

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB number. The valid OMB control number for this information collection is 0579-0032. The time required to complete this collection of information is estimated to average .266 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the form.

**U.S. ORIGIN HEALTH CERTIFICATE FOR THE EXPORT OF HORSES FROM THE UNITED STATES TO CANADA**

PERMANENT EXPORT       TEMPORARY EXPORT (\*NOTE BELOW)

FORM APPROVED OMB NO. 0579-0032

NAME AND ADDRESS OF CONSIGNOR (b)(6)	NAME AND ADDRESS OF PLACE OF ORIGIN Sunny Creek Farm 10240 Kost Rd Gulf, Ca 95632	(b)(6)
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**CERTIFICATION STATEMENTS**

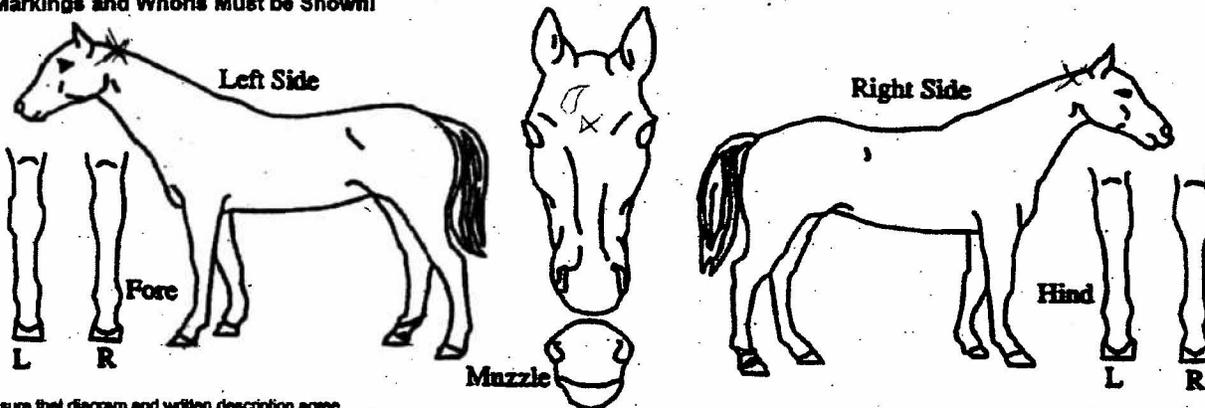
1. The animal identified below was inspected within 30 days prior to export and found to be healthy and free from evidence of communicable diseases and exposure thereto;

Either (Check Appropriate Box)

- 2. The animal has resided in the United States or Canada since birth;
- 3. The animal has met all of the import requirements of the United States and has resided in the United States for the past 60 days;
- 4. The animal was authorized for importation by the Animal Health Division, Agriculture Canada (required for horses from countries other than Canada that have resided in the United States less than 60 days);
- 5. The animal was tested negative for equine infectious anemia using the agar gel immunodiffusion (Coggins) test at:

Name of Laboratory IVS-Scots	Date blood sample drawn 3/28/11	Sample Drawn by me or (Enter name of accredited veterinarian) Jim Bergum DVM	State Ca
Laboratory Accession No. A9378717	HEALTH CERTIFICATE NUMBER CA111097 pg 1 of 2		
Issuing Veterinarian Signature Jim Bergum DVM		Endorsing Federal Veterinarian Signature and Seal ports	
Name (Type or Print) Jim Bergum DVM	Date 4/3/11	Name Portia Cortes DVM, VMG	Date APR 05 2011
*Health Certificate valid for 30 days from the date of issuance (note below)		Valid only if the USDA Veterinary Seal appears over the signature of the endorsing Federal Veterinarian and health certificate number)	

**White Markings and Whorls Must be Shown!**



Please ensure that diagram and written description agree.

Name	Breed	Age	Color	Sex
Hanakkuh	Thoroughbred	3yrs	bay	Fe

**Written Description:**

HEAD curved scar to R on forehead	LIMBS	
BODY	LF	RF
ACQUIRED MARKS (scars, tattoos, etc.) lip tattoo L14451	LH	RH western all spots on coronet

Instructions: Mark the diagram with the exact position of any distinguishing marks, scars or brands. Brands to be drawn in position. Scars to be marked and indicated with an arrow (→). Stars or blazes on the face and any other markings to be drawn in on the diagrams showing position and shape as accurately as possible. Whorls should be marked with a cross (X). If no markings - this fact should be stated.

**NOTE:** The original copy of the health certificate must remain with the horse if the horse is being temporarily exported. Any clearance by Customs, such as a stamp, must be affixed on the reverse side of the original health certificate.

\*\*NOTE: The date of issuance must be the date of veterinary inspection.

Exporter must furnish four (4) copies for USDA endorsement. The original and two (2) copies accompany the shipment, the fourth copy is for the AVIC's office.

ADDENDUM to VS FORM 17-145

Health Certificate Number CA111097 pg 2 of 2

For horse identified as (name, breed, age, color and sex)

Hanakkah Thoroughbred 3yrs Bay Fe *pcatts*

CERTIFICATION STATEMENTS

1. The animal was inspected within 30 days prior to export and found to be healthy and free from evidence of communicable disease and exposure there to.
2. The animal was, to the best of the knowledge and belief of the issuing veterinarian, not exposed to any communicable disease within 60 days preceding the date of inspection;
3. either:
  - a) The animal has resided in the United States or Canada since birth; Or
  - b) ~~The animal has met all of the import requirements of the United States of America and has resided in the United States of America for the past 60 days;~~
4. The horse(s) have not been on premises where *T.equigenitalis* has been isolated during the 60 days immediately preceding exportation to Canada or a premises currently under quarantine or investigation for CEM. Any female(s) 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
5. Showed no clinical signs of CEM on the day of inspection.
6. The animals, at the time of the inspection, were found healthy and in a physical condition fit to be transported.
7. 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 the shipment to be refused entry to Canada.
8. During the previous twenty-one (21) days, the animals in this shipment have not been in the state of Texas or New Mexico.

Note to be included on the certification statements:

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, causing the animal to suffer.

Issuing veterinarian

Signature *Jim Bergum DVM*

Date 4/3/11

Name (type or print)

Jim Bergum DVM

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**U.S. ORIGIN HEALTH CERTIFICATE FOR THE EXPORT OF HORSES FROM THE UNITED STATES TO CANADA**

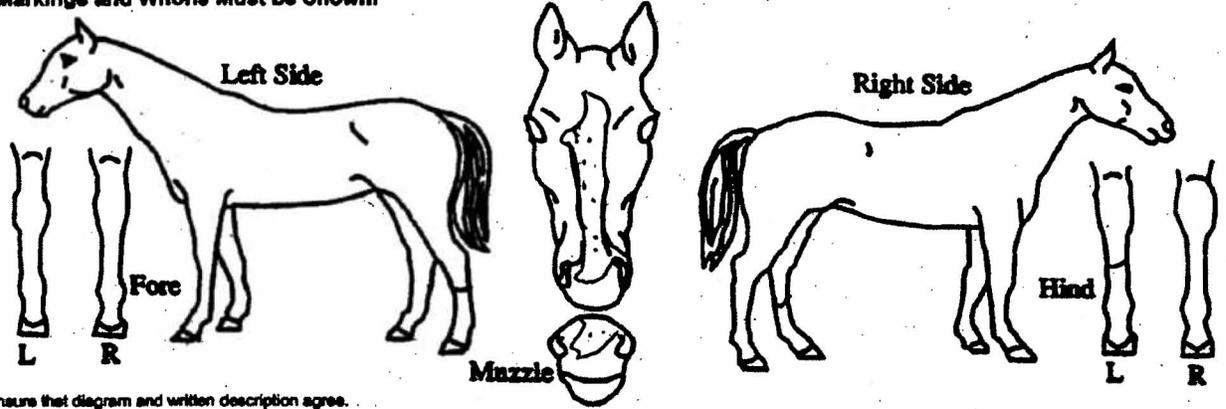
**PERMANENT EXPORT**       **TEMPORARY EXPORT ("NOTE BELOW")**      FORM APPROVED OMB NO. 0579-0032

NAME AND ADDRESS OF CONSIGNOR  (b)(6)	NAME AND ADDRESS OF PLACE OF ORIGIN  (b)(6)	NAME AND ADDRESS OF CONSIGNEE  (b)(6)
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1. The animal identified below was inspected within 30 days prior to export and found to be healthy and free from evidence of communicable diseases and exposure thereto; the animals were, to the best of the knowledge and belief of a veterinarian, not exposed to any communicable disease within sixty days preceding the date of inspection.
- Either (Check Appropriate Box)
2. The animal has resided in the United States or Canada since birth;
3. The animal has met all of the import requirements of the United States and has resided in the United States for the past 60 days;
4. The animal was authorized for importation by the Animal Health Division, Agriculture Canada (required for horses from countries other than Canada that have resided in the United States less than 60 days);
5. The animal was tested negative for equine infectious anemia using the agar gel immunodiffusion (Coggins) test at:

Name of Laboratory <b>Idexx Labs</b>	Date blood sample drawn <b>2.15.11</b>	Sample Drawn by me or (Enter name of accredited veterinarian) <b>Linda Laufer DVM</b>	State <b>CA</b>
Laboratory Accession No. <b>A8541858</b>		HEALTH CERTIFICATE NUMBER <b>CA110788 pg 1 of 2</b>	
Issuing Veterinarian <b>Linda Laufer DVM</b>		Endorsing Federal Veterinarian <b>Portia Cortes</b>	
Signature <i>Linda Laufer DVM</i>		Signature and Seal <i>Portia Cortes</i>	
Name (Type or Print) <b>Linda Laufer DVM</b>		Name <b>Portia Cortes DVM, VMO</b>	
Date <b>2.25.11</b>		Date <b>FEB 25 2011</b>	
**Health Certificate valid for 30 days from the date of issuance (note below)		Valid only if the USDA Veterinary Seal appears over the signature of the endorsing Federal Veterinarian and health certificate number	

**White Markings and Whorls Must be Shown!**



Please ensure that diagram and written description agree.

Name	Breed	Age	Color	Sex
<b>Dualing Pink Repto</b>	<b>Quarter Horse</b>	<b>7</b>	<b>Chestnut</b>	<b>G</b>
Written Description:				
HEAD <b>Blaze</b>	LIMBS			
BODY	LF	RF		
ACQUIRED MARKS (scars, tattoos, etc.)	LH	RH		
	<b>Sock</b>			

Instructions: Mark the diagram with the exact position of any distinguishing marks, scars or brands. Brands to be drawn in position. Scars to be marked and indicated with an arrow (->). Stars or blazes on the face and any other markings to be drawn in on the diagrams showing position and shape as accurately as possible. Whorls should be marked with a cross (X). If no markings - this fact should be stated.

**NOTE: The original copy of the health certificate must remain with the horse if the horse is being temporarily exported. Any clearance by Customs, such as a stamp, must be affixed on the reverse side of the original health certificate.**

\*\*NOTE: The date of issuance must be the date of veterinary inspection.

Exporter must furnish four (4) copies for USDA endorsement. The original and two (2) copies accompany the shipment, the fourth copy is for the AVIC's office.

