

UNITED STATES ORIGIN HEALTH CERTIFICATE

(This document does not replace Certificate of Inspection of Export Animals, VS Form 17-27)

1. CONSIGNOR'S NAME (Last name, first name, middle initial or business name) 2. CERTIFICATE NO 3. PAGE NO.

**Heritage Livestock, LLC
Raucher, Dennis**

G 07520

1 OF 2

4. DATE ISSUED **6/17/2010** 5. U.S. PORT OF EMBARKATION (City and State) **Mt. Vernon, Missouri** 6. STATE CODE **29**

7. CONSIGNOR'S STREET ADDRESS (Mailing Address) **11196 Lawrence 1165** 8. CONSIGNOR'S CITY (or Town) **Mt. Vernon**

9. SEMEN (Check if yes) **n/a** 10. NO. DOSES OF SEMEN **n/a** 11. TRANSPORTATION CLASS
1 - Rail 3 - Air 2 - Truck 4 - Ocean **2**

12. CONSIGNOR'S STATE **Missouri** 13. STATE CODE **29** 14. ZIP CODE **65712**

16. CONSIGNEES NAME AND STREET ADDRESS (Mailing Address) DESTINATION COUNTRY ENTER CODE
(b)(6)

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

NEGATIVE TUBERCULIN READING **N/A** 48 HRS. 72 HRS.
BRUCellosis BLOOD SAMPLE COLLECTED
NEGATIVE RESULTS OF OTHER TESTS
DISEASE DISEASE DISEASE
EIA
TYPE TEST TYPE TEST TYPE TEST

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

17. FARM ORIGIN Owner's name (Last name, two initials, or business name) Owner's street address Owner's city/town, state code (FIPS code on reverse) & zip code	18. INDIVIDUAL IDENTIFICATION (Instructions for columns A, B, C & D on reverse)										CERTIFIED BRUCellosis FREE AREA					NEGATIVE RESULTS OF OTHER TESTS		
	ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	DATE F	DATE G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DATE M	DATE N	DATE O	DISEASE TYPE TEST	DISEASE TYPE TEST	DISEASE TYPE TEST	
Heritage Livestock, LLC 11196 Lawrence 1165 Mt. Vernon, 29, 65712	636	15	G	APHA n/a											NEG A#7540-1	6/16/10		
	*Horse above is a black/white w/star & stockings on all 4 legs																	
	635	7	F	AQHA n/a											NEG A#7540-2	6/16/10		
	*Horse above is gray w/ a white start																	
	637	7	G	APHA n/a											NEG A#7540-3	6/16/10		
	*Horse above is a sorrel/white overo w/blaze LF&LH sock RH Stocking																	
	638	9	F	APHA n/a											NEG A#7540-4	6/16/10		
	*Horse above is a buckskin/white with blaze extending over right eye																	
	639	17	F	APP n/a											NEG A#7540-5	6/16/10		
*Horse above is dun color w/blaze-snip & lower lip LFwhite feet & stockings																		
640	8	F	APHA n/a											NEG A#7540-6	6/16/10			
*Horse above is a bay w/startstrip LH sock RH sock																		
641	13	F	APP n/a											NEG A#7540-7	6/16/10			
*Horse above is a bay w/white blanket LHpastern RHPPastern white																		
642	9	F	GRADE n/a											NEG A#7540-8	6/16/10			
*Horse above is chestnut w/flaxen mane/tail LF pastern LH/RH sock																		
643	10	F	AQHA n/a											NEG A#7540-9	6/16/10			
*Horse above is sorrel w/blaze LHpartial white w/oronet RHpastern																		

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

CERTIFICATION BY ISSUING VETERINARIAN

This is to certify that the animals identified above were inspected by me on this date and found to be free from evidence of communicable diseases and insofar as can be determined exposure thereto; the premises of origin are not under Federal or State quarantine because of animal disease; the animals were all negative to the tests shown on the dates indicated. Arrangements have been made for the animals to be handled in a transporting vehicle that has been cleaned and disinfected since last used for livestock and for movement to the port of embarkation without exposure to other animals en route, except those meeting these health requirements. The shipment must be accompanied to the port of export with this certificate.

19. DATE ENDORSED **6-17-10** 20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, please print) **Dake, Charles B.** 21. STATUS 2 Federal 1 State 3 Accredited
24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp) **DAVID L. HOPSON** 25. SIGNATURE OF ISSUING VETERINARIAN

22. TOTAL NO OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A) **12**

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

CONTINUATION SHEET FOR
UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME (last name, first name, middle initial or business name)

Heritage Livestock, LLC

(b)(6)

2. CERTIFICATE NO. FROM VS FORM 17-140

G 07520

3. PAGE NO.

2 OF 2

48 HRS.

READING (b)(6)

72 HRS.

n/a

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

CERTIFIED BRUCELLOSIS FREE AREA

DISEASE TYPE TEST	DISEASE TYPE TEST	DISEASE TYPE TEST
NEG A#7540-10	NEG A#7540-11	NEG A#7540-12

17. FARM ORIGIN

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

Heritage Livestock, LLC
11196 Lawrence 1165
Mt. Vernon, MO 65712

MODIFIED ACCREDITED AREA (TB)

18. INDIVIDUAL IDENTIFICATION

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	DATE E	DATE F	DATE G	DATE H	VAC. I	1/25 J	1/50 K	1/100 L	DATE M	DATE N	DATE O
644 *Horse above	9	F	APHA	n/a								6/16/10		
645 *Horse above	9	F	AQHA	n/a								6/16/10		
646 *Horse above	16	F	AQHA	n/a								6/16/10		

The animals were inspected within 30 days prior to export & found to be healthy & free from evidence of communicable disease & exposure thereto.

The animals were, to the best of my knowledge and belief of the issuing veterinarian, not exposed to any communicable disease w/in 60 days preceding date of inspection. The animals have resided in the United States since birth,

The horses have not been on premises where *T. agulgenitalis* has been isolated during the 60 days immediately preceding export to Canada or a premises currently under quarantine or investigation of CEM. Any females in the shipment have not been bred naturally to, or inseminated with, semen from a stallion positive for CEM, or a stallion resident upon a positive premises or under quarantine or investigation for CEM.

The animals have showed no clinical signs of CEM on the day of inspection

The animals, at the time of inspection, were found to be healthy & in a physical condition fit to be transported.

The exporter has been advised that any deterioration in health or physical condition of the animals that may render animals unfit for transport may result in shipment to be refused entry to Canada.

During the previous 21 days, the animals in this shipment have not been in the state of Texas, New Mexico, and Arizona.

**Fit to be transported means: that on the day of inspection, no animal has an infirmity illness, injury or any other condition that could be aggravated when the animal is being transported and causing the animal to suffer.

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
EQUINE INFECTIOUS ANEMIA LABORATORY TEST
(VS Memorandum 555.16)

SERIAL NO.

Q0001968

1. ACCESSION NUMBER

7540-12

2. DATE BLOOD DRAWN

6/15/10

Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed.

3. REASON FOR TESTING

- Market Change of Ownership Retest Export Show First Test

7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type)

See tag

4. GEOGRAPHIC INFORMATION SYSTEMS (GIS)

LAT:
LONG:

5. VETERINARY LICENSE OR ACCREDITATION NO.

17055418

6. TEST TYPE

- ELISA
 AGID

Zip Code

Tel No.

County

8. NAME AND ADDRESS OF OWNER (Please print or type)

Heritage Livestock, LLC
11916 Lawrenceville Rd
Mt. Airy, NC
Tel No. 704-461-7000

Zip Code 105712

County LAWRENCE

9. NAME AND ADDRESS OF VETERINARIAN (Please print or type)

Charles Dake, D.V.M.
PO Box 170
Miller MO 65707 Lawrence Co.
417-452-3301

Tel No.

County

CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN

I certify the specimen submitted with this form was drawn by me from the horse described below on the date indicated above.

10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN

Charles Dake

11. TYPE OR PRINT SIGNATURE NAME

Charles Dake

12. SIGNATURE DATE

6/15/10

CERTIFICATION OF OWNER OR OWNER'S AGENT

I certify that I have examined this form and, to the best of my knowledge and belief, this form is true, correct and complete.

13. SIGNATURE OF OWNER OR OWNER'S AGENT

(b)(6)

14. TYPE OR PRINT SIGNATURE NAME

(b)(6)

15. SIGNATURE DATE

6/15/10

16. Tube No.

Official Tag

18. Tattoo/Brand

19. Name of Horse

20. Color

21. Breed

22. Electronic I.D. No.

23. Age or DOB

24. Sex

- M - Male
F - Female
G - Gelding
N - Neuter

17055418

APPLE OF JACKS EYE

BAU

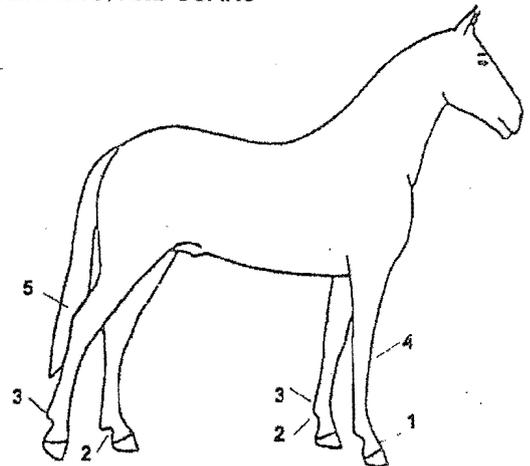
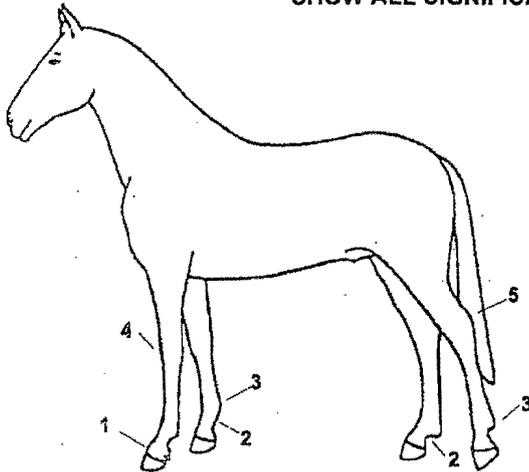
ARMA

327905

15/10/10

F

SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



1 - Coronet, 2 - Pastern, 3 - Fetlock, 4 - Knee, 5 - Hock

NARRATIVE DESCRIPTION AND REMARKS

25. HEAD

Star-shaped scar

26. OTHER MARKS AND BRANDS

Star-shaped scar

27. LEFT FORELIMB

28. RIGHT FORELIMB

29. LEFT HINDLIMB

30. RIGHT HINDLIMB

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE

32. DATE RECEIVED

33. DATE REPORTED OUT

34. TEST RESULTS

- Negative Positive AGID ELISA

36. SIGNATURE OF TECHNICIAN

35. REMARKS

Falsification of this form or knowingly using a falsified form is a criminal offense and may result in a fine of not more than \$10,000 or imprisonment for not more than 5 years or both (U.S.C. Section 1001).

