
44																		
45																		

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SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6)

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 6:00 AM / 2:00 PM

DATE: 10-27-10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: BROWNTON, MN / Davenport IA

VEHICLE LICENSE NO. AND DRIVER'S NAME: [redacted] (b)(6)

NAME OF AUCTION/MARKET: —

CONSIGNOR (OWNER/SHIPPER) NAME: KEITH O TONGEN [redacted] (b)(6)

CONSIGNEE (RECEIVER/DESTINATION) NAME: VIANDE RICHELIEU MEAT INC

STREET ADDRESS: [redacted] (b)(6)

STREET ADDRESS: 595 RUE ROYALE

CITY, STATE, ZIP CODE: [redacted] (b)(6)

CITY, STATE, ZIP CODE: MASSUEVILLE, QUEBEC, CANADA J0G 1K0

AREA CODE & TELEPHONE NO.: [redacted] (b)(6)

AREA CODE & TELEPHONE NO.: 450-788-2490

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		
off 1	USGN																—	7b
2		8302						DUN		X						X		
3		8303					X			X						X		
4		8304				X				X				X				
5		8305	X							X				X				
6		8306					X			X				X				
off 7	—																	— 7b
8		8308				X				X				X				
9		8309				X				X				X				
10		8310						DUN		X						X		
11		8311						Red Roan		X				X				
12		8312						Red Roan		X				X				
13		8313	X							X						X		
off 14	—																	— 7b
15		8315					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 [redacted] (b)(6)

I HEREBY AU[redacted]MENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

[redacted] (b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY
(CONTINUATION SHEET)

(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM APPROVED OMB NO. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USGN	8316					X			X				X				
17																		Off
18		8318					X			X						X		
19		8319						App		X				X				
20		8320	X							X						X	Blind left eye	
21		8321						App		X						X		
22		8322					X			X				X			Blind left eye	
23		8323				X				X				X				
24		8324				X				X						X		
25		8325					X			X				X				
26		8326					X			X						X		
27		8327				X				X				X				
28		8328					X			X				X				
29		8329				X				X				X				
30		8330			X					X				X				
31		8331						PAL		X				X				
32		8332					X			X				X				
33		8333					X			X				X				
34																		
35	29 head																	
36																		
37																		
38																		
39																		
40																		
41																		
42																		
43																		
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45																		

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SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6)

VS FORM 10-13A
(SEP 2002)

5_000346

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: 11H00

DATE: 28-10-10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Manchester Michigan

VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6)

NAME OF AUCTION/MARKET:

CONSIGNOR (OWNER/SHIPPER) NAME: KEITH O TONGEN

CONSIGNEE (RECEIVER/DESTINATION) NAME: VIANDE RICHELIEU MEAT INC

STREET ADDRESS: (b)(6)

STREET ADDRESS: 595 RUE ROYALE

CITY, STATE, ZIP CODE: (b)(6)

CITY, STATE, ZIP CODE: MASSUEVILLE, QUEBEC, CANADA J0G 1K0

AREA CODE & TELEPHONE NO.: (b)(6)

AREA CODE & TELEPHONE NO.: 450-788-2490

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		
off	USGN																	ff
2		8302						DUN		X						X		
3		8303					X			X						X		
4		8304				X				X				X				
5		8305	X							X				X				
6		8306					X			X				X				
off																		ff
8		8308				X				X				X				
9		8309				X				X				X				
10		8310						DUN		X						X		
11		8311						Red Roan		X				X				
12		8312						Red Roan		X				X				
13		8313	X							X						X		
off 14																		ff
15		8315					X			X				X				

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE

SIGNATURE: (b)(6)

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

OIA 11-425_000347

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	USGN	8316					X			X				X				
17																		off
18		8318					X			X						X		
19		8319						App		X				X				
20		8320	X							X						X	Blind left eye	
21		8321						App		X						X		
22		8322					X			X				X			Blind left eye	
23		8323				X				X				X				
24		8324				X				X						X		
25		8325					X			X				X				
26		8326					X			X						X		
27		8327				X				X				X				
28		8328					X			X				X				
29		8329				X				X				X				
30		8330			X					X				X				
31		8331						PAL		X				X				
32		8332					X			X				X				
33		8333					X			X				X				
34																		
35	29 head																	
36																		
37																		
38																		
39																		
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44																		
45																		

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SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6)