ADDENDUM to VS FORM 17-145 *pcort*  
Health Certificate Number CA110788 pg 2 of 2

For horse identified as (name, breed, age, color and sex)  
Dualing Pink Pepto, Quarter Horse, 7, Chestnut, G

**CERTIFICATION STATEMENTS**

1. The animal was inspected within 30 days prior to export and found to be healthy and free from evidence of communicable disease and exposure there to.
2. The animal was, to the best of the knowledge and belief of the issuing veterinarian, not exposed to any communicable disease within 60 days preceding the date of inspection;
3. either:
  - a) The animal has resided in the United States or Canada since birth; Or
  - b) ~~The animal has met all of the import requirements of the United States of America and has resided in the United States of America for the past 60 days;~~
4. The horse(s) have not been on premises where *T.equigenitalis* has been isolated during the 60 days immediately preceding exportation to Canada or a premises currently under quarantine or investigation for CEM. Any female(s) 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
5. Showed no clinical signs of CEM on the day of inspection.
6. The animals, at the time of the inspection, were found healthy and in a physical condition fit to be transported.
7. 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 the shipment to be refused entry to Canada.
8. During the previous twenty-one (21) days, the animals in this shipment have not been in the state of Texas or New Mexico.

Note to be included on the certification statements:

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, causing the animal to suffer.

Issuing veterinarian  
Signature

*Linda Lauper DVM*

Date 2.25.11

Name (type or print)

Linda Lauper DVM

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**U.S. ORIGIN HEALTH CERTIFICATE FOR THE EXPORT OF HORSES FROM THE UNITED STATES TO CANADA**

**PERMANENT EXPORT**

**TEMPORARY EXPORT (\*NOTE BELOW)**

FORM APPROVED OMB NO. 0579-0032

NAME AND ADDRESS OF CONSIGNEE (b)(6)	NAME AND ADDRESS OF PLACE OF ORIGIN (b)(6)	NAME AND ADDRESS OF CONSIGNEE Davenport Farms 4418 Township Rd 542 Darwell Alberta Canada T8E6L6
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**CERTIFICATION STATEMENTS**

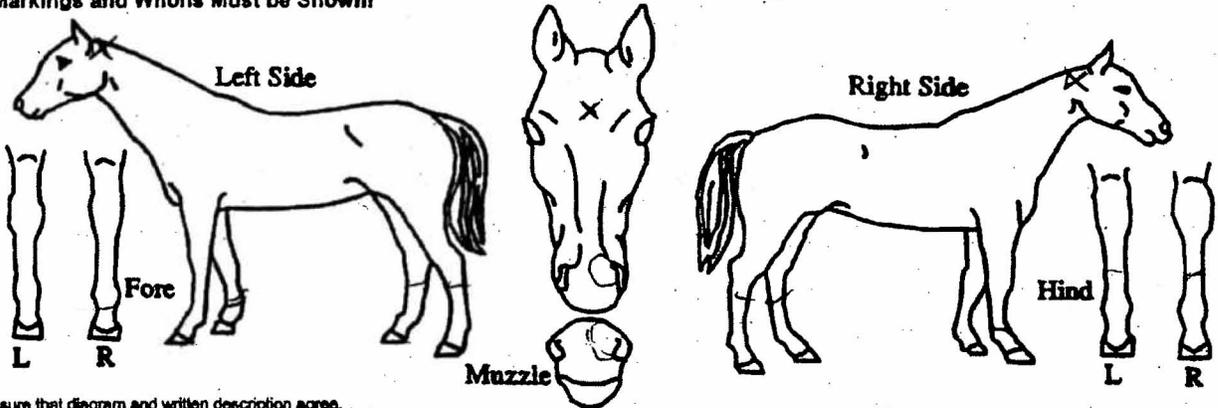
1. The animal identified below was inspected within 30 days prior to export and found to be healthy and free from evidence of communicable diseases and exposure thereto;

Either (Check Appropriate Box)

- 2. The animal has resided in the United States or Canada since birth;
- 3. The animal has met all of the import requirements of the United States and has resided in the United States for the past 60 days;
- 4. The animal was authorized for importation by the Animal Health Division, Agriculture Canada (required for horses from countries other than Canada that have resided in the United States less than 60 days);
- 5. The animal was tested negative for equine infectious anemia using the agar gel immunodiffusion (Coggins) test at:

Name of Laboratory FVS-Scot	Date blood sample drawn 9/23/10	Sample Drawn by me or (Enter name of accredited veterinarian) Jim Bergum DVM	State CA
Laboratory Accession No. A6001909	HEALTH CERTIFICATE NUMBER CA110156 pg 1 of 2		
Issuing Veterinarian		Endorsing Federal Veterinarian	
Signature Jim Bergum DVM		Signature and Seal Portia Cortes	
Name (Type or Print) Jim Bergum DVM	Date 10/28/10	Name Portia Cortes DVM, VMO	Date OCT 29 2010
*Health Certificate valid for 30 days from the date of issuance (note below)		Valid only if the USDA Veterinary Seal appears over the signature of the endorsing Federal Veterinarian and health certificate number	

**White Markings and Whorls Must be Shown!**



Please ensure that diagram and written description agree.

Name	Breed	Age	Color	Sex
Goldhills As You Like It	Welsh Pony	3	grey	F

**Written Description:**

HEAD snip to L nostril	LIMBS	
BODY	LF	RF fetlock
ACQUIRED MARKS (scars, tattoos, etc.)	LH stocking	RH stocking

Instructions: Mark the diagram with the exact position of any distinguishing marks, scars or brands. Brands to be drawn in position. Scars to be marked and indicated with an arrow (->). Stars or blazes on the face and any other markings to be drawn in on the diagrams showing position and shape as accurately as possible. Whorls should be marked with a cross (X). If no markings - this fact should be stated.

**NOTE:** The original copy of the health certificate must remain with the horse if the horse is being temporarily exported. Any clearance by Customs, such as a stamp, must be affixed on the reverse side of the original health certificate.

**\*\*NOTE:** The date of issuance must be the date of veterinary inspection.

Exporter must furnish four (4) copies for USDA endorsement. The original and two (2) copies accompany the shipment, the fourth copy is for the AVIC's office.

For horse identified as (name, breed, age, color and sex)

Goldhills Oz You Like It Welsh Pony 3yr grey female

**CERTIFICATION STATEMENTS**

1. The animal was inspected within 30 days prior to export and found to be healthy and free from evidence of communicable disease and exposure there to.
2. The animal was, to the best of the knowledge and belief of the issuing veterinarian, not exposed to any communicable disease within 60 days preceding the date of inspection;
3. either:
  - a) The animal has resided in the United States or Canada since birth; Or
  - b) ~~The animal has met all of the import requirements of the United States of America and has resided in the United States of America for the past 60 days;~~
4. The horse(s) have not been on premises where *T.equigenitalis* has been isolated during the 60 days immediately preceding exportation to Canada or a premises currently under quarantine or investigation for CEM. Any female(s) 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
5. Showed no clinical signs of CEM on the day of inspection.
6. The animals, at the time of the inspection, were found healthy and in a physical condition fit to be transported.
7. 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 the shipment to be refused entry to Canada.
8. During the previous twenty-one (21) days, the animals in this shipment have not been in the state of Texas or New Mexico.

Note to be included on the certification statements:

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, causing the animal to suffer.

Issuing veterinarian  
Signature

Jim Bergum DVM

Date

10/28/10

Name (type or print)

Jim Bergum DVM



AUGUST 1998

STATE OF ISRAEL MINISTRY OF AGRICULTURE  
VETERINARY SERVICES AND ANIMAL HEALTH

VETERINARY HEALTH CERTIFICATE

To accompany a horse imported from the United States to Israel.

EXPORTING COUNTRY: United States of America  
DEPARTMENT: U.S. Department of Agriculture  
SERVICE: VETERINARY SERVICES

I. Identification of the animal

Name KL Aracelli Breed Arabian

A full description using the sketch (attached at the end) must be completed. Whorls on head and neck should be described in the narrative and indicated by a small cross (x).

II. Origin of the animal

- (a) Name and address of exporter (b)(6)
- (b) Address of premises where the animal was examined (b)(6)

III. Destination of the animal

- (a) Name and address of consignee (b)(6)
- (b) Means of transportation sale

IV. Health information

I, Dr. Bergum, USDA ACCREDITED the undersigned, Veterinary Officer, authorized by the U.S. Department of Agriculture, hereby certify that the animal described above meets the following requirements:

- a. The United States is free of Glanders, Dourine, African Horse sickness, Venezuelan Equine Encephalomyelitis, and ~~contagious equine metritis (CEM).~~
- b. ~~The State of origin is free from Contagious Equine Metritis (CEM)\* or-~~

A. For mares and fillies over 731 days of age:

1. Swabbings were collected on three different occasions on the following dates: \_\_\_\_\_, 2. \_\_\_\_\_, 3. \_\_\_\_\_, at intervals of not less than 7 days, (the last swabbing was taken within 30 days of the date of exportation). One set of these swabbings was collected at the time of oestrus. All swabbings were cultured and found to be negative for CEM in a laboratoru by the National Veterinary Services.

B. For stallions and colts over 2 years of age:

1. Three separate sets of swabs: (penile sheath, urethra penis including Fossa glandis, urethral fossa including Urethral sinus and pre-ejaculatory fluid), were collected from the stallion on the dates: 1. \_\_\_\_\_, 2. \_\_\_\_\_, 3. \_\_\_\_\_, at intervals of not less than 7 days between the collection of each set and were cultured and found negative for CEM in a laboratoru approved by the National Veterinary Services.

2. The last of the three sets of specimens was collected within 30 days of the date of export.

3. The stallions has not been used for natural breeding or artificial insemination from the time sampling began until the date of export.

- c. During the 6 months immediately preceding the present exportation, no case of Equine Infectious Anemia (EIA), Equine Viral Rhinopneumonitis, Equine Viral Arteritis (EVA), and Equine Influenza has occurred at the farm of origin.
- d. The horse has been in the United States for at least 60 days immediately preceding exportation, or the horse is accompanied by a like certificate issued by a government veterinary officer of each country in which the horse has been in during the 60 days immediately preceding shipment to Israel.
- e. During 30 days prior to shipment the horse has not been exposed to equines affected with Equine Viral Rhinopneumonitis, EVA, and Equine Influenza.
- f. Insofar as can be determined, during the 60 days prior to the shipment, the horse has not been on any premises where CEM, EIA, Equine Piroplasmosis, Epizootic Lymphangitis or Ulcerative Lymphangitis has occurred, nor have these diseases occurred on any adjoining premises during this same period of time.
- g. On 8-9-2010 (date), within 30 days prior to embarkation, a blood sample was taken from the animal described above and sent to a laboratory approved by

the State Veterinary Services, where it was submitted to a) immunodiffusion test for EIA (Coggins test) with negative results, and b) a serological test for EVA with negative results.