**U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
EQUINE INFECTIOUS ANEMIA LABORATORY TEST
(VS Memorandum 555.16)**

SERIAL NO.

Q0181971

1. ACCESSION NUMBER

7546-10

2. DATE BLOOD DRAWN

11/5/10

Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed.

3. REASON FOR TESTING <input type="checkbox"/> Market <input type="checkbox"/> Change of Ownership <input type="checkbox"/> Show <input type="checkbox"/> First Test <input type="checkbox"/> Retest <input type="checkbox"/> Export		7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type) <i>1028 E</i>	
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:	5. VETERINARY LICENSE OR ACCREDITATION NO. <i>VLS 15152</i>	6. TEST TYPE <input checked="" type="checkbox"/> ELISA <input type="checkbox"/> AGID	
8. NAME AND ADDRESS OF OWNER (Please print or type) <i>Harmony Livestock, LLC 1028 E Lawrence Hwy Lawrence, Mo</i>		9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) Charles Dake, D.V.M. PO Box 178 Miller MO 65707 Lawrence Co Mo	
Tel No. <i>417-461-7111</i>		Tel No. 417-452-3301	
Zip Code <i>65712</i>		County <i>LAWRENCE</i>	

CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN

I certify the specimen submitted with this form was drawn by me from the horse described below on the date indicated above.

10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN <i>Charles Dake</i>	11. TYPE OR PRINT SIGNATURE NAME <i>Charles Dake</i>	12. SIGNATURE DATE <i>11/5/10</i>
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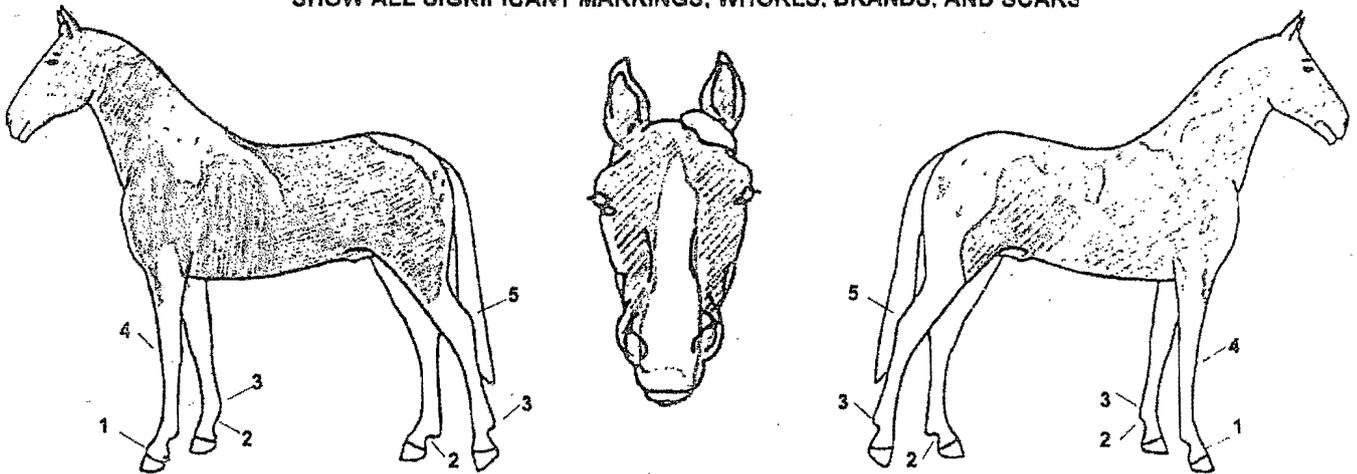
CERTIFICATION OF OWNER OR OWNER'S AGENT

I certify that I have examined this form and, to the best of my knowledge and belief, this form is true, correct and complete.

13. SIGNATURE OF OWNER OR OWNER'S AGENT <i>(b)(6)</i>	14. TYPE OR PRINT SIGNATURE NAME <i>(b)(6)</i>	15. SIGNATURE DATE <i>11/5/10</i>
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16. Tube No. <i>112</i>	17. Official Tag <i>1441</i>	18. Tattoo/Brand	19. Name of Horse <i>GINGER INDIANO CLASSIC</i>	20. Color <i>SEAL</i>	21. Breed <i>APHA</i>	22. Electronic I.D. No. <i>1609 1889</i>	23. Age or DOB <i>4/16/10</i>	24. Sex <i>F</i>	M - Male F - Female G - Gelding N - Neuter
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SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



1 - Coronet, 2 - Pastern, 3 - Fetlock, 4 - Knee, 5 - Hock

NARRATIVE DESCRIPTION AND REMARKS

25. HEAD <i>Flare extending to lower lip (E)</i>	26. OTHER MARKS AND BRANDS
27. LEFT FORELIMB	28. RIGHT FORELIMB
29. LEFT HINDLIMB	30. RIGHT HINDLIMB

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE	32. DATE RECEIVED	33. DATE REPORTED OUT	34. TEST RESULTS <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> AGID <input checked="" type="checkbox"/> ELISA
36. SIGNATURE OF TECHNICIAN		35. REMARKS <i>certified</i>	

Falsification of this form or knowingly using a falsified form is a criminal offense and may result in a fine of not more than \$10,000 or imprisonment for not more than 5 years or both (U.S.C. Section 1001).

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
EQUINE INFECTIOUS ANEMIA LABORATORY TEST
(VS Memorandum 555.16)

SERIAL NO.

Q0081873

1. ACCESSION NUMBER

7-40-2

2. DATE BLOOD DRAWN

10/15/10

Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed.

3. REASON FOR TESTING

Market Change of Ownership Show Retest First Test Export

7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type)

Spec 8

4. GEOGRAPHIC INFORMATION SYSTEMS (GIS)

LAT:
LONG:

5. VETERINARY LICENSE OR ACCREDITATION NO.

FL155108

6. TEST TYPE

ELISA
 AGID

Zip Code

Tel No.

County

8. NAME AND ADDRESS OF OWNER (Please print or type)

Herrington Livestock LLC

11000 Shawnee 1105

117 Verona, MO

Zip Code 65722

Tel No.

417-452-7000

County

Lawrence

9. NAME AND ADDRESS OF VETERINARIAN (Please print or type)

Charles Dake, D.V.M.

PO Box 178

Miller MO 65707 Lawrence Co

Tel No.

417-452-3301

County

CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN

I certify the specimen submitted with this form was drawn by me from the horse described below on the date indicated above.

10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN

Charles Dake

11. TYPE OR PRINT SIGNATURE NAME

Charles Dake

12. SIGNATURE DATE

10/15/10

CERTIFICATION OF OWNER OR OWNER'S AGENT

I certify that I have examined this form and, to the best of my knowledge and belief, this form is true, correct and complete.

(b)(6)

14. TYPE OR PRINT SIGNATURE NAME

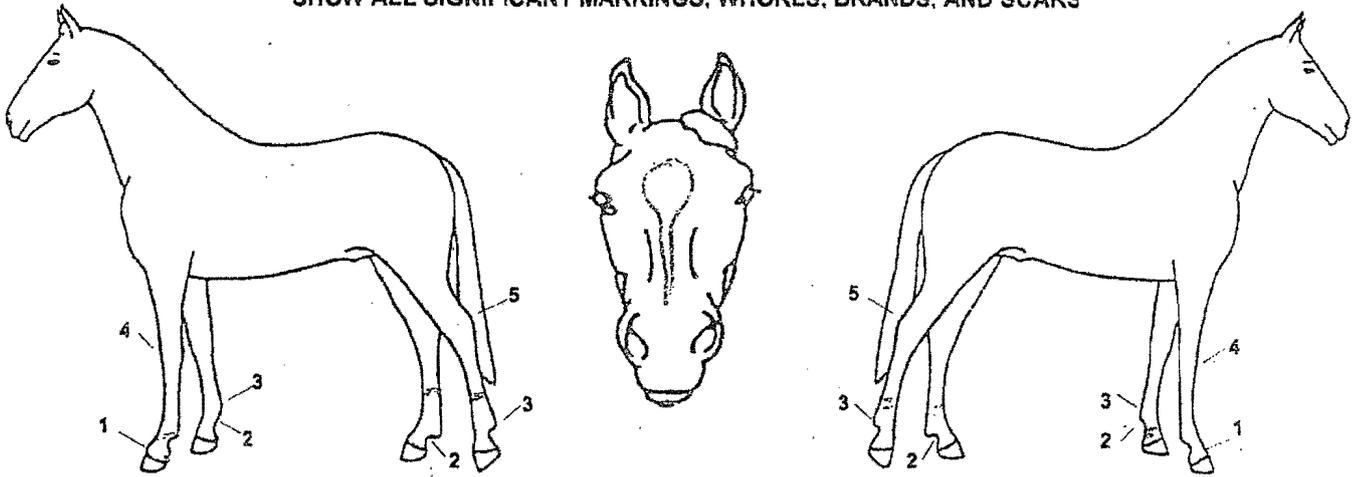
Spencer Raucher

15. SIGNATURE DATE

10/15/10

16. Tube No.	17. Official Tag	18. Tattoo/Brand	19. Name of Horse	20. Color	21. Breed	22. Electronic I.D. No.	23. Age or DOB	24. Sex	M - Male F - Female G - Gelding N - Neuter
AW 8	142		YVETTE	Chestnut	Grade		9	F	

SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



1 - Coronet, 2 - Pastern, 3 - Fetlock, 4 - Knee, 5 - Hock

NARRATIVE DESCRIPTION AND REMARKS

25. HEAD

26. OTHER MARKS AND BRANDS

None visible

27. LEFT FORELIMB

None

28. RIGHT FORELIMB

None

29. LEFT HINDLIMB

None

30. RIGHT HINDLIMB

None

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE

32. DATE RECEIVED

33. DATE REPORTED OUT

34. TEST RESULTS

Negative Positive AGID ELISA

35. SIGNATURE OF TECHNICIAN

35. REMARKS

Falsification of this form or knowingly using a falsified form is a criminal offense and may result in a fine of not more than \$10,000 or imprisonment for not more than 5 years or both (U.S.C. Section 1001).