25_000348

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 8:00 AM

DATE: 10-1-10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: BRAINTON, MN

VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6)

NAME OF AUCTION/MARKET: —

CONSIGNOR (OWNER/SHIPPER) NAME: KEITH O TONGEN

CONSIGNEE (RECEIVER/DESTINATION) NAME: VIANDE RICHELIEU MEAT INC

STREET ADDRESS: (b)(6)

STREET ADDRESS: 595 RUE ROYALE

CITY, STATE, ZIP CODE: (b)(6)

CITY, STATE, ZIP CODE: MASSUEVILLE, QUEBEC, CANADA J0G 1K0

AREA CODE & TELEPHONE NO.: (b)(6)

AREA CODE & TELEPHONE NO.: 450-788-2490

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- ☑ Pregnant mares are not likely to foal (give birth) during the trip.
- ☑ Foals are older than 6 months of age.
- ☑ Horses are able to bear weight on all 4 limbs.
- ☑ Horses are not blind in both eyes.
- ☑ Horses are able to walk unassisted.

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USGN	8018						Buckskin		X				X				
2		8020					X			X						X		
3		8022					X			X				X				
4		8023						Red Roan		X						X		
5		8025	X							X				X				
6		8026					X		X							X		
7		8029					X						We	X				
8		8033	X						X							X		
9		8034					X		X					X				
10		8035						Blue Roan		X				X				
11		8036	X							X						X		
12		8038	X							X				X				
13		8040	X							X				X				
14		8043						Dun		X						X		
15		8045				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)

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SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

VS (b)(6)

Previous editions are obsolete

FOIA 11-425_000349

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	USGN	8052				X				X						X		
17		8054				X				X				X				
18		8065	X							X						X		
19		8066			X						X			X				
20		8067			X					X				X				
21		8068					X			X				X				
22		8069					X			X				X				
23		8072				X				X				X				
24		8074					X			X						X		
25		8075						APP		X						X		
26		8076				X				X						X		
27		8078					X			X						X		
28		8080	X							X						X		
29		28 head																
30																		
31																		
32																		
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45																		

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.)

[redacted] (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: 10:45 A.M

DATE: 30-09-10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: MANCHESTER, MICHIGAN

VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6)

NAME OF AUCTION/MARKET: —

CONSIGNOR (OWNER/SHIPPER) NAME: KEITH O TONGEN

CONSIGNEE (RECEIVER/DESTINATION) NAME: VIANDE RICHELIEU MEAT INC

STREET ADDRESS: (b)(6)

STREET ADDRESS: 595 RUE ROYALE

CITY, STATE, ZIP CODE: (b)(6)

CITY, STATE, ZIP CODE: MASSUEVILLE, QUEBEC, CANADA J0G 1K0

AREA CODE & TELEPHONE NO.: (b)(6)

AREA CODE & TELEPHONE NO.: 450-788-2490

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	USGN	8057				X				X						X		
2		8058					X			X						X		
3		8059					X			X				X				
4		8060						Red Roan		X				X				
5		8061					X			X						X		
6		8062					X			X						X		
7		8063					X			X						X		
8		8064				X				X				X				
9		8042						Blue Roan		X				X				
10		8044						App		X				X				
11		8046					X			X				X				
12		8047						Red Roan		X				X				
13		8048						App		X				X				
14		8049						App		X				X				
15		8050						App					WE	X				

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

SIGNATURE

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

Previous editions are obsolete

FOIA 11-425_000351

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	USGN	8051						Dun		X				X				
17		8053	X							X				X				
18		8055	X							X				X				
19		8056	X							X				X				
20		8037	X							X						X		
21		8039				X				X				X				
22		8041			X					X						X		
23		8019	X							X				X				
24		8021			X					X						X		
25		8024			X					X				X				
26		8027				X				X						X		
27		8028			X					X				X				
28		8030	X							X						X	Blind right eye	
29		8031						Roan Brown		X				X				
30		8032					X			X				X				
31																		
32	29	hd.																
33																		
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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.)