- h. The animal has not been vaccinated with a live or attenuated or inactivated vaccine during the 14 days preceding exportation.
- i. The said animal was vaccinated for Eastern Equine Encephalomyelitis (EEE) and Western Equine Encephalomyelitis (WEE) on 8/2/10 (date), (not less than 14 days preceding the shipment). If not vaccinated for EEE and WEE, the said animal reacted negative to the complement fixation test within 14 days prior to embarkation on \_\_\_\_\_ (date blood samples drawn).
- j. The animal was not vaccinated against EVA.
- k. A declaration has been received from the exporter stating that the said animal will be transported directly from the premises to the port of shipment in vehicles cleansed and disinfected with an approved disinfectant and without contact with other animals not similarly certified.
- l. This certificate is valid for 15 days.

Date and Place Health Certificate Issued Mistikal Marketing LLC  
Jim Bergum DVM 8/2/10  
Type or Print - Name of Issuing Accredited Veterinarian

Jim Bergum DVM  
Signature of Issuing Accredited Veterinarian

SEP 02 2010

Date Health Certificate Endorsed \_\_\_\_\_  
Type or Print - Name of Endorsing Federal Veterinarian Thomas Hou DVM  
USDA APHIS VS  
10365 Old Placerville Road Ste 210  
Sacramento, CA 95827

Thomas Hou DVM  
Signature of Endorsing Federal Veterinarian

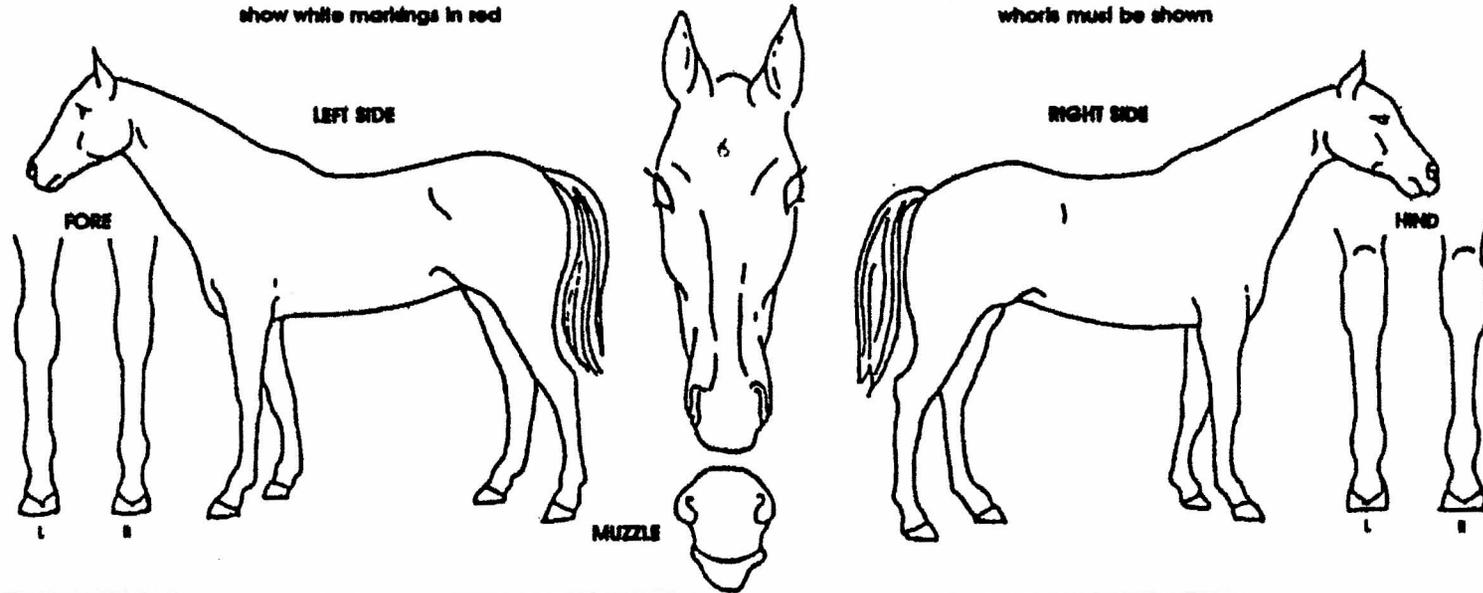
(Valid only if USDA Veterinary Seal Appears over the Signature of the Endorsing Federal Veterinarian).

On \_\_\_\_\_ (in daylight, within 24 hours of export), I examined the animal described above and found it to be free from signs or symptoms of infectious or contagious diseases.

\_\_\_\_\_  
Name of USDA Port Veterinarian

\_\_\_\_\_  
Signature of USDA Port Veterinarian

**INSTRUCTIONS FOR DIAGRAM:** Mark the diagram with the exact position of any distinguishing marks, scars or brands. Brands to be drawn in position. Scars to be marked and indicated on arrow (→). Scars or blazes on the face and any other markings to be drawn in on the diagram showing position and shape as accurately as possible. Whole should be marked with an "X". If no markings, this fact should be stated.



WRITTEN DESCRIPTION (Be sure that diagram and written description agree)				
COLOR	YEAR OF BIRTH	SEX	BREED	NAME
Bay	2009	Mare	Arabian	KL Aracelli
HEAD				
star				
LEFT FRONT	dark			
RIGHT FRONT	dark			
LEFT HIND	dark			
RIGHT HIND	dark			
BODY				
ACQUIRED MARKS (Scars, lacerations, etc.)				

REMARKS

SIGNATURE

STAMP/SEAL

*Jim Bayan*

CA102548 pg 5 OF 5

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**U.S. ORIGIN HEALTH CERTIFICATE FOR THE EXPORT OF HORSES FROM THE UNITED STATES TO CANADA**

PERMANENT EXPORT  TEMPORARY EXPORT (NOTE BELOW)

FORM APPROVED OMB NO. 0579-0032

NAME AND ADDRESS OF CONSIGNOR  (b)(6)	NAME AND ADDRESS OF PLACE OF ORIGIN ROCK HEDLUND RANCH 24760 TULLY RD ACAMPO CA 95220	NAME AND ADDRESS OF CONSIGNEE  (b)(6)
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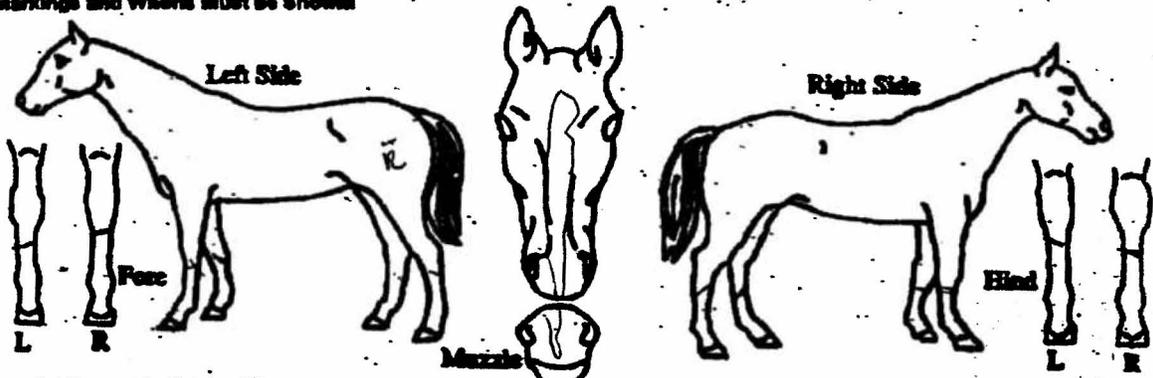
within 30 days prior to export and found to be healthy and exposure thereto;

Either (Check Appropriate Box)

- 2. The animal has resided in the United States or Canada since birth;
- 3. The animal has met all of the import requirements of the United States and has resided in the United States for the past 60 days;
- 4. The animal was authorized for importation by the Animal Health Division, Agriculture Canada (required for horses from countries other than Canada that have resided in the United States less than 60 days);
- 5. The animal was tested negative for equine infectious anemia using the agar gel immunodiffusion (Coggins) test at:

Name of Laboratory VETERINARY MEDICAL LAB	Date blood sample drawn 5/10/10	Sample Drawn by me or (Enter name of accredited veterinarian) GARY PRUITT DVM	State TX
Laboratory Accession No. AUSTIN TX 50586	HEALTH CERTIFICATE NUMBER CA102091 pg 1 of 2		
Signature <i>[Signature]</i>	Endorsing Federal Veterinarian <i>[Signature]</i>		
Name (Type or File) NOEL S MULLER DVM	Date 7/5/10	Name Portia Cortes DVM VMO	Date JUL 27 2010
*Health Certificate valid for 30 days from the date of issuance (date below)		Valid only if the USDA Veterinary Seal appears over the signature of the endorsing Federal Veterinarian and health certificate number	

White Markings and Wheats Must be Shown



Please ensure that diagram and written description agree.

Name	Breed	Age	Color	Sex
SMART TAZ TROUBLE	QUARTER HORSE	5	RED ROAN	G
Written Description:				
HEAD STAR STRIPE SNIP	LF		RF	
BODY BRAND L HIP	SOCK		SOCK	
ACQUIRED MARKS (scars, tattoos, etc.) N/A	LH SOCK		RH SOCK	

Instructions: Mark the diagram with the exact position of any distinguishing marks, scars or brands. Brands to be drawn in position. Scars to be marked and indicated with an arrow (->). Stars or blazes on the face and any other markings to be drawn in on the diagrams showing position and shape as accurately as possible. Wheats should be marked with a cross (X). If no markings - this fact should be stated.

NOTE: The original copy of the health certificate must remain with the horse if the horse is being temporarily exported. Any clearance by Customs, such as a stamp, must be affixed on the reverse side of the original health certificate.

\*\*NOTE: The date of issuance must be the date of veterinary inspection.  
Exporter must furnish four (4) copies for USDA endorsement. The original and two (2) copies accompany the shipment, the fourth copy is for the AVAC's files.

ADDENDUM to VS FORM 17-145

Health Certificate Number CA102091 pg 2 of 2

For horse identified as (name, breed, age, color and sex)

SMART TAZ TROUBLE 5YR OLD QH GELDING RED ROAN BRAND L HIP

*port*

CERTIFICATION STATEMENTS

1. The animal was inspected within 30 days prior to export and found to be healthy and free from evidence of communicable disease and exposure there to.
2. The animal was, to the best of the knowledge and belief of the issuing veterinarian, not exposed to any communicable disease within 60 days preceding the date of inspection;
3. either:
  - a) The animal has resided in the United States or Canada since birth; ~~Or~~
  - b) ~~The animal has met all of the import requirements of the United States of America and has resided in the United States of America for the past 60 days;~~
4. The horse(s) have not been on premises where *T.equigenitalis* has been isolated during the 60 days immediately preceding exportation to Canada or a premises currently under quarantine or investigation for CEM. Any female(s) 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
5. Showed no clinical signs of CEM on the day of inspection.
6. The animals, at the time of the inspection, were found healthy and in a physical condition fit to be transported.
7. 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 the shipment to be refused entry to Canada.
8. During the previous twenty-one (21) days, the animal(s) in this shipment has/have not been in the states of Arizona, Texas or New Mexico.

Note to be included on the certification statements:

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, causing the animal to suffer.