U.S. DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE EQUINE INFECTIOUS ANEMIA LABORATORY TEST (VS Memorandum 555.16)	SERIAL NO. Q0081875	1. ACCESSION NUMBER 7510-6	2. DATE DRAWN 3/15/10
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Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed.

3. REASON FOR TESTING <input type="checkbox"/> Market <input type="checkbox"/> Change of Ownership <input type="checkbox"/> Show <input type="checkbox"/> Retest <input type="checkbox"/> First Test <input type="checkbox"/> Export		7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type) SEP 28	
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:	5. VETERINARY LICENSE OR ACCREDITATION NO. VT059018	6. TEST TYPE <input checked="" type="checkbox"/> ELISA <input type="checkbox"/> AGID	
8. NAME AND ADDRESS OF OWNER (Please print or type) SEP 28 1066 LAWRENCE HWY 100 WINDS, MO Zip Code 65712		9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) Charles Dake, D.V.M. PO Box 178 Miller MO 65707 Lawrence Co, Mo	
Tel No. 207-241-7112 County Lawrence		Tel No. 417-452-3301 County	

CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN

I certify the specimen submitted with this form was drawn by me from the horse described below on the date indicated above.

10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN <i>[Signature]</i>	11. TYPE OR PRINT SIGNATURE NAME Charles Dake	12. SIGNATURE DATE 3/15/10
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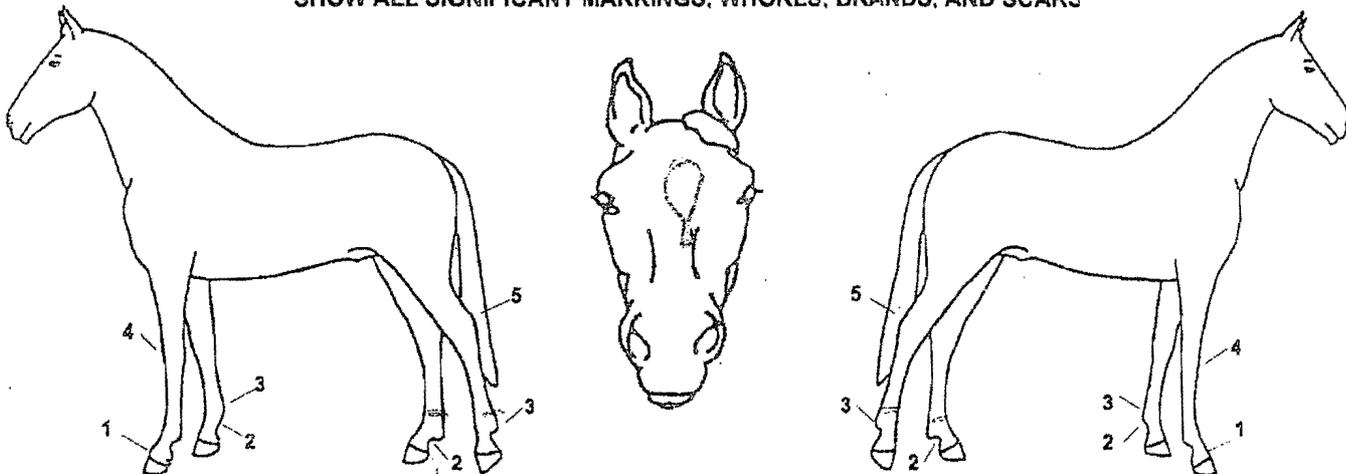
CERTIFICATION OF OWNER OR OWNER'S AGENT

I certify that I have examined this form and, to the best of my knowledge and belief, this form is true, correct and complete.

13. SIGNATURE OF OWNER OR OWNER'S AGENT (b)(6)	14. TYPE OR PRINT SIGNATURE NAME (b)(6)	15. SIGNATURE DATE 3/15/10
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16. Tube No.	17. Official Tag	18. Tattoo/Brand	19. Name of Horse MILWAU SAUBERON BREZE BAY APHA	20. Color	21. Breed APHA	22. Electronic I.D. No. 6829154	23. Age or DOB 4/23/07	24. Sex	25. M - Male F - Female G - Gelding N - Neuter
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SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



1 - Coronet, 2 - Pastern, 3 - Fetlock, 4 - Knee, 5 - Hock

NARRATIVE DESCRIPTION AND REMARKS

25. HEAD strip	26. OTHER MARKS AND BRANDS
27. LEFT FORELIMB	28. RIGHT FORELIMB
29. LEFT HINDLIMB strip	30. RIGHT HINDLIMB strip

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE	32. DATE RECEIVED	33. DATE REPORTED OUT	34. TEST RESULTS <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> AGID <input checked="" type="checkbox"/> ELISA
36. SIGNATURE OF TECHNICIAN			35. REMARKS strip

Falsification of this form or knowingly using a falsified form is a criminal offense and may result in a fine of not more than \$10,000 or imprisonment for not more than 5 years or both (U.S.C. Section 1001).

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
EQUINE INFECTIOUS ANEMIA LABORATORY TEST
(VS Memorandum 555.16)

SERIAL NO.

QU081988

1. ACCESSION NUMBER

7540-12

2. DATE BLOOD DRAWN

6/15/11

Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed.

3. REASON FOR TESTING

Market Change of Ownership Show First Test Retest Export

7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type)

See tag

4. GEOGRAPHIC INFORMATION SYSTEMS (GIS)

LAT:
LONG:

5. VETERINARY LICENSE OR ACCREDITATION NO.

VT 158918

6. TEST TYPE

ELISA
 AGID

Zip Code

Tel No.

County

8. NAME AND ADDRESS OF OWNER (Please print or type)

Heritage Livestock, LLC
1196 Lawrence St
Mt. Vernon, MO
Tel No. 417-461-7800

Zip Code 65712

County LAWRENCE

9. NAME AND ADDRESS OF VETERINARIAN (Please print or type)

Charles Dake, D.V.M.
PO Box 178
Miller MO 65707 Lawrence Co.
417-452-3301

Tel No.

County

CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN

I certify the specimen submitted with this form was drawn by me from the horse described below on the date indicated above.

10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN

Charles Dake

11. TYPE OR PRINT SIGNATURE NAME

Charles Dake

12. SIGNATURE DATE

6/15/11

CERTIFICATION OF OWNER OR OWNER'S AGENT

I certify that I have examined this form and, to the best of my knowledge and belief, this form is true, correct and complete.

14. TYPE OR PRINT SIGNATURE NAME

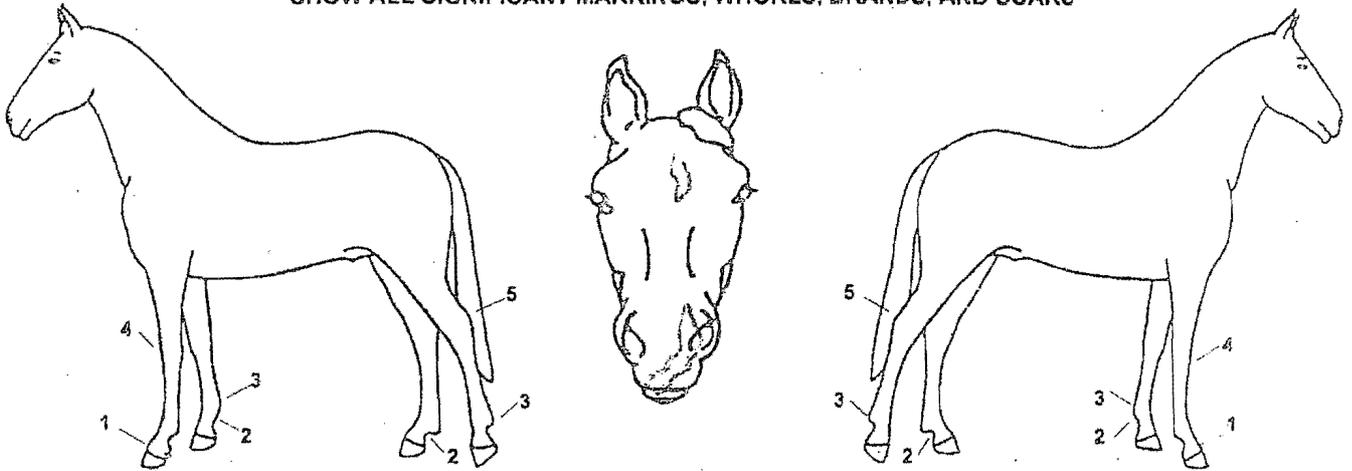
(b)(6)

15. SIGNATURE DATE

6/15/11

16. Tube No.	17. Official Tag	18. Tattoo/Brand	19. Name of Horse	20. Color	21. Breed	22. Electronic I.D. No.	23. Age or DOB	24. Sex	25. Male	26. Female	27. Gelding	28. Neuter
			APPLE OF JACKS EYE	BAU	ARNA	327905	15M	F				

SHOW ALL SIGNIFICANT MARKINGS, WHOOLS, BRANDS, AND SCARS



1 - Coronet, 2 - Pastern, 3 - Fetlock, 4 - Knee, 5 - Hock

NARRATIVE DESCRIPTION AND REMARKS

25. HEAD

Str. Sound Sm. S

26. OTHER MARKS AND BRANDS

Star Mark

27. LEFT FORELIMB

28. RIGHT FORELIMB

29. LEFT HINDLIMB

30. RIGHT HINDLIMB

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE

32. DATE RECEIVED

33. DATE REPORTED OUT

34. TEST RESULTS

Negative Positive AGID ELISA

36. SIGNATURE OF TECHNICIAN

35. REMARKS

Falsification of this form or knowingly using a falsified form is a criminal offense and may result in a fine of not more than \$10,000 or imprisonment for not more than 5 years or both (U.S.C. Section 1001).