[redacted] (b)(6)

VS FORM 10-1
(SEP 2002)

FOIA 11-425_000352

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE | DATE | CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE

VEHICLE LICENSE NO. AND DRIVER'S NAME | NAME OF AUCTION/MARKET

CONSIGNOR (OWNER/SHIPPER) NAME: KEITH O TONGEN
STREET ADDRESS: (b)(6)
CITY, STATE, ZIP CODE: (b)(6)
AREA CODE & TELEPHONE NO.: (b)(6)

CONSIGNEE (RECEIVER/DESTINATION) NAME: VIANDE RICHELIEU MEAT INC
STREET ADDRESS: 595 RUE ROYALE
CITY, STATE, ZIP CODE: MASSUEVILLE QUEBEC, CANADA J0G 1K0
AREA CODE & TELEPHONE NO.: 450-788-2490

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	USGN	8057				X				X						X		
2		8058					X			X						X		
3		8059					X			X				X				
4		8060						Red Roan		X				X				
5		8061					X			X						X		
6		8062					X			X						X		
7		8063					X			X						X		
8		8064				X				X				X				
9		8042						Blue Roan		X				X				
10		8044						App		X				X				
11		8046					X			X				X				
12		8047						Red Roan		X				X				
13		8048						App		X				X				
14		8049						App		X				X				
15		8050						App					WE	X				

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

SIGNATURE

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)
EST.
DATE
TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)
EST.
DATE
TIME

V (b)(6) Previous editions are obsolete

FOIA 11-425_000353

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	USGN	8051						Dun		X				X				
17		8053	X							X				X				
18		8055	X							X				X				
19		8056	X							X				X				
20		8037	X							X						X		
21		8039				X				X				X				
22		8041			X					X						X		
23		8019	X							X				X				
24		8021			X					X						X		
25		8024			X					X				X				
26		8027				X				X						X		
27		8028			X					X				X				
28		8030	X							X						X	Blind right eye	
29		8031						Roan Brown		X				X				
30		8032					X			X				X				
31																		
32	29 hd																	
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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)

FOIA 11-425_000354

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: 6:00 AM

DATE: 9-29-10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: BROWNTON, MINNESOTA

VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6)

NAME OF AUCTION/MARKET: —

CONSIGNOR (OWNER/SHIPPER) NAME: KEITH O TONGEN

CONSIGNEE (RECEIVER/DESTINATION) NAME: VIANDE RICHELIEU MEAT INC

STREET ADDRESS: (b)(6)

STREET ADDRESS: 595 RUE ROYALE

CITY, STATE, ZIP CODE: (b)(6)

CITY, STATE, ZIP CODE: MASSUEVILLE, QUEBEC, CANADA J0G 1K0

AREA CODE & TELEPHONE NO.: (b)(6)

AREA CODE & TELEPHONE NO.: 450-788-2490

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	USGN	8057				X				X						X		
2		8058					X			X						X		
3		8059					X			X				X				
4		8060						Red Roan		X				X				
5		8061					X			X						X		
6		8062					X			X						X		
7		8063					X			X						X		
8		8064				X				X				X				
9		8042						Blue Roan		X				X				
10		8044						App		X				X				
11		8046					X			X				X				
12		8047						Red Roan		X				X				
13		8048						App		X				X				
14		8049						App		X				X				
15		8050						App					WE	X				

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE

SIGNATURE (b)(6)

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SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.) (b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

VS F (b)(6) Previous editions are obsolete

FOIA 11-425_000355

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	USGN	8051						Dun		X				X				
17		8053	X							X				X				
18		8055	X							X				X				
19		8056	X							X				X				
20		8037	X							X						X		
21		8039				X				X				X				
22		8041			X					X						X		
23		8019	X							X				X				
24		8021			X					X						X		
25		8024			X					X				X				
26		8027				X				X						X		
27		8028			X					X				X				
28		8030	X							X						X	Blind	right eye
29		8031						Roan Brown		X				X				
30		8032					X			X				X				
31																		
32	29 head																	
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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.)

[redacted] (b)(6)

VS [illegible]
(SEP 2002)

FOIA 11-425_000356

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 12:00 NOON

DATE: 10-3-2010

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: BROWNTON, MN

VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6)

NAME OF AUCTION/MARKET:

CONSIGNOR (OWNER/SHIPPER) NAME: KEITH O TONGEN

CONSIGNEE (RECEIVER/DESTINATION) NAME: VIANDE RICHELIEU MEAT INC

STREET ADDRESS: (b)(6)

STREET ADDRESS: 595 RUE ROYALE

CITY, STATE, ZIP CODE: (b)(6)

CITY, STATE, ZIP CODE: MASSUEVILLE, QUEBEC, CANADA J0G 1K0

AREA CODE & TELEPHONE NO.: (b)(6)

AREA CODE & TELEPHONE NO.: 450-788-2490

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- [✓] Pregnant mares are not likely to foal (give birth) during the trip.
- [✓] Foals are older than 6 months of age.
- [✓] Horses are able to bear weight on all 4 limbs.
- [✓] Horses are not blind in both eyes.
- [✓] Horses are able to walk unassisted.