Issuing veterinarian  
Signature

*Noel S Muller*

Date  
7/5/10

Name (type or print)

NOEL S MULLER DVM

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB number. The valid OMB control number for this information collection is 0579-0032. The time required to complete this collection of information is estimated to average .266 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the form.

**U.S. ORIGIN HEALTH CERTIFICATE FOR THE EXPORT OF HORSES FROM THE UNITED STATES TO CANADA**

PERMANENT EXPORT       TEMPORARY EXPORT (NOTE BELOW)

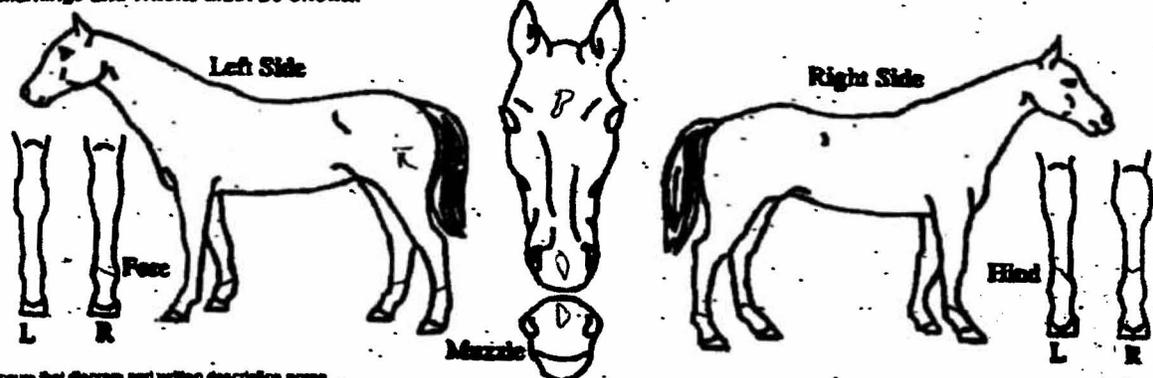
FORM APPROVED OMB NO. 0579-0032

(b)(6)	NAME AND ADDRESS OF PLACE OF ORIGIN	NAME AND ADDRESS OF CONSIGNEE
	ROCK HEDLUND RANCH	(b)(6)
	24760 TULLY RD ACAMPO GA 95220	

1. The animal was inspected within 30 days prior to export and found to be healthy and exposure thereto;
- Either (Check Appropriate Box)
2. The animal has resided in the United States or Canada since birth;
3. The animal has met all of the import requirements of the United States and has resided in the United States for the past 60 days;
4. The animal was authorized for importation by the Animal Health Division, Agriculture Canada (required for horses from countries other than Canada that have resided in the United States less than 60 days);
5. The animal was tested negative for equine infectious anemia using the agar gel immunodiffusion (Coggins) test at:

Name of Laboratory	Date blood sample drawn	Sample Drawn by and (Enter name of accredited veterinarian)	State
VETERINARY MEDICAL	5/10/10	GARY PRUITT DVM	TX
Laboratory Accession No.	HEALTH CERTIFICATE NUMBER		
50584 LAB AUSTIN TX	CA102092 pg 1 of 2		
Issuing Veterinarian		Endorsing Federal Veterinarian	
Signature: <i>[Signature]</i>		Signature and Seal: <i>[Signature]</i>	
Name (Type or Print)	Date	Name	Date
NOEL S MULLER DVM	7/5/10	Portia Collins DVM VMO	7/7/10
*Health Certificate valid for 30 days from the date of issuance (date below)		*Valid only if the USDA Veterinary Seal appears over the signature of the endorsing Federal Veterinarian and health certificate number	

White Markings and Whorls Must be Shown



Please ensure that diagram and written description agree.

Name	Breed	Age	Color	Sex
DESDE EL COMIENZO	QUARTER HORSE	8	SORREL/ CHESTNUT	G

HEAD	Written Description:		LIMBS	
	LF	RF	LH	RH
STAR SNIP	N/A	SOCK	SOCK	SOCK
BODY	BRAND L HIND			
ACQUIRED MARKS (scars, tattoos, etc.)	N/A			

Instructions: Mark the diagram with the exact position of any distinguishing marks, scars or brands. Brands to be drawn in position. Scars to be marked and indicated with an arrow (→). Stars or blazes on the face and any other markings to be drawn in on the diagrams showing position and shape as accurately as possible. Whorls should be marked with a cross (X). If no markings - this fact should be stated.

NOTE: The original copy of the health certificate must remain with the horse if the horse is being temporarily exported. Any clearance by Customs, such as a stamp, must be affixed on the reverse side of the original health certificate.

\*NOTE: The date of issuance must be the date of veterinary inspection.  
 Exporter must furnish four (4) copies for USDA endorsement. The original and two (2) copies accompany the shipment, the fourth copy is for the AVIC's office.

ADDENDUM to VS FORM 17-145

Health Certificate Number CA102092 pg 2 of 2

For horse identified as (name, breed, age, color and sex)

DESDE EL COMIENZO 8YR OLD QH GELDING CHESTNUT BRAND L HIP <sup>SORREL/</sup> *port*

CERTIFICATION STATEMENTS

1. The animal was inspected within 30 days prior to export and found to be healthy and free from evidence of communicable disease and exposure there to.
2. The animal was, to the best of the knowledge and belief of the issuing veterinarian, not exposed to any communicable disease within 60 days preceding the date of inspection;
3. either:
  - a) The animal has resided in the United States or Canada since birth; ~~Or~~
  - b) ~~The animal has met all of the import requirements of the United States of America and has resided in the United States of America for the past 60 days;~~
4. The horse(s) have not been on premises where *T.equigenitalis* has been isolated during the 60 days immediately preceding exportation to Canada or a premises currently under quarantine or investigation for CEM. Any female(s) 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
5. Showed no clinical signs of CEM on the day of inspection.
6. The animals, at the time of the inspection, were found healthy and in a physical condition fit to be transported.
7. 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 the shipment to be refused entry to Canada.
8. During the previous twenty-one (21) days, the animal(s) in this shipment has/have not been in the states of Arizona, Texas or New Mexico.

Note to be included on the certification statements:

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, causing the animal to suffer.

Issuing veterinarian

Signature

*Noel S Muller*

Date

7/5/10

Name (type or print)

NOEL S MULLER DVM

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB number. The valid OMB control number for this information collection is 0579-0032. The time required to complete this collection of information is estimated to average .266 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the form.

**U.S. ORIGIN HEALTH CERTIFICATE FOR THE EXPORT OF HORSES FROM THE UNITED STATES TO CANADA**

PERMANENT EXPORT       TEMPORARY EXPORT (NOTE BELOW)      FORM APPROVED OMB NO. 0579-0032

(b)(6)	NAME AND ADDRESS OF PLACE OF ORIGIN	NAME AND ADDRESS OF CONSIGNEE
	ROCK HEDLUND RANCH	(b)(6)
	24760 TULLY RD ACAMPO CA 95220	

within 30 days prior to export and found to be healthy and exposure thereto;

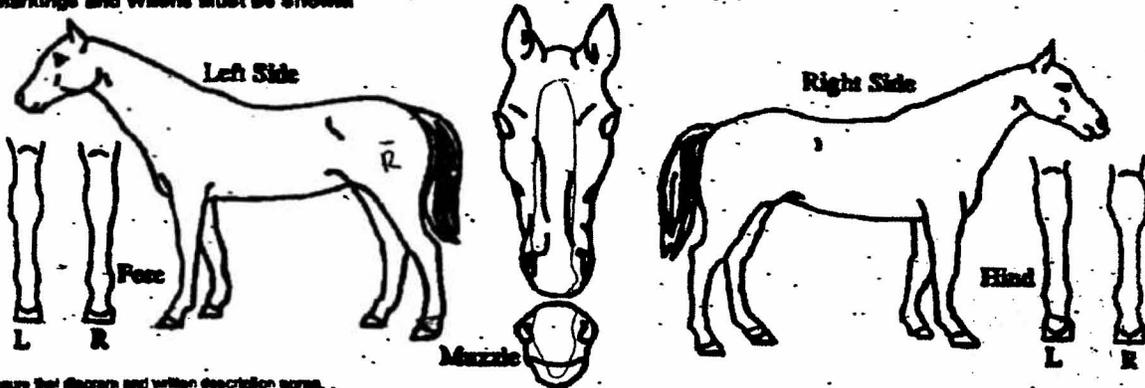
Either (Check Appropriate Box)

- 2. The animal has resided in the United States or Canada since birth;
- 3. The animal has met all of the import requirements of the United States and has resided in the United States for the past 60 days;
- 4. The animal was authorized for importation by the Animal Health Division, Agriculture Canada (required for horses from countries other than Canada that have resided in the United States less than 60 days);
- 5. The animal was tested negative for equine infectious anemia using the agar gel immunodiffusion (Coggins) test at:

Name of Laboratory METEERINARY MEDICAL LAB 50587	Date blood sample taken 5/10/10	Sample Given by me or (Enter name of accredited veterinarian) GARY PRUITT DVM	State TX
Laboratory Address AUSTIN TX	HEALTH CERTIFICATE NUMBER CA102093 pg 1 of 2		
Issuing Veterinarian Signature <i>Noel S. Muller</i>	Endorsing Federal Veterinarian Signature and Seal <i>Perito Cortes</i>		
Name (Type or Print) NOEL S. MULLER, DVM	Date 7/5/10	Name Perito Cortes DVM, VMO	Date 7/5/2010

\*Health Certificate valid for 30 days from the date of issuance (note below)  
\*Valid only if the USDA Veterinary Seal appears over the signature of the endorsing Federal Veterinarian and health certificate number.

White Markings and Whorls Must be Shown



Please ensure that diagram and written description agree.

Name	Breed	Age	Color	Sex
GO EASTER PEPPY	QUARTER HORSE	6	SORREL/ CHESTNUT	G

Written Description:

HEAD	LEGS	
BLAZE	LF N/A	RF N/A
BODY BRAND LHIP	LH FETLOCK	RH
ACQUIRED MARKS (scars, tattoos, etc.) N/A		

Instructions: Mark the diagram with the exact position of any distinguishing marks, scars or brands. Brands to be drawn in position. Scars to be marked and indicated with an arrow (->). Stars or blazes on the face and any other markings to be drawn in on the diagrams showing position and shape as accurately as possible. Whorls should be marked with a cross (X). If no markings - this fact should be stated.

NOTE: The original copy of the health certificate must remain with the horse if the horse is being temporarily exported. Any clearance by Customs, such as a stamp, must be affixed on the reverse side of the original health certificate.

\*NOTE: The date of issuance must be the date of veterinary inspection.  
Exporter must furnish four (4) copies for USDA endorsement. The original and two (2) copies accompany the shipment, the fourth copy is for the AMIC's office.