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
EQUINE INFECTIOUS ANEMIA LABORATORY TEST
(VS Memorandum 555.16)

SERIAL NO.

Q0081971

1. ACCESSION NUMBER

7540-10

2. DATE BLOOD DRAWN

1/19/10

Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed.

3. REASON FOR TESTING

Market Change of Ownership Retest Show First Test Export

7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type)

Miller

4. GEOGRAPHIC INFORMATION SYSTEMS (GIS)

LAT:
LONG:

5. VETERINARY LICENSE OR ACCREDITATION NO.

V114518

6. TEST TYPE

ELISA
 AGID

Zip Code

Tel No.

County

8. NAME AND ADDRESS OF OWNER (Please print or type)

Lawrence L. Miller, LLC

1101 S. Lawrence Ave

Lawrence, MO

Zip Code (65712)

Tel No.

417-452-1111

County

LAWRENCE

9. NAME AND ADDRESS OF VETERINARIAN (Please print or type)

Charles Dake, D.V.M.

PO Box 178

Miller MO 65707 Lawrence Co

Tel No.

417-452-3301

County

CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN

I certify the specimen submitted with this form was drawn by me from the horse described below on the date indicated above.

10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN

Charles Dake

11. TYPE OR PRINT SIGNATURE NAME

Charles Dake

12. SIGNATURE DATE

1/19/10

CERTIFICATION OF OWNER OR OWNER'S AGENT

I certify that I have examined this form and, to the best of my knowledge and belief, this form is true, correct and complete.

13. SIGNATURE OF OWNER OR OWNER'S AGENT

(b)(6)

14. TYPE OR PRINT SIGNATURE NAME

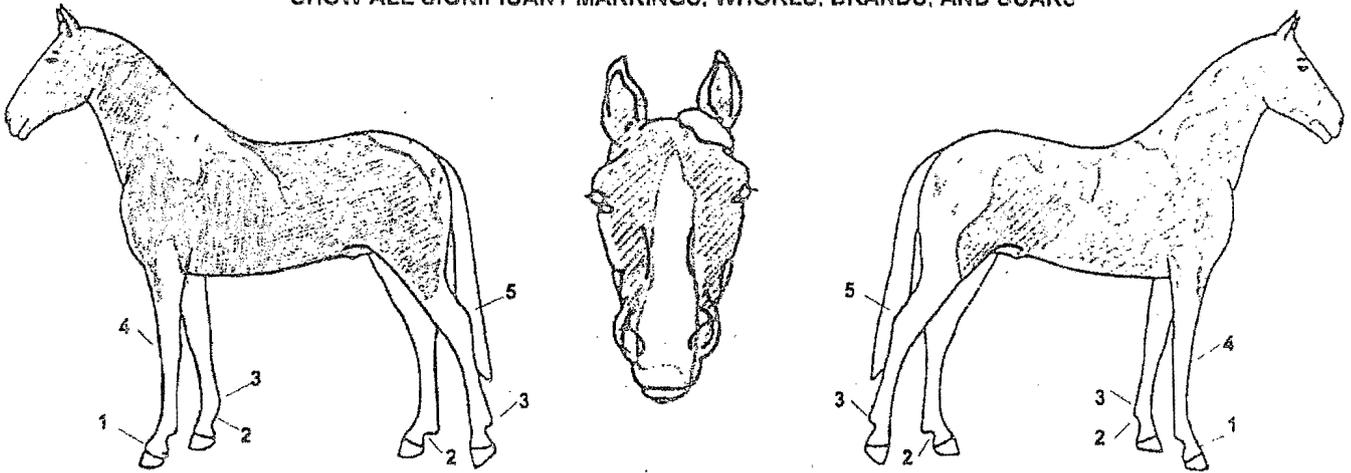
(b)(6)

15. SIGNATURE DATE

1/19/10

16. Tube No.	17. Official Tab	18. Tattoo/Brand	19. Name of Horse	20. Color	21. Breed	22. Electronic I.D. No.	23. Age or DOB	24. Sex	M - Male F - Female G - Gelding N - Neuter
10	101		GINGER INDIAN CLASSIC	SEAL	APHA	1609189	1/16/10	F	

SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



1 - Coronet, 2 - Pastern, 3 - Fetlock, 4 - Knee, 5 - Hock

NARRATIVE DESCRIPTION AND REMARKS

25. HEAD

Blaze extending to lower lip (2)

26. OTHER MARKS AND BRANDS

27. LEFT FORELIMB

28. RIGHT FORELIMB

29. LEFT HINDLIMB

30. RIGHT HINDLIMB

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE

32. DATE RECEIVED

33. DATE REPORTED OUT

34. TEST RESULTS

Negative Positive AGID ELISA

36. SIGNATURE OF TECHNICIAN

35. REMARKS

Falsification of this form or knowingly using a falsified form is a criminal offense and may result in a fine of not more than \$10,000 or imprisonment for not more than 5 years or both (U.S.C. Section 1001).

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
EQUINE INFECTIOUS ANEMIA LABORATORY TEST
(VS Memorandum 555.16)

SERIAL NO.

Q0082878

1. ACCESSION NUMBER

7-46-8

2. DATE BLOOD DRAWN

10/15/12

Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed.

3. REASON FOR TESTING

Market Change of Ownership Show Retest First Test Export

4. GEOGRAPHIC INFORMATION SYSTEMS (GIS)

LAT:
LONG:

5. VETERINARY LICENSE OR ACCREDITATION NO.

17058108

6. TEST TYPE

ELISA
 AGID

7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type)

Sept 8

Zip Code

Tel No.

County

8. NAME AND ADDRESS OF OWNER (Please print or type)

Henderson L. Westbrook, Inc
1100 S. Lawrence
Lawrence, MO

Zip Code 65712

Tel No.

417-452-7000

County

Lawrence

9. NAME AND ADDRESS OF VETERINARIAN (Please print or type)

Charles Dake, D.V.M.
PO Box 178
Miller MO 65707 Lawrence Co

Zip Code

Tel No.

417-452-9301

County

CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN

I certify the specimen submitted with this form was drawn by me from the horse described below on the date indicated above.

10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN

Charles Dake

11. TYPE OR PRINT SIGNATURE NAME

Charles Dake

12. SIGNATURE DATE

10/15/12

CERTIFICATION OF OWNER OR OWNER'S AGENT

I certify that I have examined this form and, to the best of my knowledge and belief, this form is true, correct and complete.

(b)(6)

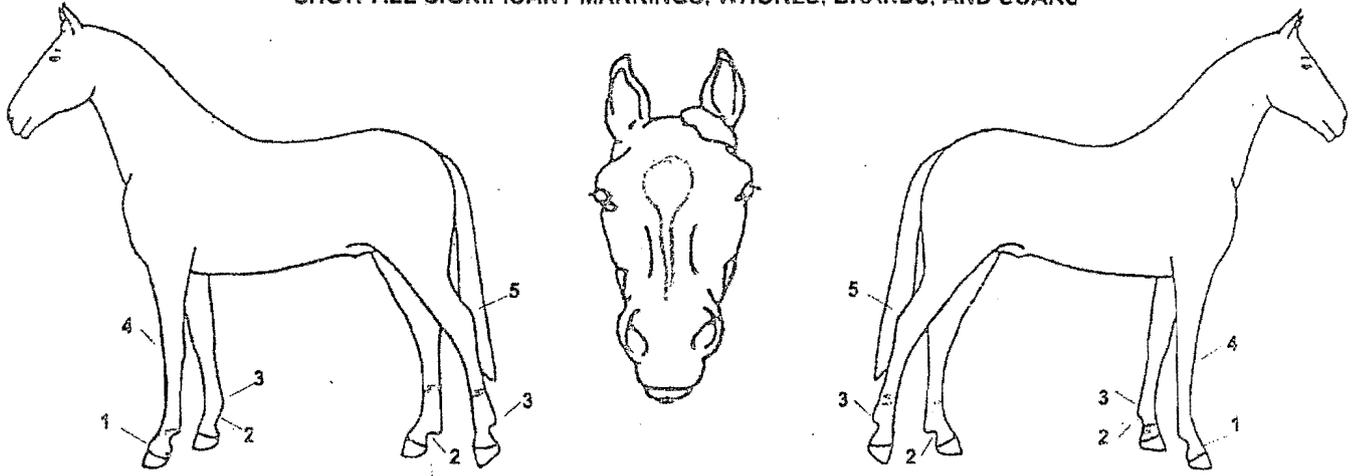
(b)(6)

15. SIGNATURE DATE

10/15/12

16. Tube No.	17. Official Tag	18. Tattoo/Brand	19. Name of Horse	20. Color	21. Breed	22. Electronic I.D. No.	23. Age or DOB	24. Sex	M - Male F - Female G - Gelding N - Neuter
1012	1012		WETIE	Chestnut	Grade		9	F	

SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



1 - Coronet, 2 - Pastern, 3 - Fetlock, 4 - Knee, 5 - Hock

NARRATIVE DESCRIPTION AND REMARKS

25. HEAD

26. OTHER MARKS AND BRANDS

None reported

27. LEFT FORELIMB

None

28. RIGHT FORELIMB

None

29. LEFT HINDLIMB

None

30. RIGHT HINDLIMB

None

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE

32. DATE RECEIVED

33. DATE REPORTED OUT

34. TEST RESULTS

Negative Positive AGID ELISA

36. SIGNATURE OF TECHNICIAN

35. REMARKS

Falsification of this form or knowingly using a falsified form is a criminal offense and may result in a fine of not more than \$10,000 or imprisonment for not more than 5 years or both (U.S.C. Section 1001).