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USGN	7974	X							X						X		
2		7975	X							X						X		
3		7972			X					X						X		
4		7973	X							X						X		
5		7976						App		X						X		
6		7977					X			X				X				
7		7978	X						X							X		
8		7979						App		X						X		
9		7980					X			X						X		
10		7981	X							X				X				
11		7982	X							X				X				
12		7983						Red Dun		X				X				
13		7984					X			X				X				
14		7985					X			X						X		
15		7986	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)

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SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

Previous editions are obsolete

FOIA 11-425_000357

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	USGN	7987	X							X				X				
17		7988						App		X						X		
~~18~~		~~7989~~					X			X				X				
19		7990					X			X				X				
20		7991				X				X				X				
21		7992					X			X				X				
22		7993						White		X				X				
23		7994					X			X				X				
24		7995						Roan			X			X				
25		7996					X			X				X				
26		7997						App		X				X				
27		7998					X						AB	X				
28		8000						DUN		X				X				
~~29~~		~~7999~~						App		X						X	~~Blind right eye~~	
30		8082					X			X						X		
~~31~~		~~8083~~				X	X			X				X				
32																		
33																		
34		28 head																
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CANADIAN FOOD INSPECTION AGENCY Government of Canada Canada AGENCE CANADIENNE D'INSPECTION DES ALIMENTS Gouvernement du Canada

MEB

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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.)

[redacted] (b)(6)

11-425_000358

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 3:00 PM

DATE: 10-2-10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: BROWNTON, MN

VEHICLE LICENSE NO. AND DRIVER'S NAME: [redacted] (b)(6)

NAME OF AUCTION/MARKET: —

CONSIGNOR (OWNER/SHIPPER) NAME: KEITH O TONGEN

CONSIGNEE (RECEIVER/DESTINATION) NAME: VIANDE RICHELIEU MEAT INC

STREET ADDRESS: [redacted] (b)(6)

STREET ADDRESS: 595 RUE ROYALE

CITY, STATE, ZIP CODE: [redacted] (b)(6)

CITY, STATE, ZIP CODE: MASSUEVILLE, QUEBEC, CANADA J0G 1K

AREA CODE & TELEPHONE NO.: [redacted] (b)(6)

AREA CODE & TELEPHONE NO.: 450-788-2490

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	USCW	7052						APP		X						X		
2		7053					X						HF			X		
3		7054			X					X				X				
4		7056				X				X				X				
5		7057						PAL		X						X		
6		7058					X			X						X		
7		7059						Red Roan		X				X				
8		7060					X			X						X		
9		7061					X			X				X				
10		7062					X			X						X		
11		7063						PAL		X				X				
12		7064						DUN		X				X				
13		7065					X			X				X				
14		7066	X							X				X				
15		7067					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 [redacted] (b)(6)

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

[redacted] (b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

V[redacted] (b)(6)

Previous editions are obsolete

FOIA 11-425_000359

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	USCW	7068					X			X						X		
17		7069						Red Roan		X				X				
18		7070					X			X				X				
19		7071	X							X						X		
20		7072					X			X				X				
21	USGN	8058				X				X						X		
22		7961	X							X					X		Pen alone	
23		7962	X							X				X				
24		7963					X			X						X		
25		7964	X							X						X		
26		7965			X					X				X				
27		7966	X							X				X				
28		7967	X							X						X		
29		~~7968~~						~~DUN~~		~~X~~				~~X~~				
30		7969						APP		X				X				
31		8082					X			X						X		
32		~~8083~~					~~X~~			~~X~~				~~X~~				
33																		
34	30 head																	
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Off

CANADIAN FOOD INSPECTION AGENCY
Government of Canada
AGENCE CANADIENNE D'INSPECTION DES ALIMENTS
Gouvernement du Canada

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SIGNATU[redacted]tained in this form is true and correct to the best of my knowledge.)

(b)(6)

1-425_000360

VS FORM
(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: 10-2-10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: MANCHESTER MI.

VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6)

NAME OF AUCTION/MARKET:

CONSIGNOR (OWNER/SHIPPER) NAME: KEITH O TONGEN

CONSIGNEE (RECEIVER/DESTINATION) NAME: VIANDE RICHELIEU MEAT INC

STREET ADDRESS: (b)(6)

STREET ADDRESS: 595 RUE ROYALE

CITY, STATE, ZIP CODE: (b)(6)

CITY, STATE, ZIP CODE: MASSUEVILLE, QUEBEC, CANADA J0G 1K0

AREA CODE & TELEPHONE NO.: (b)(6)

AREA CODE & TELEPHONE NO.: 450-788-2490

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	USGN	8018						Buckskin		X				X				
2		8020					X			X						X		
3		8022					X			X				X				
4		8023						Red Roan		X						X		
5		8025	X							X				X				
6		8026					X		X							X		
7		8029					X						We	X				
8		8033	X						X							X		
9		8034					X		X					X				
10		8035						Blue Roan		X				X				
11		8036	X							X						X		
12		8038	X							X				X				
13		8040	X							X				X				
14		8043						DUN		X						X		
15		8045				X				X				X				

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IM (b)(6)

SIGNATURE (b)(6)

I HEREBY (b)(6) AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

Previous editions are obsolete

FOIA 11-425_000361

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	Chestnt	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	45GN	8052				X				X						X		
17		8054				X				X				X				
18		8065	X							X						X		
19		8066			X						X			X				
20		8067			X					X				X				
21		8068					X			X				X				
22		8069					X			X				X				
23		8072				X				X				X				
24		8074					X			X						X		
25		8075						APP		X						X		
26		8076				X				X						X		
27		8078					X			X						X		
28		8080	X							X						X		
29																		
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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)

(SEP 2002)

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 10:30 am

DATE: OCT 4/10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: MANCHESTER, MICHIGAN

VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6)

NAME OF AUCTION/MARKET: —

CONSIGNOR (OWNER/SHIPPER) NAME: KEITH O TONGEN

CONSIGNEE (RECEIVER/DESTINATION) NAME: VIANDE RICHELIEU MEAT INC

STREET ADDRESS: (b)(6)

STREET ADDRESS: 595 RUE ROYALE

CITY, STATE, ZIP CODE: (b)(6)

CITY, STATE, ZIP CODE: MASSUEVILLE, QUEBEC, CANADA J0G 1K

AREA CODE & TELEPHONE NO.: (b)(6)

AREA CODE & TELEPHONE NO.: 450-788-2490

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	15GN	7974	X							X						X		
2		7975	X							X						X		
3		7972			X					X						X		
4		7973	X							X						X		
5		7976						App		X						X		
6		7977					X			X				X				
7		7978	X						X							X		
8		7979						App		X						X		
9		7980					X			X						X		
10		7981	X							X				X				
11		7982	X							X				X				
12		7983						Red Dun		X				X				
13		7984					X			X				X				
14		7985					X			X						X		
15		7986	X							X				X				

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IM (b)(6)

SIGNATUI (b)(6)

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME 1433

Previous editions are obslete

FOIA 11-425_000363

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	USGN	7987	X							X				X				
17		7988						App		X						X		
~~18~~		~~7989~~					X			X				X				off
19		7990					X			X				X				
20		7991				X				X				X				
21		7992					X			X				X				
22		7993						white		X				X				
23		7994					X			X				X				
24		7995						Roan			X			X				
25		7996					X			X				X				
26		7997						App		X				X				
27		7998					X						AB	X				
28		8000						DUN		X				X				
~~29~~		~~7999~~						App		X						X	Blind right eye	off
30		8082					X			X						X		
~~31~~		~~8083~~				X	X			X				X				off
32																		
33	28 head																	
34																		
35																		
36																		
37																		
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39																		
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41																		
42																		
43																		
44																		
45																		

CANADIAN FOOD INSPECTION AGENCY
Government of Canada
Gouvernement du Canada
AGENCE CANADIENNE D'INSPECTION DES ALIMENTS
MBB

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).

SIG[redacted] n contained in this form is true and correct to the best of my knowledge.)