ADDENDUM to VS FORM 17-145

Health Certificate Number CA102093 pg 2 of 2

For horse identified as (name, breed, age, color and sex) SORREL/  
GQ EASTER PEPPY 6 YKOLD QH GELDING CHESTNUT BRAND I HIP

**CERTIFICATION STATEMENTS**

1. The animal was inspected within 30 days prior to export and found to be healthy and free from evidence of communicable disease and exposure there to.
2. The animal was, to the best of the knowledge and belief of the issuing veterinarian, not exposed to any communicable disease within 60 days preceding the date of inspection;
3. either:
  - a) The animal has resided in the United States or Canada since birth; ~~Or~~
  - b) ~~The animal has met all of the import requirements of the United States of America and has resided in the United States of America for the past 60 days;~~
4. The horse(s) have not been on premises where *T.equigenitalis* has been isolated during the 60 days immediately preceding exportation to Canada or a premises currently under quarantine or investigation for CEM. Any female(s) 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
5. Showed no clinical signs of CEM on the day of inspection.
6. The animals, at the time of the inspection, were found healthy and in a physical condition fit to be transported.
7. 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 the shipment to be refused entry to Canada.
8. During the previous twenty-one (21) days, the animal(s) in this shipment has/have not been in the states of Arizona, Texas or New Mexico.

Note to be included on the certification statements:

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, causing the animal to suffer.

Issuing veterinarian  
Signature



Date

7/5/10

Name (type or print)

NOEL S MULLER DVM

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**U.S. ORIGIN HEALTH CERTIFICATE FOR THE EXPORT OF HORSES FROM THE UNITED STATES TO CANADA**

PERMANENT EXPORT

TEMPORARY EXPORT (\*NOTE BELOW)

FORM APPROVED OMB NO. 0579-0032

NAME AND ADDRESS OF CONSIGNOR (b)(6)	NAME AND ADDRESS OF PLACE OF ORIGIN (b)(6)	NAME AND ADDRESS OF CONSIGNEE (b)(6)
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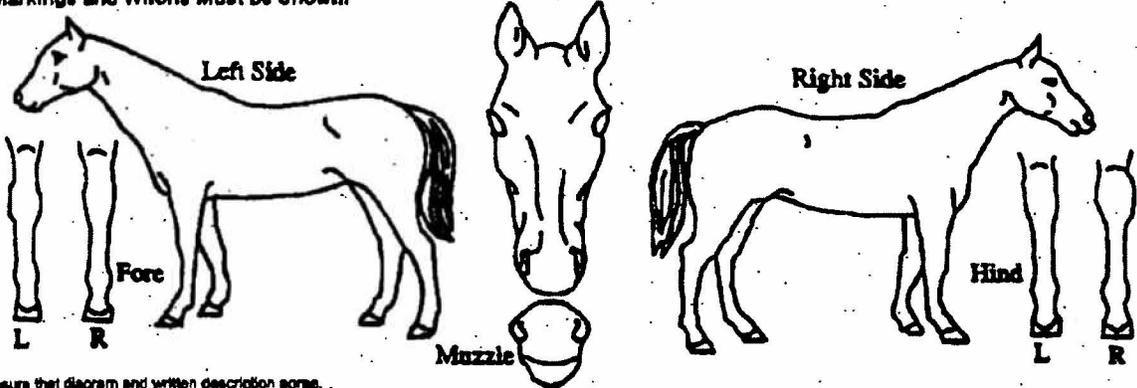
1. The animal identified below was inspected within 30 days prior to export and found to be healthy and free from evidence of communicable diseases and exposure thereto;

Either (Check Appropriate Box)

- 2. The animal has resided in the United States or Canada since birth;
- 3. The animal has met all of the import requirements of the United States and has resided in the United States for the past 60 days;
- 4. The animal was authorized for importation by the Animal Health Division, Agriculture Canada (required for horses from countries other than Canada that have resided in the United States less than 60 days);
- 5. The animal was tested negative for equine infectious anemia using the agar gel immunodiffusion (Coggins) test at:

Name of Laboratory IBEXX-SACRAMENTO CA	Date blood sample drawn 6/9/10	Sample Drawn by me or (Enter name of accredited veterinarian) NOEL S. MULLER	State CA
Laboratory Accession No. B7666043	HEALTH CERTIFICATE NUMBER 93-697459 CA101827 pg 1 of 2		
Signature <i>[Signature]</i>	Endorsing Federal Veterinarian <i>[Signature]</i>		
Name (Type or Print) NOEL S. MULLER	Date 6/14/10	Name Portia Cortes DVM, VMD	Date JUN 14 2010
*Health Certificate valid for 30 days from the date of issuance (note below)		Valid only if the USDA Veterinary Seal appears over the signature of the endorsing Federal Veterinarian and health certificate number	

White Markings and Whorls Must be Shown!



Please ensure that diagram and written description agree.

Name	Breed	Age	Color	Sex
CHIEF LIL TEE	QUARTER HORSE	10	SORREL	G

Written Description:

HEAD	LIMBS	
	LF	RF
THIN BLAZE	N/A	N/A
BODY WHITE SPORTS L SIDE BODY WHITE HAIRS IN COAT	N/A	N/A
ACQUIRED MARKS (scars, tattoos, etc.) UNREADABLE LIP TATTOO	N/A	N/A

Instructions: Mark the diagram with the exact position of any distinguishing marks, scars or brands. Brands to be drawn in position. Scars to be marked and indicated with an arrow (->). Stars or blazes on the face and any other markings to be drawn in on the diagrams showing position and shape as accurately as possible. Whorls should be marked with a cross (X). If no markings - this fact should be stated.

NOTE: The original copy of the health certificate must remain with the horse if the horse is being temporarily exported. Any clearance by Customs, such as a stamp, must be affixed on the reverse side of the original health certificate.

\*\*NOTE: The date of issuance must be the date of veterinary inspection.

Exporter must furnish four (4) copies for USDA endorsement. The original and two (2) copies accompany the shipment, the fourth copy is for the AVIC's office.

VS FORM 17-145 (MAY 2006)

## ADDENDUM to VS FORM 17-145

Health Certificate Number 93-697459 CA101827 pg 2 of 2

For horse identified as (name, breed, age, color and sex)

CHIEF LIL TEE, QUARTER HORSE, 10 YRS OLD, SORREL, GELDING

## CERTIFICATION STATEMENTS

1. The animal was inspected within 30 days prior to export and found to be healthy and free from evidence of communicable disease and exposure there to.
2. The animal was, to the best of the knowledge and belief of the issuing veterinarian, not exposed to any communicable disease within 60 days preceding the date of inspection;
3. either:
  - a) The animal has resided in the United States or Canada since birth;
  - b) ~~The animal has met all of the import requirements of the United States of America and has resided in the United States of America for the past 60 days;~~
4. The horse(s) have not been on premises where *T. equigenitalis* has been isolated during the 60 days immediately preceding exportation to Canada or a premises currently under quarantine or investigation for CEM. Any female(s) 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
5. Showed no clinical signs of CEM on the day of inspection.
6. The animals, at the time of the inspection, were found healthy and in a physical condition fit to be transported.
7. 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 the shipment to be refused entry to Canada.
8. During the previous twenty-one (21) days, the animal(s) in this shipment has/have not been in the states of Arizona, Texas or New Mexico.

Note to be included on the certification statements:

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, causing the animal to suffer.

Issuing veterinarian  
Signature



Date

6/14/10

Name (type or print)

NOEL S MULLER

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**U.S. ORIGIN HEALTH CERTIFICATE FOR THE EXPORT OF HORSES FROM THE UNITED STATES TO CANADA**

PERMANENT EXPORT

TEMPORARY EXPORT (NOTE BELOW) *Pacing*

FORM APPROVED OMB NO. 0579-0032

NAME AND ADDRESS OF CONSIGNEE

NAME AND ADDRESS OF PLACE OF ORIGIN

NAME AND ADDRESS OF IMPORTER

(b)(6)

Sunny Farm  
10240 West Rd.  
Gait - Ca 95632 USA

(b)(6)

within 30 days prior to export and found to be healthy and free from evidence of communicable diseases

and exposure thereto;

Either (Check Appropriate Box)

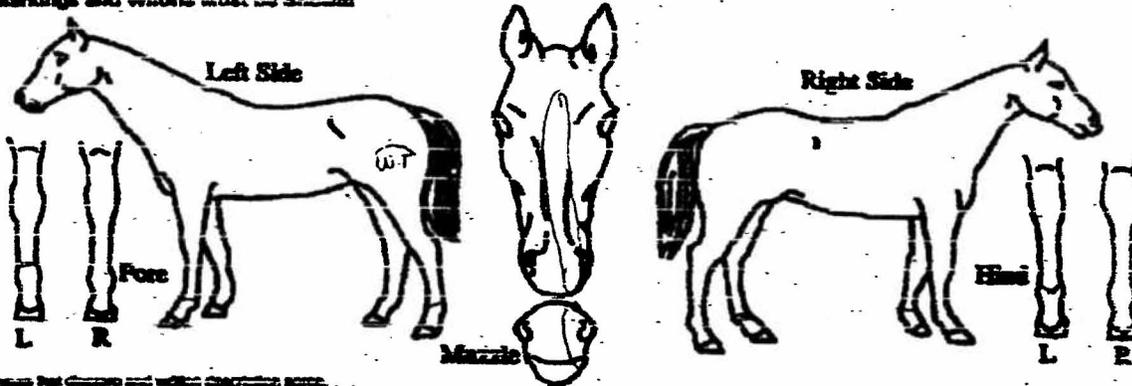
- 2. The animal has resided in the United States or Canada since birth;
- 3. The animal has met all of the import requirements of the United States and has resided in the United States for the past 60 days;
- 4. The animal was authorized for importation by the Animal Health Division, Agriculture Canada (required for horses from countries other than Canada that have resided in the United States less than 60 days);
- 5. The animal was tested negative for equine infectious anemia using the agar gel immunodiffusion (Coggins) test at:

Name of Laboratory <i>Idexx Lab Sacramento</i>	Date blood sample drawn <i>2/23/10</i>	Sample Drawn by me or (Enter name of accredited veterinarian) <i>noel S. Muller DVM</i>	State <i>CA</i>
Laboratory Accession No. <i>B883101-2</i>	HEALTH CERTIFICATE NUMBER <i>93697502</i> CA100771 pg 1 of 3		
Signature <i>[Signature]</i>		Endorsing Federal Veterinarian	
Name (Type of Print) <i>noel S muller</i>	Date <i>3/2/10</i>	Name <i>Portia Carter DVM, VMO</i>	Date <i>MAR 02</i>

\*Health Certificate valid for 30 days from the date of issuance (see below)

Valid only if the USDA Veterinary Seal appears over the signature of the endorsing Federal Veterinarian and health certificate number.

White Markings and Whorls Must be Shown



Please ensure that diagrams and written description agree.

Name	Breed	Age	Color	Sex
<i>Beaulha Faye</i>	<i>TB</i>	<i>4</i>	<i>DARK Bay/Brown</i>	<i>F</i>

Written Description:

HEAD	LF	RF
<i>Blaze to L nostril / Lip</i>	<i>1/2 sock</i>	
BODY	LL	RL
	<i>1/2 sock</i>	
ACQUIRED MARKS (scars, tattoos, etc.)		
<i>Brand LH WT</i>		

Instructions: Mark the diagram with the exact position of any distinguishing marks, scars or brands. Brands to be drawn in position. Scars to be marked and indicated with an arrow (->). Stars or blazes on the face and any other markings to be drawn in on the diagram showing position and shape as accurately as possible. Whorls should be marked with a cross (X). If no markings - this fact should be stated.