U.S. DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE EQUINE INFECTIOUS ANEMIA LABORATORY TEST (VS Memorandum 555.16)	SERIAL NO. 00981075	1. ACCESSION NUMBER 75110-1	2. DATE BLOOD DRAWN 1/15/10
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Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed.

3. REASON FOR TESTING <input type="checkbox"/> Market <input type="checkbox"/> Change of Ownership <input type="checkbox"/> Relist <input type="checkbox"/> Export <input type="checkbox"/> Show <input type="checkbox"/> First Test <input type="checkbox"/> Export		7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type) CAPTIVE	
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:	5. VETERINARY LICENSE OR ACCREDITATION NO. VTU 5819	6. TEST TYPE <input checked="" type="checkbox"/> ELISA <input type="checkbox"/> AGID	
8. NAME AND ADDRESS OF OWNER (Please print or type) Lawrence & Victoria LLC 1106 Lawrence Hill 1106 Lawrence Hill Zip Code 65712 Tel No. 417-452-7122 County Lawrence		9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) Charles Dake, D.V.M. PO Box 178 Miller MO 65707 Lawrence Co Tel No. 417-452-3301 County Lawrence	

CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN

I certify the specimen submitted with this form was drawn by me from the horse described below on the date indicated above.

10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN <i>Charles Dake</i>	11. TYPE OR PRINT SIGNATURE NAME Charles Dake	12. SIGNATURE DATE 1/15/10
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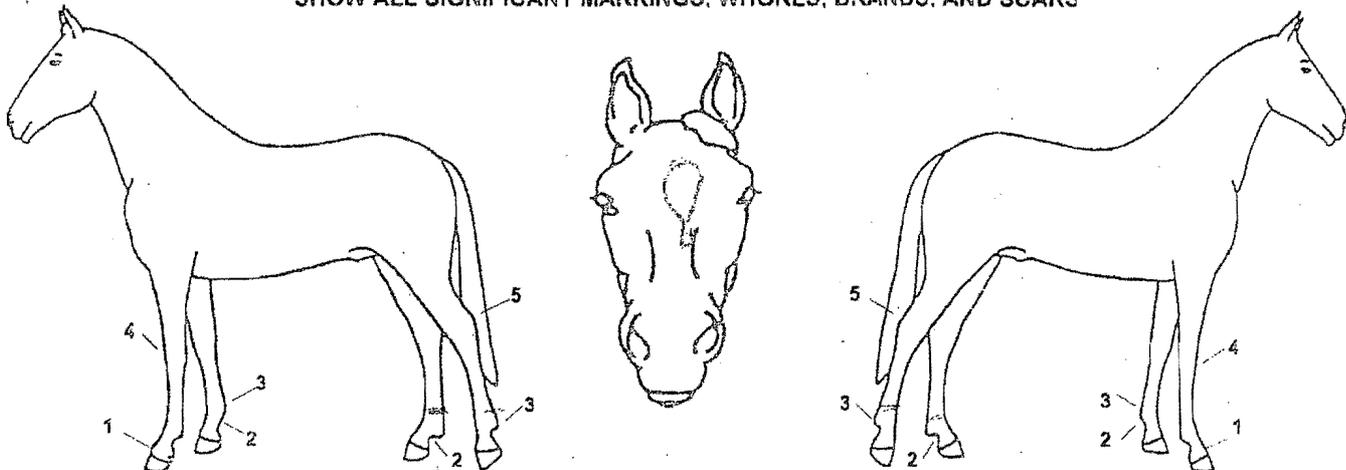
CERTIFICATION OF OWNER OR OWNER'S AGENT

I certify that I have examined this form and, to the best of my knowledge and belief, this form is true, correct and complete.

13. SIGNATURE OF OWNER OR OWNER'S AGENT (b)(6)	14. TYPE OR PRINT SIGNATURE NAME (b)(6)	15. SIGNATURE DATE 1/15/10
---	--	-------------------------------

16. Tube No.	17. Official Tag	18. Tattoo/Brand	19. Name of Horse	20. Color	21. Breed	22. Electronic ID No.	23. Age or DOB	24. Sex	25. M - Male F - Female G - Gelding N - Neuter
345	LU		MIPUM BAY BERRY BREZE BAY APHA		APHA	1029/104	4/23/07		

SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



1 - Coronet, 2 - Pastern, 3 - Fetlock, 4 - Knee, 5 - Hock

NARRATIVE DESCRIPTION AND REMARKS

25. HEAD Light strip	26. OTHER MARKS AND BRANDS
27. LEFT FORELIMB	28. RIGHT FORELIMB
29. LEFT HINDLIMB	30. RIGHT HINDLIMB

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE	32. DATE RECEIVED	33. DATE REPORTED OUT	34. TEST RESULTS <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> AGID <input checked="" type="checkbox"/> ELISA
36. SIGNATURE OF TECHNICIAN			35. REMARKS

Falsification of this form or knowingly using a falsified form is a criminal offense and may result in a fine of not more than \$10,000 or imprisonment for not more than 5 years or both. (U.S.C. Section 1001).

U.S. DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE EQUINE INFECTIOUS ANEMIA LABORATORY TEST (VS Memorandum 555.16)	SERIAL NO. 00081877	1. ACCESSION NUMBER 74074	2. DATE BLOOD DRAWN 6/15/10
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Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed.

3. REASON FOR TESTING <input type="checkbox"/> Market <input type="checkbox"/> Change of Ownership <input type="checkbox"/> Show <input type="checkbox"/> First Test <input type="checkbox"/> Relest <input type="checkbox"/> Export		7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type) [Handwritten]	
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:	5. VETERINARY LICENSE OR ACCREDITATION NO. [Handwritten]	6. TEST TYPE <input checked="" type="checkbox"/> ELISA <input type="checkbox"/> AGID	
8. NAME AND ADDRESS OF OWNER (Please print or type) [Handwritten]		9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) Charles Drake, D.V.M. PO Box 178 Miller MO 65707 Lawrence Co. 417-452-3301	
Tel No. [Handwritten] County [Handwritten]		Tel No. [Handwritten] County [Handwritten]	

CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN

I certify the specimen submitted with this form was drawn by me from the horse described below on the date indicated above.

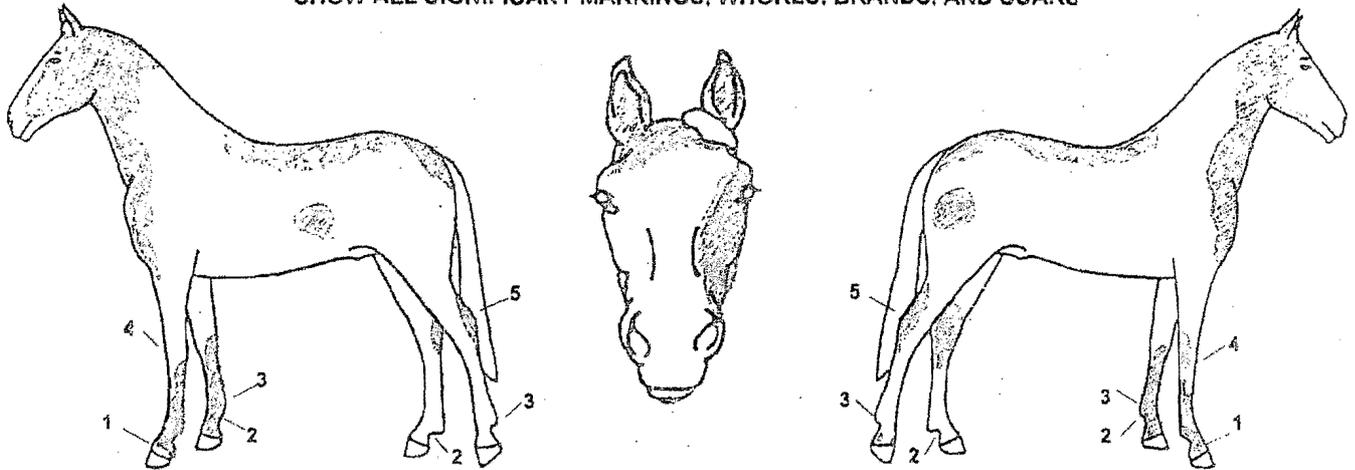
10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN [Handwritten Signature]	11. TYPE OR PRINT SIGNATURE NAME Charles Drake	12. SIGNATURE DATE 6/15/10
---	---	-------------------------------

CERTIFICATION OF OWNER OR OWNER'S AGENT

I certify that I have examined this form and, to the best of my knowledge and belief, this form is true, correct and complete.

13. SIGNATURE OF OWNER OR OWNER'S AGENT (b)(6)		14. TYPE OF [Handwritten] (b)(6)			15. SIGNATURE DATE 6/15/10				
16. Tube No.	17. Official Tag	18. Tattoo/Brand	19. Name of Horse [Handwritten]	20. Color [Handwritten]	21. Breed [Handwritten]	22. Electronic I.D. No. [Handwritten]	23. Age or DOB [Handwritten]	24. Sex [Handwritten]	M - Male F - Female G - Gelding N - Neuter

SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



1 - Coronet, 2 - Pastern, 3 - Fellock, 4 - Knee, 5 - Hock

NARRATIVE DESCRIPTION AND REMARKS

25. HEAD [Handwritten]	26. OTHER MARKS AND BRANDS
27. LEFT FORELIMB	28. RIGHT FORELIMB
29. LEFT HINDLIMB	30. RIGHT HINDLIMB

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE	32. DATE RECEIVED	33. DATE REPORTED OUT	34. TEST RESULTS <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> AGID <input checked="" type="checkbox"/> ELISA
36. SIGNATURE OF TECHNICIAN		35. REMARKS	

Falsification of this form or knowingly using a falsified form is a criminal offense and may result in a fine of not more than \$10,000 or imprisonment for not more than 5 years or both (U.S.C. Section 1001).