(b)(6)

11-425_000364

VS
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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

(Please type or print in ink)

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FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 10:00 AM

DATE: 10-12-10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: BROWNTON, MN

VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6)

NAME OF AUCTION/MARKET: —

CONSIGNOR (OWNER/SHIPPER) NAME: KEITH O TONGEN

CONSIGNEE (RECEIVER/DESTINATION) NAME: VIANDE RICHELIEU MEAT INC

STREET ADDRESS: (b)(6)

STREET ADDRESS: 595 RUE ROYALE

CITY, STATE, ZIP CODE: (b)(6)

CITY, STATE, ZIP CODE: MASSUEVILLE, QUEBEC, CANADA J0G 1K

AREA CODE & TELEPHONE NO.: (b)(6)

AREA CODE & TELEPHONE NO.: 450-788-2490

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- ☑ Pregnant mares are not likely to foal (give birth) during the trip.
- ☑ Foals are older than 6 months of age.
- ☑ Horses are able to bear weight on all 4 limbs.
- ☑ Horses are not blind in both eyes.
- ☑ Horses are able to walk unassisted.

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USGN	7971	X							X						X		
2		7989					X			X				X				
3		7999						Red Roan	App	X				X				
4		8070					X			X						X		
5		8071	X							X						X		
6		8073						Dun		X				X				
7		8077				X				X						X		
8		8079				X				X				X				
9		8081					X			X				X				
10		8084						PAL		X				X				
11		8085					X				X					X		
12		8086				X				X						X		
13		8087	X							X				X				
14		8088				X				X						X		
15		8089					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)

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SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.) (b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

CANADIAN FOOD INSPECTION AGENCY Government of Canada Canada Gouvernement du Canada ACCIPIE CANADIAN

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	USGN	8090	X							X				X				
17		8091	X							X						X		
18		8092						Blue Roan		X				X				
19		8093						DWF		X				X				
20		8094					X			X						X		
21		8095	X									X		X				
22		8096					X			X				X				
~~23~~		~~8097~~	X										Mule	X				off
24		8098					X			X				X				
25		8099					X			X				X				
26		8100		X						X				X				
27		8131			X					X				X				
28		8132					X			X						X	Blind	left eye
29		8135	X								X					X		
30		8139					X					X				X		
31																		
32	29 head																	
33																		
34																		
35																		
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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)

425_000366

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 9:00 AM

DATE: 11-13-10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: MANCHESTER, MICHIGAN

VEHICLE LICENSE NO. AND DRIVER'S NAME: [redacted] (b)(6)

NAME OF AUCTION/MARKET: —

CONSIGNOR (OWNER/SHIPPER) NAME: KEITH O TONGEN

CONSIGNEE (RECEIVER/DESTINATION) NAME: VIANDE RICHELIEU MEAT INC

STREET ADDRESS: [redacted] (b)(6)

STREET ADDRESS: 595 RUE ROYALE

CITY, STATE, ZIP CODE: [redacted] (b)(6)

CITY, STATE, ZIP CODE: MASSUEVILLE, QUEBEC, CANADA J0G 1K

AREA CODE & TELEPHONE NO.: [redacted] (b)(6)

AREA CODE & TELEPHONE NO.: 450-788-2490

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	USGN	7971	X							X						X		
2		7989					X			X				X				
3		7999						Red Roan App		X				X				
4		8070					X			X						X		
5		8071	X							X						X		
6		8073						Dun		X				X				
7		8077				X				X						X		
8		8079				X				X				X				
9		8081					X			X				X				
10		8084						PAL		X				X				
11		8085					X				X					X		
12		8086				X				X						X		
13		8087	X							X				X				
14		8088				X				X						X		
15		8089					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 [redacted] (b)(6)

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SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

[redacted] (b)(6)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY
(CONTINUATION SHEET)

(Please type or print in ink)

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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	USGN	8090	X							X				X				
17		8091	X							X						X		
18		8092						Blue Roan		X				X				
19		8093						DWH		X				X				
20		8094					X			X						X		
21		8095	X									X		X				
22		8096					X			X				X				
~~23~~		~~8097~~	~~X~~										~~Mule~~	~~X~~				~~off~~
24		8098					X			X				X				
25		8099					X			X				X				
26		8100		X						X				X				
27		8131			X					X				X				
28		8132					X			X						X	Blind	left eye
29		8135	X								X					X		
30		8139					X					X				X		
31																		
32	29 head																	
33																		
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CANADIAN FOOD INSPECTION AGENCY Government of Canada

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SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

[redacted] (b)(6)

VS FORM [redacted]
(SEP 2002)

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