NOTE: The original copy of the health certificate must remain with the horse if the horse is being temporarily exported. Any clearance by Customs, such as a stamp, must be affixed on the reverse side of the original health certificate.

\*NOTE: The date of issuance must be the date of veterinary inspection.

Exporter must furnish four (4) copies for USDA endorsement. The original and two (2) copies accompany the shipment, the fourth copy is for the AVIC's office.

For horse identified as (name, breed, age, color and sex)

Beauha Faye / TB / 4 / Dark Bay-Brown / Female

**CERTIFICATION STATEMENTS**

1. The animal was inspected within 30 days prior to export and found to be healthy and free from evidence of communicable disease and exposure there to.
2. The animal was, to the best of the knowledge and belief of the issuing veterinarian, not exposed to any communicable disease within 60 days preceding the date of inspection;
3. either:
  - a) The animal has resided in the United States or Canada since birth; ~~Or~~
  - b) ~~The animal has met all of the import requirements of the United States of America and has resided in the United States of America for the past 60 days;~~
4. The horse(s) have not been on premises where *T.equigenitalis* has been isolated during the 60 days immediately preceding exportation to Canada or a premises currently under quarantine or investigation for CEM. Any female(s) 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
5. The animal(s) have not been in a country considered affected with contagious equine metritis (C.E.M.) during the twelve (12) months immediately prior to their exportation unless they have undergone CEM testing in the U.S. (including breeding to 2 test mares for stallions) with negative results or a special authorization has been granted by CFIA.

Note: Special authorization – the CFIA must be contacted prior to the importation to grant special permission for entry when deemed appropriate.

6. Showed no clinical signs of CEM on the day of inspection.
7. The animals, at the time of the inspection, were found healthy and in a physical condition fit to be transported.
8. 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 the shipment to be refused entry to Canada.
9. During the previous twenty-one (21) days, the animal(s) in this shipment has/have not been in the states of Texas or New Mexico.

*ports*

Note to be included on the certification statements:

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, causing the animal to suffer.

Issuing veterinarian

Signature

*Noel S. Muller*

Date

*3-2-10*

Name (type or print)

*Noel S. Muller*

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**U.S. ORIGIN HEALTH CERTIFICATE FOR THE EXPORT OF HORSES FROM THE UNITED STATES TO CANADA**

PERMANENT EXPORT       TEMPORARY EXPORT (NOTE BELOW)

FORM APPROVED OMB NO. 0579-0032

(b)(6)	NAME AND ADDRESS OF PLACE OF ORIGIN <i>Mistikal Marketing</i>	(b)(6)
	<i>13070 Apple Rd</i>	
	<i>Wilton CA 95693</i>	

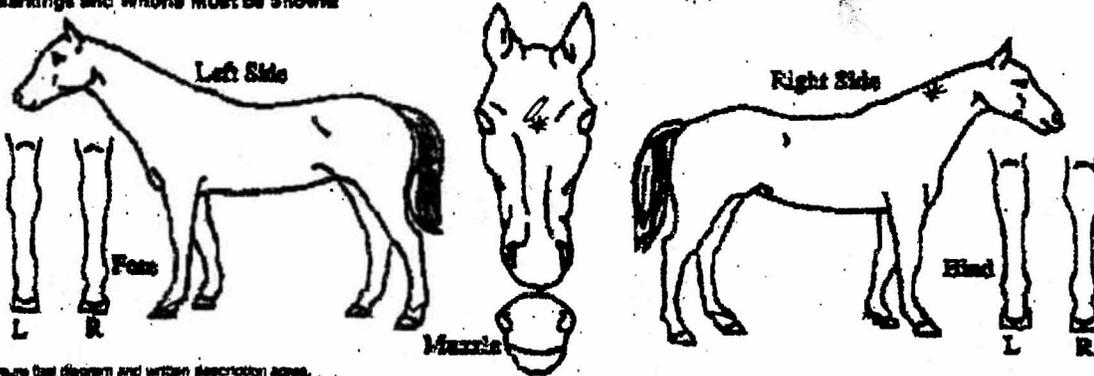
1. The animal identified below was inspected within 30 days prior to export and found to be healthy and free from evidence of communicable diseases and exposure thereto; *transported means that, on the day of inspection, no animal has an infectious disease that could be transported when the animal is being transported, causing the animal to suffer*

Either (Check Appropriate Box)

- 2. The animal has resided in the United States or Canada since birth;
- 3. The animal has met all of the import requirements of the United States and has resided in the United States for the past 60 days;
- 4. The animal was authorized for importation by the Animal Health Division, Agriculture Canada (required for horses from countries other than Canada that have resided in the United States less than 60 days);
- 5. The animal was tested negative for equine infectious anemia using the agar gel immunodiffusion (Coggin's) test at:

Name of Laboratory <i>DVS - Soto</i>	Date blood sample drawn <i>4/7/09</i>	Sample Drawn by <i>Jim Bergum DVM</i>	State <i>Ca</i>
Laboratory Accession No. <i>A066475-3</i>	HEALTH CERTIFICATE NUMBER <i>CA092016 pg 1 of 2</i>		
Issuing Veterinarian <i>Jim Bergum DVM</i>		Endorsing Federal Veterinarian <i>Portia Cortes</i>	
Name (Type or Print) <i>Jim Bergum DVM</i>	Date <i>6/10/09</i>	Name <b>PORTIA CORTES</b>	Date <b>JUN 10 2009</b>
*Health Certificate valid for 30 days from the date of issuance from below.		Valid only if countersigned over the signature of the endorsing Federal Veterinarian and Health Officer (VMO)	

White Markings and Whorls Must be Shown!



Please examine the diagram and written description above.

Name	Breed	Age	Color	Sex
<i>Zorro</i>	<i>arabic</i>	<i>2006</i>	<i>black</i>	<i>geld</i>

Written Description:

HEAD <i>small star whorl below star</i>	LF <i>heel bulbs</i>	LR <i>partial dock</i>
BODY <i>whorl R side mid crest of neck</i>	RF	RL
ACQUIRED MARKS (scars, tattoos, etc.)	LU	RU

Instructions: Mark the diagram with the exact position of any distinguishing marks, scars or brands. Brands to be drawn in position. Scars to be marked and indicated with an arrow (→). Stars or blazes on the face and any other markings to be drawn in on the diagrams showing position and shape as accurately as possible. Whorls should be marked with a cross (X). If no markings - this fact should be stated.

NOTE: The original copy of the health certificate must remain with the horse if the horse is being temporarily exported. Any clearance by Customs, such as a stamp, must be affixed on the reverse side of the original health certificate.

\*NOTE: The date of issuance must be the date of veterinary inspection.

Export must furnish four (4) copies for USDA endorsement. The original and two (2) copies accompany the shipment, the fourth copy is for the AVIC's office.

VS FORM 17-148 (MAY 2008)

ADDENDUM to VS FORM 17-145

Health Certificate Number CA092016 pg 2 of 2

For horse identified as (name, breed, age, color and sex)

Zorro arabian 2006 black gelding

pearls

CERTIFICATION STATEMENTS

1. The animal was inspected within 30 days prior to export and found to be healthy and free from evidence of communicable disease and exposure thereto.
2. The animal was, to the best of the knowledge and belief of the issuing veterinarian, not exposed to any communicable disease within 60 days preceding the date of inspection. Either:
  - a) The animal has resided in the United States or Canada since birth; Or b) The animal has met all of the import requirements of the United States of America and has resided in the United States of America for the past 60 days;
4. The horse(s) have not been on premises where *T. equigenitalis* has been isolated during the 60 days immediately preceding exportation to Canada or a premises currently under quarantine or investigation for CEM. Any female(s) 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.
5. Showed no clinical signs of CEM on the day of inspection.
6. The animals, at the time of the inspection, were found healthy and in a physical condition fit to be transported.
7. 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 the shipment to be refused entry to Canada.

Note to be included on the certification statement:

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, causing the animal to suffer.

Issuing veterinarian

Signature

Jim Bergum DVM

Date

6/10/09

Name (type or print)

Jim Bergum DVM

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U.S. ORIGIN HEALTH CERTIFICATE FOR THE EXPORT OF HORSES FROM THE UNITED STATES TO CANADA

PERMANENT EXPORT

TEMPORARY EXPORT (\*NOTE BELOW)

FORM APPROVED OMB NO. 0579-0032

(b)(6)	(b)(6)	(b)(6)
--------	--------	--------

1. The animal identified below was inspected within 30 days prior to export and found to be healthy and free from evidence of communicable diseases and exposure thereto;

Either (Check Appropriate Box)

2. The animal has resided in the United States or Canada since birth;

3. The animal has met all of the import requirements of the United States and has resided in the United States for the past 60 days;

4. The animal was authorized for importation by the Animal Health Division, Agriculture Canada (required for horses from countries other than Canada that have resided in the United States less than 60 days);

5. The animal was tested negative for equine infectious anemia using the agar gel immunodiffusion (Coggins) test at:

Name of Laboratory <b>Edex-Sacramento</b>	Date blood sample drawn <b>5/5/09</b>	Sample Drawn by me or (Enter name of accredited veterinarian) <b>Linda Lauper</b>	State <b>CA</b>
Laboratory Accession No. <b>A1098969</b>	HEALTH CERTIFICATE NUMBER <b>CA091474 pg 1 of 2</b>		
Issuing Veterinarian		Endorsing Federal Veterinarian	

Signature  
**Linda Lauper**

Signature and Seal  
**PORTIA CORTES**

Name (Type or Print)  
**Linda Lauper**

Date  
**5/6/09**

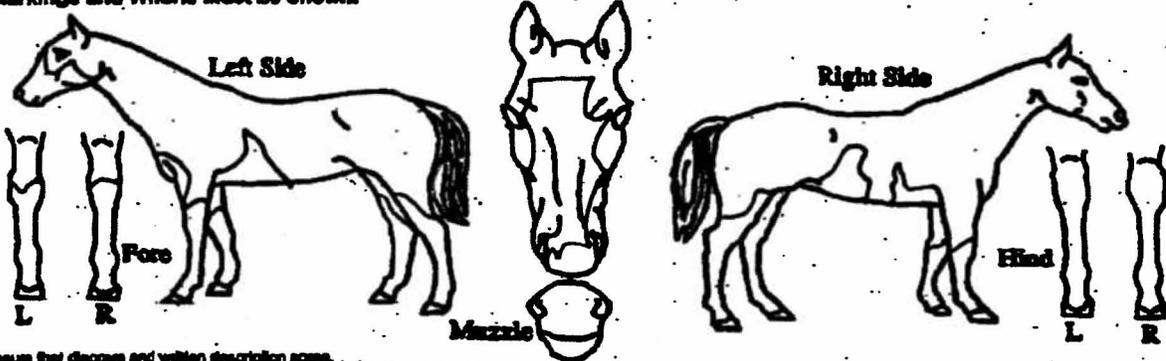
Name  
**PORTIA CORTES**

Date  
**MAY 08 2009**

\*Health Certificate valid for 30 days from the date of issuance (note below)

Valid only if the USA Veterinary Seal appears over the signature of the endorsing Federal Veterinarian and health certificate number.