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
EQUINE INFECTIOUS ANEMIA LABORATORY TEST
(VS Memorandum 555.16)

SERIAL NO.

Q 0091870

1. ACCESSION NUMBER

75-74

2. DATE BLOOD DRAWN

1/15/10

Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed.

3. REASON FOR TESTING

Market Change of Ownership Retest Export

Show First Test

7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type)

800 E 8

4. GEOGRAPHIC INFORMATION SYSTEMS (GIS)

LAT:
LONG:

5. VETERINARY LICENSE OR ACCREDITATION NO.

VT 158108

6. TEST TYPE

ELISA
 AGID

Zip Code

Tel No.

County

8. NAME AND ADDRESS OF OWNER (Please print or type)

Lawrence Livestock, LLC
1000 Lawrence Livestock, LLC
P.O. Box 1111
P.O. Box 1111
Lawrence, MO

Zip Code 64512

Tel No.

417-452-7300

County

Lawrence

9. NAME AND ADDRESS OF VETERINARIAN (Please print or type)

Charles Dake, D.V.M.
PO Box 178
Miller MO 65707 - Lawrence Co.
417-452-3301

Tel No.

417-452-3301

County

CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN

I certify the specimen submitted with this form was drawn by me from the horse described below on the date indicated above.

10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN

Charles Dake

11. TYPE OR PRINT SIGNATURE NAME

Charles Dake

12. SIGNATURE DATE

1/15/10

CERTIFICATION OF OWNER OR OWNER'S AGENT

I certify that I have examined this form and, to the best of my knowledge and belief, this form is true, correct and complete.

(b)(6)

14. TYPE OF

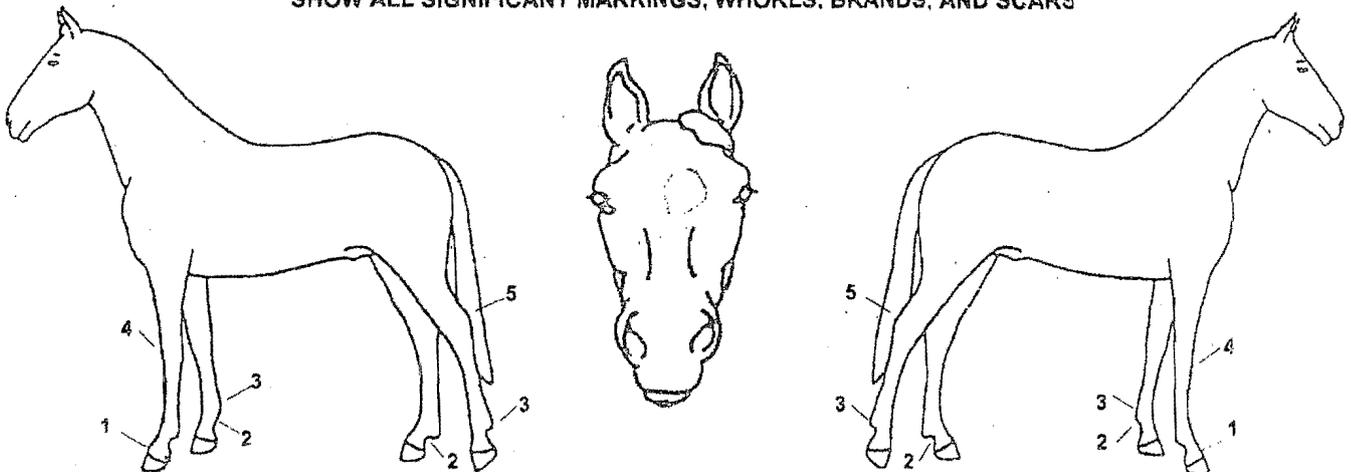
(b)(6)

15. SIGNATURE DATE

1/15/10

16. Tube No.	Official Tag	18. Tattoo/Brand	19. Name of Horse	20. Color	21. Breed	22. Electronic ID No.	23. Age or DOB	24. Sex	M - Male F - Female G - Gelding N - Neuter
1111	135		LADY STARDUST FROSTY	GRAY	ARIMA	4590927	1/24/08	F	F

SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



1 - Coronet, 2 - Pastern, 3 - Fellock, 4 - Knee, 5 - Hock

NARRATIVE DESCRIPTION AND REMARKS

25. HEAD *STAR*

26. OTHER MARKS AND BRANDS

27. LEFT FORELIMB

28. RIGHT FORELIMB

29. LEFT HINDLINE

30. RIGHT HINDLINE

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE

32. DATE RECEIVED

33. DATE REPORTED OUT

34. TEST RESULTS
 Negative Positive AGID ELISA

36. SIGNATURE OF TECHNICIAN

35. REMARKS

Falsification of this form or knowingly using a falsified form is a criminal offense and may result in a fine of not more than \$10,000 or imprisonment for not more than 5 years or both (U.S.C. Section 1001).

U.S. DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE EQUINE INFECTIOUS ANEMIA LABORATORY TEST (VS Memorandum 555.16)	SERIAL NO. Q0001879	1. ACCESSION NUMBER 749-1	2. DATE BLOOD DRAWN 1/15/10
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Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed.

3. REASON FOR TESTING <input type="checkbox"/> Market <input type="checkbox"/> Change of Ownership <input type="checkbox"/> Show <input type="checkbox"/> First Test <input type="checkbox"/> Retest <input type="checkbox"/> Export		7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type) Saddle Creek	
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:	5. VETERINARY LICENSE OR ACCREDITATION NO. V015868	6. TEST TYPE <input checked="" type="checkbox"/> ELISA <input type="checkbox"/> AGID	
8. NAME AND ADDRESS OF OWNER (Please print or type) Lawrence Livestock LLC 1015 Lawrence St Lawrence, MO Zip Code 65712		9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) Charles Dake, D.V.M. PO Box 178 Miller MO 65707 Lawrence Co, Mo	
Tel No. 417-452-3301 County Lawrence		Tel No. 417-452-3301 County Lawrence	

CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN

I certify the specimen submitted with this form was drawn by me from the horse described below on the date indicated above.

10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN <i>Charles Dake</i>	11. TYPE OR PRINT SIGNATURE NAME Charles Dake	12. SIGNATURE DATE 1/15/10
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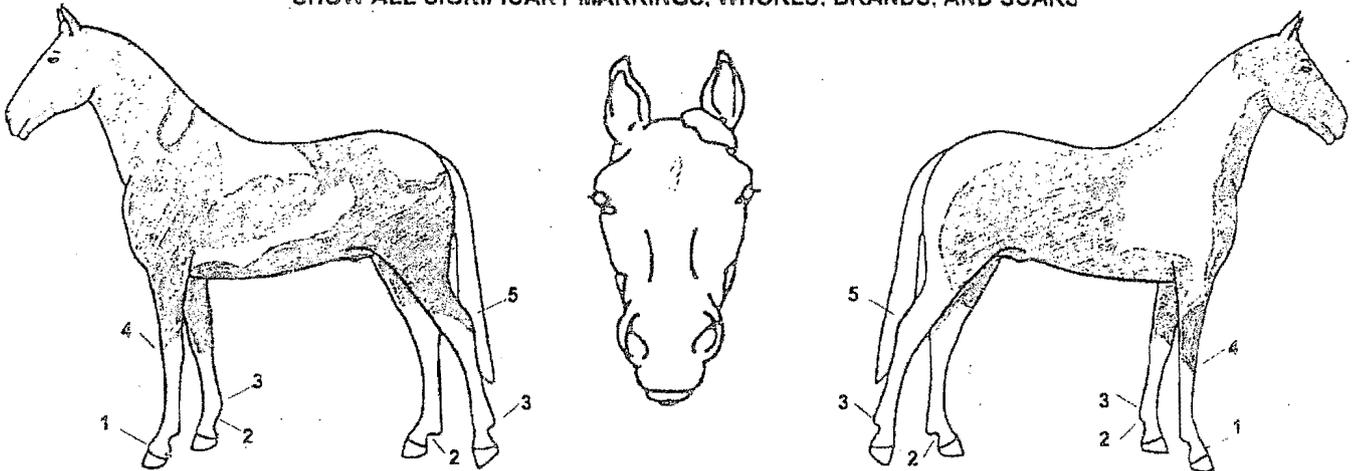
CERTIFICATION OF OWNER OR OWNER'S AGENT

I certify that I have examined this form and, to the best of my knowledge and belief, this form is true, correct and complete.

13. SIGNATURE OF OWNER OR OWNER'S AGENT (b)(6)	14. TYPE OR PRINT SIGNATURE NAME (b)(6)	15. SIGNATURE DATE 1/15/10
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16. Tube No.	17. Official Tag	18. Tattoo/Brand	19. Name of Horse LAWRENCE	20. Color White	21. Breed MHA	22. Electronic ID No. 307,096	23. Age or DOB 7/1/09	24. Sex G	M - Male F - Female G - Gelding N - Neuter
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SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



1 - Coronet, 2 - Pastern, 3 - Fetlock, 4 - Knee, 5 - Hock

NARRATIVE DESCRIPTION AND REMARKS	
25. HEAD clear	26. OTHER MARKS AND BRANDS
27. LEFT FORELIMB striking	28. RIGHT FORELIMB striking
29. LEFT HINDLIMB striking	30. RIGHT HINDLIMB striking

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE	32. DATE RECEIVED	33. DATE REPORTED OUT	34. TEST RESULTS <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> AGID <input checked="" type="checkbox"/> ELISA
36. SIGNATURE OF TECHNICIAN			35. REMARKS

Falsification of this form or knowingly using a falsified form is a criminal offense and may result in a fine of not more than \$10,000 or imprisonment for not more than 5 years or both (U.S.C. Section 1001).

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
EQUINE INFECTIOUS ANEMIA LABORATORY TEST
(VS Memorandum 555.16)

SERIAL NO. Q0081075	1. ACCESSION NUMBER 1546-3	2. DATE BLOOD DRAWN 2/15/03
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Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed.