White Markings and Whorls Must be Shown



Please ensure that diagram and written description agree.

Name	Breed	Age	Color	Sex
<b>Cedarlane Carter</b>	<b>Clydesdale</b>	<b>6</b>	<b>Bay</b>	<b>Stallion</b>

HEAD <b>Connecting star blaze</b>	Written Description	
BODY <b>Ventral chest &amp; right flank</b>	LF <b>High Stocking</b>	RF <b>High Stocking</b>
	LH <b>High Stocking</b>	RH <b>High Stocking</b>

Instructions: Mark the diagram with the exact position of any distinguishing marks, scars or brands. Brands to be drawn in position. Scars to be marked and indicated with an arrow (->). Stars or blazes on the face and any other markings to be drawn in on the diagrams showing position and shape as accurately as possible. Whorls should be marked with a cross (X). If no markings - this fact should be stated.

NOTE: The original copy of the health certificate must remain with the horse if the horse is being temporarily exported. Any clearance by Customs, such as a stamp, must be affixed on the reverse side of the original health certificate.

\*NOTE: The date of issuance must be the date of veterinary inspection.

Exporter must furnish four (4) copies for USDA endorsement. The original and two (2) copies accompany the shipment, the fourth copy is for the AVIC's office.

V8 FORM 17-145 (MAY 2008)

ADDENDUM to VS FORM 17-145

Health Certificate Number CA091474 pg 2 of 2 *pc*

For horse identified as (name, breed, age, color and sex)

Cedariane Carter, Clydesdale, 1yr, Bay, Stallion

CERTIFICATION STATEMENTS

1. The animal was inspected within 30 days prior to export and found to be healthy and free from evidence of communicable disease and exposure thereto.
2. The animal was, to the best of the knowledge and belief of the issuing veterinarian, not exposed to any communicable disease within 60 days preceding the date of inspection; Either:
3. a) The animal has resided in the United States or Canada since birth; Or b) ~~The animal has met all of the import requirements of the United States of America and has resided in the United States of America for the past 60 days;~~
4. The horse(s) have not been on premises where *T.equigenitalis* has been isolated during the 60 days immediately preceding exportation to Canada or a premises currently under quarantine or investigation for CEM. Any female(s) 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
5. Showed no clinical signs of CEM on the day of inspection.
6. The animals, at the time of the inspection, were found healthy and in a physical condition fit to be transported.
7. 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 the shipment to be refused entry to Canada.

Note to be included on the certification statements:

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, causing the animal to suffer.

Issuing veterinarian

Signature Linda Lauper

Date 5/6/09

Name (type or print) Linda Lauper

**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.

(b)(6)

K 23466

1 OF 2

4. DATE ISSUED: 4/16/09  
5. U.S. PORT OF EMBARKATION (City and State): SAN LUIS, AZ  
6. STATE CODE: 04  
7. CONSIGNOR'S STREET ADDRESS (Mailing Address): (b)(6)  
8. CONSIGNOR'S CITY (or Town): (b)(6)

9. SEMEN ("X" if yes):   
10. NO. DOSES OF SEMEN:   
11. TRANSPORTATION CLASS:  
 1 - Rail  3 - Air  
 2 - Truck  4 - Ocean  
12. CONSIGNOR'S STATE: (b)(6)  
13. STATE CODE: (b)(6)  
14. ZIP 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):  
16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address): IMPORCOM SA DE CV AV CARLOS G CALLES #53 SAN LUIS RIO COLORADO SONORA MEXICO  
DESTINATION COUNTRY: MEXICO  
ENTER CODE: MX

NEGATIVE TUBERCULIN READING:  48 HRS  72 HRS  
SONORA BRUCELLOSIS BLOOD SAMPLE COLLECTED  
NEGATIVE RESULTS OF OTHER TESTS:  
DISEASE: EIA-ELISA 4/9/09  
TYPE TEST: IDEXX SACRAMENTO

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	18. INDIVIDUAL IDENTIFICATION (Instructions for columns A, B, C & D on reverse)															19. DISEASE		
	ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DATE M	DATE N	DATE O	TYPE TEST	TYPE TEST	TYPE TEST
(b)(6)	BARBIE	5y	F	QH PALAMINO			STAR	LH	CORONET								NEG	a0954091
	BUFFY	5y	F	TB BAY LH/RH			FETLOCK										NEG	a0754082
	NIKI	3y	F	TB BAY STRIPE			LF/RF/LH/RH	FETLOCK									NEG	a0754073
	STAR	6y	F	TB BAY STAR			LH	FETLOCK									NEG	a0754064
	YAGERR	5y	M	QH BAY STAR			LH	FETLOCK	WITH SPOT								NEG	a0754055
	RACEY	4y	F	QH BAY STRIPE			FETLOCK	LH									NEG	a0754046
	SCAR	2y	G	QH SORREL STRIPE			RH	FETLOCK									NEG	a0754037
	JET	7y	M	QH BLACK STAR			BRAND	LH									NEG	a0754028
	ROANY	1y	F	QH BLUE ROAN			STAR										NEG	a0754019
	CHIEF	3y	M	PONY SORREL			BALD FACE	LH/RH	CORONET								NEG	a0754000
(b)(6)	MICKI	1y	M	QH BAY STRIPE			SNIP										NEG	a0753998
	SALLY	5y	F	QH CHESTNUT			STAR	STRIPES	SCAR RSHOULDER								NEG	a0753989
	TIFFANY	1y	F	QH BLUE ROAN			STAR										NEG	a0753970
	HAPPY	1y	F	APPY RED ROAN			STAR	SPOTS	ON HIPS								NEG	a0753951
	PAUL	1y	M	QH PALAMINO			STRIPE										NEG	a0753942
IMPORCOM SA DE CV AV CARLOS G CALLES #53 SAN LUIS RIO COLORADO SONORA MEXICO	PAINTY	1y	M	PAINT CHESTNUT			BLAZE	LF/RF/LH/RH	STOCKING								NEG	a0753933
	TURF TIME	6y	M	TB SORREL			BLAZE	RH	STOCKING	WITH SPOTS							NEG	a0753915
(b)(6)	SONI	5y	M	QH CHESTNUT			STAR	RH	FETLOCK								NEG	a0753871

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

*pcortes*

**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: 04/17/09  
20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, please print): MULLER, NOEL S.  
21. STATUS:  1 State  2 Federal  3 Accredited  
22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 23  
23. Signature of Endorsing Federal Veterinarian: PORTIA CORTES, DVM VMO  
24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): PORTIA CORTES, DVM VMO  
25. SIGNATURE OF ISSUING VETERINARIAN: *Noel Muller*

READ INSTRUCTIONS FROM VS FORM 17-140

This certificate is authorized by law (21 USC 112), while you are not required to respond, no health certificate can be validated unless the data requested is provided. See reverse side for additional information. Form Approved OMB No. 0579-0020

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) (b)(6)	2. CERTIFICATE NO. FROM VS FORM 17-140 K23466	3. PAGE NO. 02 of 02
16. CONSIGNEE'S NAME IMPORCOM SA DE CV AV CARLOS G CALLES #53 SAN LUIS RIO COLORADO SONORA		

NEGATIVE TUBERCULIN READING <input type="checkbox"/> 48 HRS. <input type="checkbox"/> 72 HRS.	BRUCellosIS BLOOD SAMPLE COLLECTED	NEGATIVE RESULTS OF OTHER TESTS	
		DISEASE TYPE TEST EIA-ELISA 4/9/09 IDEXX SACRAMENTO	DISEASE TYPE TEST

17. FARM ORIGIN

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

(b)(6)

IMPORCOM SA DE CV  
AV CARLOS G CALLES #53  
SAN LUIS RIO COLORADO  
SONORA MEXICO

(b)(6)

18. INDIVIDUAL IDENTIFICATION										CERTIFIED BRUCellosIS FREE AREA					DISEASE TYPE TEST		
ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	DATE E	DATE F	DATE G	VAC H	1/25 I	1/50 J	1/100 K	DATE L	DATE M	DATE N	DATE O			
															DATE H	VAC I	1/25 J
BUD	5y	M	QH	CHESTNUT STRIPE RH FETLOCK								NEG	a0753906				
COORS	5y	M	QH	CHESTNUT STAR SNIP IH FETLOCK								NEG	a0753890				
				BRAND LH/RH 1/2 CORONET													
MILLER	5y	M	QH	PALAMINO STAR SNIP IH BRAND								NEG	a0753881				
DASH	1y	M	QH	BLUE ROAN STAR STRIP SNIP								NEG	a0753961				
				RE/RH FETLOCK													
BLUE	1y	M	QH	DARK BAY BLAZE LH/RH STOCKING								NEG	a0753924				
				RE SOCK 1/2 BLUE EYE I SIDE													

*pcortes*  
PORTIA CORTES, DVM VMO 04/17/09



**CERTIFICATION STATEMENTS**  
**CERTIFICACIONES**

**Appendix**

1. The horse(s) were vaccinated at least 15 days but within 12 months prior to shipment against equine eastern and western equine encephalitis with DOUBLE EFT (name of product) on 3/1/09 (date).  
FORT DODGE

*Los equinos fueron vacunados al menos 15 días pero dentro de los 12 meses antes de la fecha de exportación contra encefalomiелitis equina del este y del oeste 3/1/09 (nombre del producto) el DOUBLE EFT (fecha).  
FORT DODGE*

2. The horse(s) were not vaccinated with either a live, attenuated, or inactivated vaccine within 14 days prior to exportation.

*Los equinos no fueron vacunados con vacunas a virus vivo, atenuadas o inactivadas durante los 14 días anteriores a la exportación.*

3. The horse(s) were examined and found to be clinically healthy and free of any evidence of infectious diseases and of ectoparasites. The United States is free of *Boophilus spp.*

*Los equinos fueron examinados y se encontraron clínicamente sanos, y libres de enfermedades propias de la especie y de ectoparásitos. Los Estados Unidos están libres de garrapata Boophilus spp.*

“[Select the appropriate statement/*Esgoja la certificación indicada*]

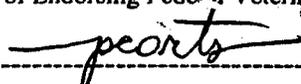
4. Horses were tested for equine infectious anemia using [the ELISA] [the agar-gel immunodiffusion test] with negative results on a sample taken on 4/9/09 (date) and tested at the IDEXX SACRAMENTO laboratory.

*A los equinos se les practicó la prueba diagnóstica [de Coggins] [de ELISA] para anemia infecciosa equina obteniéndose resultados negativos realizada en muestras obtenidas el 4/9/09 y probadas en el laboratorio IDEXX SACRAMENTO.*

5. The animals are transported in cleaned and disinfected vehicles and do not come in contact with other animals not part of the shipment.