3. REASON FOR TESTING <input type="checkbox"/> Market <input type="checkbox"/> Change of Ownership <input type="checkbox"/> Show <input type="checkbox"/> First Test <input type="checkbox"/> Relest <input type="checkbox"/> Export		7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type) Lawrence MO	
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:	5. VETERINARY LICENSE OR ACCREDITATION NO. 15-2053-108	6. TEST TYPE <input checked="" type="checkbox"/> ELISA <input type="checkbox"/> AGID	Zip Code County
8. NAME AND ADDRESS OF OWNER (Please print or type) Charles Dake, D.V.M. PO Box 178 Miller MO 65707 Lawrence MO		9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) Charles Dake, D.V.M. PO Box 178 Miller MO 65707 Lawrence MO	
Tel No. 417-452-3301 County Lawrence		Tel No. 417-452-3301 County Lawrence	

CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN

I certify the specimen submitted with this form was drawn by me from the horse described below on the date indicated above.

10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN <i>Charles Dake</i>	11. TYPE OR PRINT SIGNATURE NAME Charles Dake	12. SIGNATURE DATE 2/15/03
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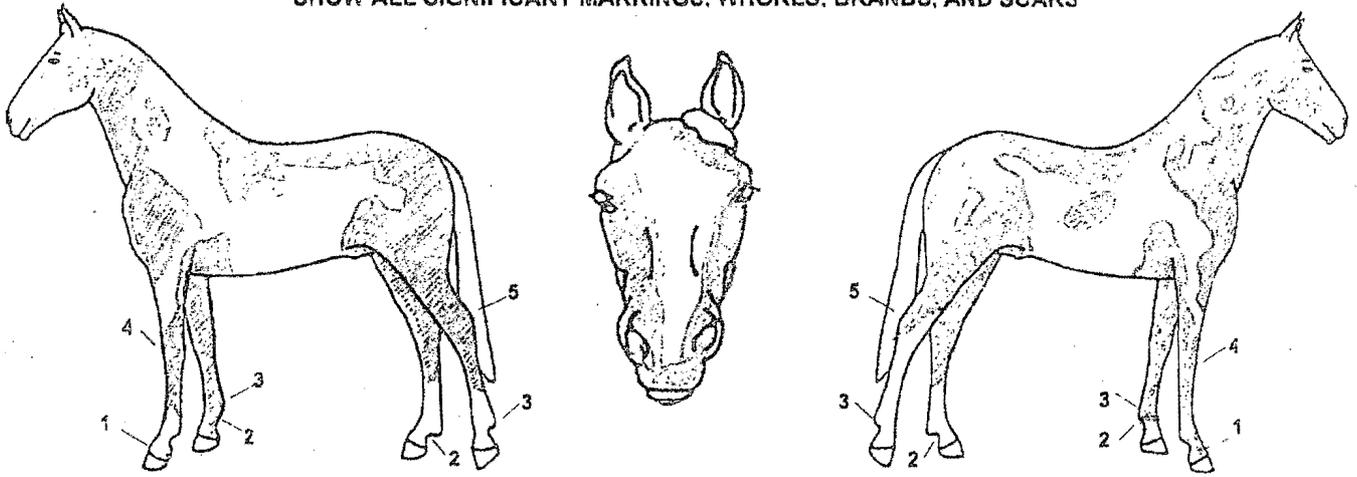
CERTIFICATION OF OWNER OR OWNER'S AGENT

I certify that I have examined this form and, to the best of my knowledge and belief, this form is true, correct and complete.

14. TYPE OR PRINT SIGNATURE NAME DERRICK TRUCKER	15. SIGNATURE DATE 2/15/03
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16. Tube No.	17. Official Tag	18. Tattoo/Brand	19. Name of Horse	20. Color	21. Breed	22. Electronic I.D. No.	23. Age or DOB	24. Sex	M - Male F - Female G - Gelding N - Neuter
			STARBUCK TOCO PINE	White	APHA	730628	7/98	G	

SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



1 - Coronet, 2 - Pastern, 3 - Fetlock, 4 - Knee, 5 - Hock

NARRATIVE DESCRIPTION AND REMARKS

25. HEAD White	26. OTHER MARKS AND BRANDS
27. LEFT FORELIMB White	28. RIGHT FORELIMB
29. LEFT HINDLIMB White	30. RIGHT HINDLIMB White

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE	32. DATE RECEIVED	33. DATE REPORTED OUT	34. TEST RESULTS <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> AGID <input checked="" type="checkbox"/> ELISA
36. SIGNATURE OF TECHNICIAN		35. REMARKS antigen	

Falsification of this form or knowingly using a falsified form is a criminal offense and may result in a fine of not more than \$10,000 or imprisonment for not more than 5 years or both (U.S.C. Section 1001).

U.S. DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE EQUINE INFECTIOUS ANEMIA LABORATORY TEST (VS Memorandum 555.16)	SERIAL NO. Q1601070	1. ACCESSION NUMBER 7541-5	2. DATE BLOOD DRAWN 11/5/10
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Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed.

3. REASON FOR TESTING <input type="checkbox"/> Market <input type="checkbox"/> Change of Ownership <input type="checkbox"/> Retest <input type="checkbox"/> Export <input type="checkbox"/> Show <input type="checkbox"/> First Test <input type="checkbox"/> Retest <input type="checkbox"/> Export		7. NAME AND ADDRESS OF STABLE/MARKET (Please print or type) STABLE	
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:	5. VETERINARY LICENSE OR ACCREDITATION NO. VT 25344	8. TEST TYPE <input checked="" type="checkbox"/> ELISA <input type="checkbox"/> AGID	
8. NAME AND ADDRESS OF OWNER (Please print or type) Stormy Livestock, LLC 1100 S. Main St. #1005 Lawrence, MO Zip Code 65702 County Lawrence		9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) Charles Dake, D.V.M. PO Box 178 Miller MO 65707 Lawrence Co. Zip Code 65702 County Lawrence Tel No. 417-452-3301	

CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN

I certify the specimen submitted with this form was drawn by me from the horse described below on the date indicated above.

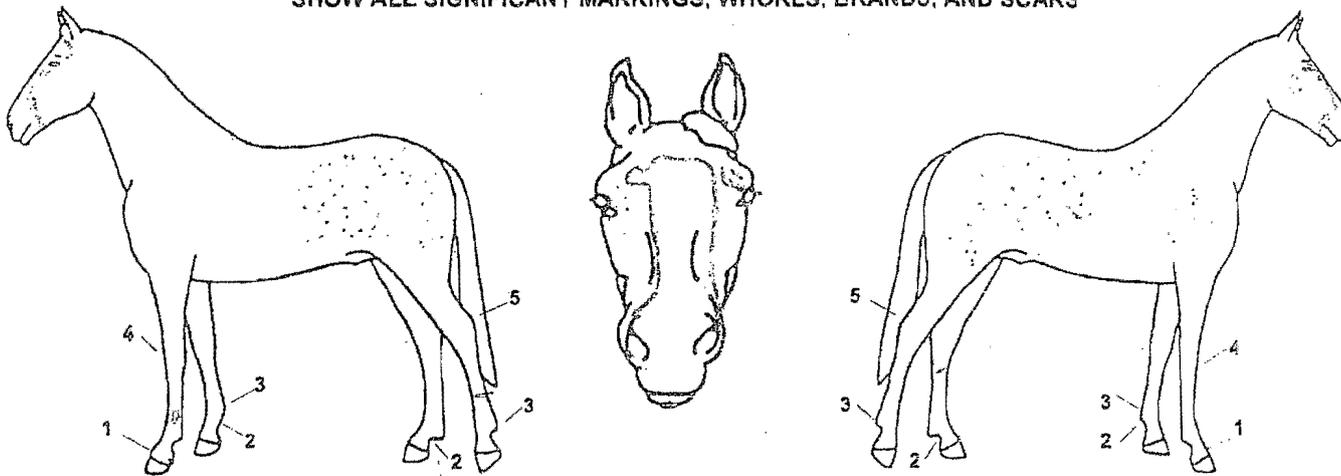
10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN Charles Dake	11. TYPE OR PRINT SIGNATURE NAME Charles Dake	12. SIGNATURE DATE 11/5/10
--	--	-------------------------------

CERTIFICATION OF OWNER OR OWNER'S AGENT

I certify that I have examined this form and, to the best of my knowledge and belief, this form is true, correct and complete.

13. SIGNATURE OF OWNER OR OWNER'S AGENT (b)(6)		14. TYPE OR PRINT SIGNATURE NAME (b)(6)		15. SIGNATURE DATE 11/5/10				
16. Tube No. 1039	Official Tag 1039	18. Tattoo/Brand STORM ILLUSION	19. Name of Horse STORM ILLUSION	20. Color Bay	21. Breed AQHA	Electronic I.D. No. 512342	23. Age or DOB 3/10/95	24. Sex M - Male

SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



1 - Coronet, 2 - Pastern, 3 - Fetlock, 4 - Knee, 5 - Hock

NARRATIVE DESCRIPTION AND REMARKS

25. HEAD Blaze from inner lid	26. OTHER MARKS AND BRANDS white blaze
27. LEFT FORELIMB white in fetlock	28. RIGHT FORELIMB
29. LEFT HINDLIMB stocking	30. RIGHT HINDLIMB

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE	32. DATE RECEIVED	33. DATE REPORTED OUT	34. TEST RESULTS <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> AGID <input checked="" type="checkbox"/> ELISA
35. SIGNATURE OF TECHNICIAN		35. REMARKS CONTAMINATED	

Falsification of this form or knowingly using a falsified form is a criminal offense and may result in a fine of not more than \$10,000 or imprisonment for not more than 5 years or both (U.S.C. Section 1001).

U.S. DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE EQUINE INFECTIOUS ANEMIA LABORATORY TEST (VS Memorandum 555.16)	SERIAL NO. Q 0091074	1. ACCESSION NUMBER 7510-7	2. DATE BLOOD DRAWN 1/15/10
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Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed.

3. REASON FOR TESTING <input type="checkbox"/> Market <input type="checkbox"/> Change of Ownership <input type="checkbox"/> Retest <input type="checkbox"/> Export <input type="checkbox"/> Show <input type="checkbox"/> First Test		7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type) 4038	
4. GEOGRAPHIC INFORMATION SYSTEMS (GIS) LAT: LONG:	5. VETERINARY LICENSE OR ACCREDITATION NO. 1725806	6. TEST TYPE <input checked="" type="checkbox"/> ELISA <input type="checkbox"/> AGID	Zip Code Tel No. County
8. NAME AND ADDRESS OF OWNER (Please print or type) Harrison Hospital Inc 1100 Lawrence Ave The Springs MO Zip Code 65712		9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) Charles Dake, D.V.M. PO Box 178 Miller MO 65707 Lawrence Co.	
Tel No. 417-452-7600 County Lawrence Co		Tel No. 417-452-3301 County	

CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN

I certify the specimen submitted with this form was drawn by me from the horse described below on the date indicated above.

10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN Charles Dake	11. TYPE OR PRINT SIGNATURE NAME Charles Dake	12. SIGNATURE DATE 1/15/10
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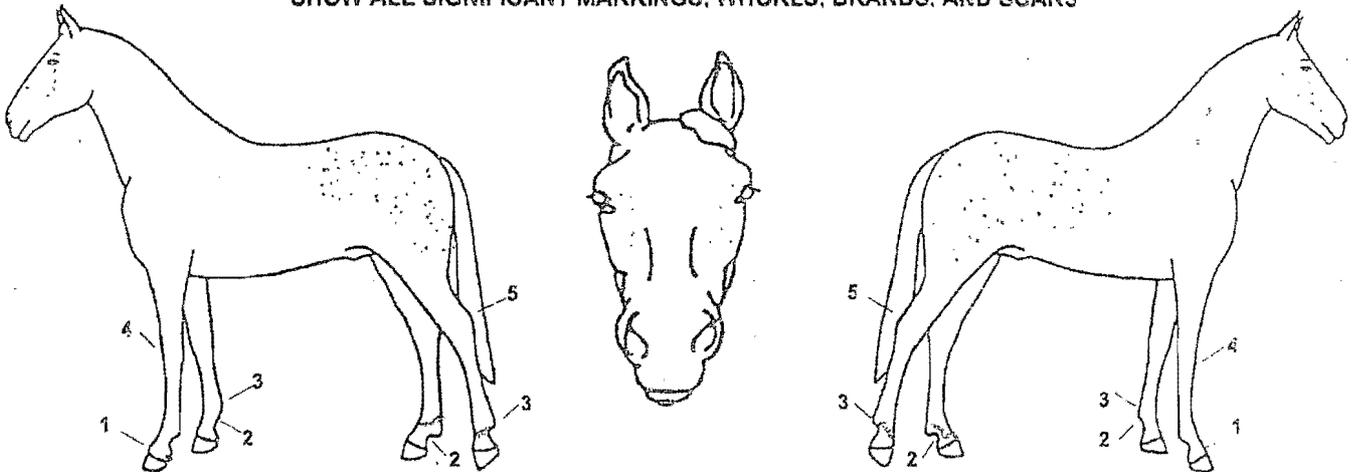
CERTIFICATION OF OWNER OR OWNER'S AGENT

I certify that I have examined this form and, to the best of my knowledge and belief, this form is true, correct and complete.

(b)(6)	14. TYPE OR PRINT SIGNATURE NAME Dennis Paucher	15. SIGNATURE DATE 1/15/10
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16. Tube No. 1011	Official Tag	18. Tattoo/Brand	19. Name of Horse BAMBIE	20. Color Bay	21. Breed AQ	22. Electronic I.D. No.	23. Age or DOB 13	24. Sex C	25. Male F - Female G - Gelding N - Neuter
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SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



1 - Coronet, 2 - Pastern, 3 - Fetlock, 4 - Knee, 5 - Hock

NARRATIVE DESCRIPTION AND REMARKS

25. HEAD	26. OTHER MARKS AND BRANDS white blanket
27. LEFT FORELIMB	28. RIGHT FORELIMB
29. LEFT HINDLIMB Pastern - white	30. RIGHT HINDLIMB Pastern - white

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE	32. DATE RECEIVED	33. DATE REPORTED OUT	34. TEST RESULTS <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> AGID <input checked="" type="checkbox"/> ELISA
36. SIGNATURE OF TECHNICIAN			35. REMARKS

Falsification of this form or knowingly using a falsified form is a criminal offense and may result in a fine of not more than \$10,000 or imprisonment for not more than 5 years or both (U.S.C. Section 1001).

U.S. DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE EQUINE INFECTIOUS ANEMIA LABORATORY TEST (VS Memorandum 555.16)	SERIAL NO. Q 0009878	1. ACCESSION NUMBER 75411-9	2. DATE BLOOD DRAWN 6/15/10
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Forms Without Adequate Descriptions Of The Horse and Complete Addresses Including Zip Codes, Counties, and Telephone Numbers Will Not Be Processed.

3. REASON FOR TESTING <input type="checkbox"/> Market <input type="checkbox"/> Change of Ownership <input type="checkbox"/> Retest <input type="checkbox"/> Export <input type="checkbox"/> Show <input type="checkbox"/> First Test <input type="checkbox"/> Export		7. NAME AND ADDRESS OR STABLE/MARKET (Please print or type) 9007 S	
4. GEOGRAPHIC INFORMATION (GIS) LAT: LONG:	5. VETERINARY LICENSE OR ACCREDITATION NO. 112345678	6. TEST TYPE <input checked="" type="checkbox"/> ELISA <input type="checkbox"/> AGID	
8. NAME AND ADDRESS OF OWNER (Please print or type) J.P. Zip Code 65712 Tel No. ... County Lawrence		9. NAME AND ADDRESS OF VETERINARIAN (Please print or type) Charles Dake, D.V.M. PO Box 178 Miller MO 65707 Lawrence Co. Tel No. 417-452-3301 County Lawrence	

CERTIFICATION OF FEDERALLY ACCREDITED VETERINARIAN

I certify the specimen submitted with this form was drawn by me from the horse described below on the date indicated above.

10. SIGNATURE OF FEDERALLY ACCREDITED VETERINARIAN 	11. TYPE OR PRINT SIGNATURE NAME Charles Dake	12. SIGNATURE DATE 6/15/10
--	--	-------------------------------

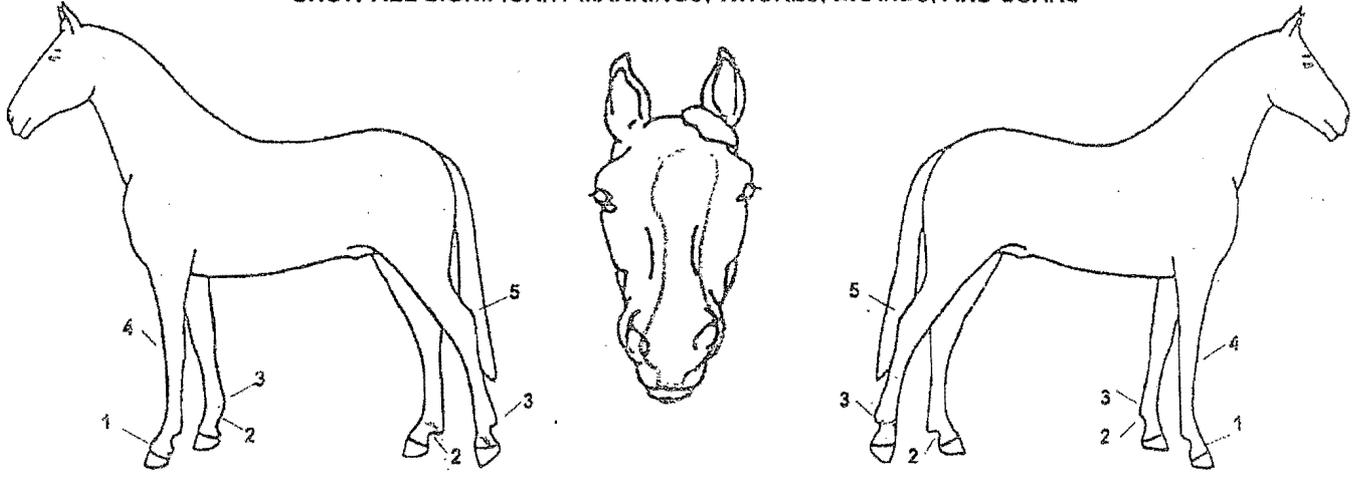
CERTIFICATION OF OWNER OR OWNER'S AGENT

I certify that I have examined this form and, to the best of my knowledge and belief, this form is true, correct and complete.

13. SIGNATURE OF OWNER OR OWNER'S AGENT (b)(6)	14. TYPE OR PRINT SIGNATURE NAME James Kaubler	15. SIGNATURE DATE 6/15/10
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16. Tube No.	Official Tag	18. Tattoo/Brand	19. Name of Horse	20. Color	21. Breed	22. Electronic I.D. No.	23. Age or DOB	24. Sex	M - Male F - Female G - Gelding N - Neuter
4111	1111		FIZZOS MISS FIZZ	Sorrel	BARHA	39.50505	1/1/00	F	

SHOW ALL SIGNIFICANT MARKINGS, WHORLS, BRANDS, AND SCARS



1 - Coronet, 2 - Pastern, 3 - Fetlock, 4 - Knee, 5 - Hock

NARRATIVE DESCRIPTION AND REMARKS

25. HEAD ...	26. OTHER MARKS AND BRANDS
27. LEFT FORELIMB	28. RIGHT FORELIMB
29. LEFT HINDLIMB	30. RIGHT HINDLIMB

FOR LABORATORY USE ONLY

31. LABORATORY NAME/CITY/STATE	32. DATE RECEIVED	33. DATE REPORTED OUT	34. TEST RESULTS <input checked="" type="checkbox"/> Negative <input type="checkbox"/> Positive <input type="checkbox"/> AGID <input checked="" type="checkbox"/> ELISA
35. SIGNATURE OF TECHNICIAN		35. REMARKS	

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