*Los vehículos utilizados para el transporte de los animales a la frontera, son sometidos a limpieza y desinfección antes del embarque y no están en contacto con otros animales durante el traslado.*

DR. NOEL S. MILLER  
Name of Issuing USDA Accredited Veterinarian  
  
Signature and Date 4/16/09

PORTIA CORTES, DVM VMO  
Name of Endorsing Federal Veterinarian  
  
Signature and Date 04/17/09 (Seal)

**U.S. ORIGIN HEALTH CERTIFICATE FOR THE EXPORT OF HORSES FROM THE UNITED STATES TO CANADA**

PERMANENT EXPORT

TEMPORARY EXPORT (\*NOTE BELOW)

FORM APPROVED OMB NO. 0579-0032

(b)(6)	NAME AND ADDRESS OF PLACE OF ORIGIN <u>Priemere Equine</u> <u>16206 Hwy 108</u> <u>Jamestown CA 95327</u>	(b)(6)

**CERTIFICATION STATEMENTS**

Please see additional statements on bottom of the page

1. The animal identified below was inspected within 30 days prior to export and found to be healthy and free from evidence of communicable diseases and exposure thereto;

Either (Check Appropriate Box)

2. The animal has resided in the United States or Canada since birth;

"During the previous twenty-one (21) days, the animal(s) in this shipment has/have not been in the state of Florida" The animal was, to the best of the knowledge and belief of the issuing veterinarian, not exposed to any communicable disease within 60 days preceding the date of inspection. The animals, at the time of the inspection, were found healthy and in a physical condition fit to be transported.

3. The animal has met all of the import requirements of the United States and has resided in the United States for the past 60 days;

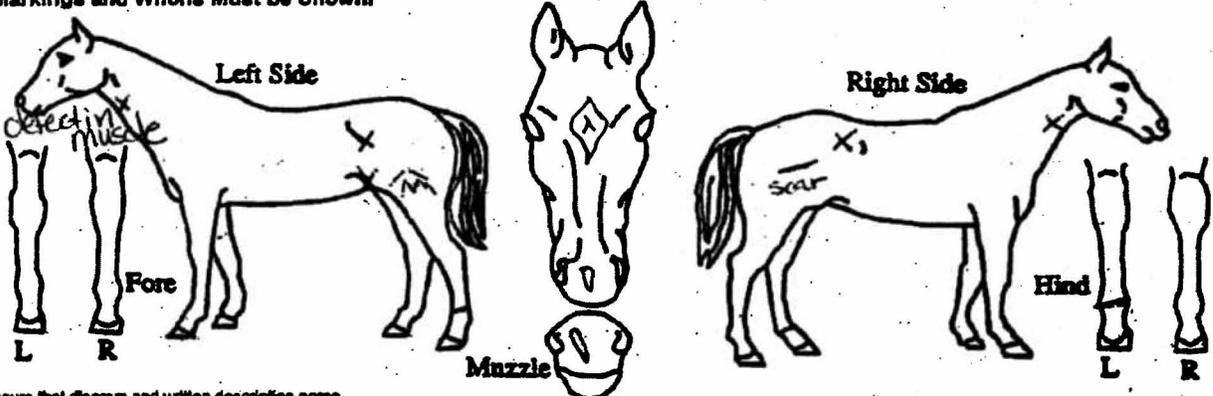
Exporter has been advised that any deterioration in health or physical condition of the animals that may render animals unfit for transport may result in the shipment to be refused entry to Canada.

4. The animal was authorized for importation by the Animal Health Division, Agriculture Canada (required for horses from countries other than Canada that have resided in the United States less than 60 days);

5. The animal was tested negative for equine infectious anemia using the agar gel immunodiffusion (Coggins) test etc.

Name of Laboratory <u>Pullister Animal Health Lab</u>	Date blood sample drawn <u>3/10/09</u>	Sample Drawn by me or (Enter name of accredited veterinarian) <u>Talonya R. Copland</u>	State <u>Alberta Canada</u>
Laboratory Accession No. <u>09 E1 14207</u>	HEALTH CERTIFICATE NUMBER <u>CA091223</u>		
Issuing Veterinarian		Endorsing Federal Veterinarian	
Signature <u>Noel S. Muller</u>		Signature and Seal <u>pcortes</u>	
Name (Type or Print) <u>Noel S. Muller</u>	Date <u>4/16/09</u>	Name <u>PORTIA CORTES, DVM VMO</u>	Date <u>04/17/09</u>
**Health Certificate valid for 30 days from the date of issuance (note below)		Valid only if the USDA Veterinary Seal appears over the signature of the endorsing Federal Veterinarian and health certificate number)	

**White Markings and Whorls Must be Shown!**



Please ensure that diagram and written description agree.

Name	Breed	Age	Color	Sex
<u>Sassie Crystal Honor</u>	<u>QH</u>	<u>2001</u>	<u>Sorrel</u>	<u>F</u>

**Written Description:**

HEAD <u>Whirl between eyes extended Star small ship on nose</u>	LF	RF
BODY <u>Scar R Hip Brand M L Hip</u>	LH <u>White to Fetlock</u>	RH

Instructions: Mark the diagram with the exact position of any distinguishing marks, scars or brands. Brands to be drawn in position. Scars to be marked and indicated with an arrow (->). Stars or blazes on the face and any other markings to be drawn in on the diagrams showing position and shape as accurately as possible. Whorls should be marked with a cross (X). If no markings - this fact should be stated.

**NOTE:** The original copy of the health certificate must remain with the horse if the horse is being temporarily exported. Any clearance by Customs, such as a stamp, must be affixed on the reverse side of the original health certificate.

**\*\*NOTE:** The date of issuance must be the date of veterinary inspection.

Exporter must furnish four (4) copies for USDA endorsement. The original and two (2) copies accompany the shipment, the fourth copy is for the AVIC's office.

VS FORM 17-145 (MAY 2000)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB number. The valid OMB control number for this information collection is 0579-0032. The time required to complete this collection of information is estimated to average .266 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the form.

**U.S. ORIGIN HEALTH CERTIFICATE FOR THE EXPORT OF HORSES FROM THE UNITED STATES TO CANADA**

PERMANENT EXPORT

TEMPORARY EXPORT (\*NOTE BELOW)

FORM APPROVED OMB NO. 0579-0032

(b)(6)	NAME AND ADDRESS OF PLACE OF ORIGIN	(b)(6)
	Priemere Equine	
	11406 Hwy 1108 Jamestown Ca 95327	

**CERTIFICATION STATEMENTS**

Please see additional statements on bottom of the page

1. The animal identified below was inspected within 30 days prior to export and found to be healthy and free from evidence of communicable diseases and exposure thereto;

Either (Check Appropriate Box)

2. The animal has resided in the United States or Canada since birth;

"During the previous twenty-one (21) days, the animal(s) in this shipment has/have not been in the state of Florida" The animal was, to the best of the knowledge and belief of the issuing veterinarian, not exposed to any communicable disease within 60 days preceding the date of inspection. The animals, at the time of the inspection, were found healthy and in a physical condition fit to be transported.

3. The animal has met all of the import requirements of the United States and has resided in the United States for the past 60 days;

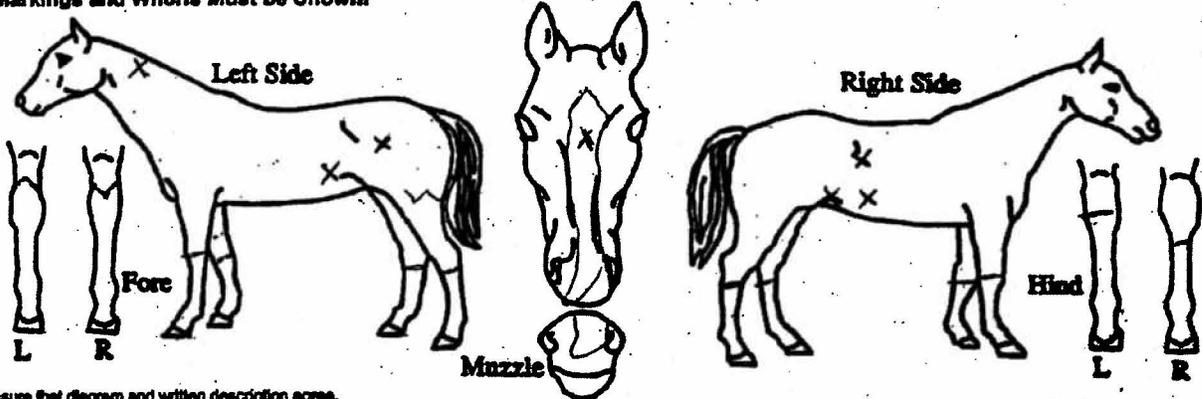
Exporter has been advised that any deterioration in health or physical condition of the animals that may render animals unfit for transport may result in the shipment to be refused entry to Canada.

4. The animal was authorized for importation by the Animal Health Division, Agriculture Canada (required for horses from countries other than Canada that have resided in the United States less than 60 days);

5. The animal was tested negative for equine infectious anemia using the agar gel immunodiffusion (Coggins) test at:

Name of Laboratory	Date blood sample drawn	Sample Drawn by me or (Enter name of accredited veterinarian)	State
Pallister Animal Health Lab	3/10/09	Tawnya R. Copland	Alberta, Canada
Laboratory Accession No.	HEALTH CERTIFICATE NUMBER		
09E114208	CA091224		
Issuing Veterinarian		Endorsing Federal Veterinarian	
Signature		Signature and Seal	
<i>Noel S. Muller</i>		<i>Portia Cortes</i>	
Name (Type or Print)	Date	Name	Date
Noel S. Muller	4/16/09	PORTIA CORTES, DVM VMO	04/17/09
*Health Certificate valid for 30 days from the date of issuance (note below)		Valid only if the USDA Veterinary Seal appears over the signature of the endorsing Federal Veterinarian and health certificate number	

**White Markings and Whorls Must be Shown!**



Please ensure that diagram and written description agree.

Name	Breed	Age	Color	Sex
Spot D Gas	Paint	1998	Somel	F

**Written Description:**

HEAD	LIMBS	
Whirl between eyes Blaze	LF White to Carpus	RF White to Carpus
BODY	LH White to below Hock	RH White to just below Hock
ACQUIRED MARKS (scars, tattoos, etc.)		
Freeze Brand ~ on Hip		

Instructions: Mark the diagram with the exact position of any distinguishing marks, scars or brands. Brands to be drawn in position. Scars to be marked and indicated with an arrow (->). Stars or blazes on the face and any other markings to be drawn in on the diagrams showing position and shape as accurately as possible. Whorls should be marked with a cross (X). If no markings - this fact should be stated.

**NOTE:** The original copy of the health certificate must remain with the horse if the horse is being temporarily exported. Any clearance by Customs, such as a stamp, must be affixed on the reverse side of the original health certificate.

**\*\*NOTE:** The date of issuance must be the date of veterinary inspection.

Exporter must furnish four (4) copies for USDA endorsement. The original and two (2) copies accompany the shipment, the fourth copy is for the AVIC's office.

V8 FORM 17-145 (MAY 2000)

The horse(s) have not been on premises where *T. equigenitalis* has been isolated during the 60 days immediately preceding exportation to Canada or a premises currently under quarantine or investigation for CEM. Any female(s) 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 horse showed no clinical signs of CEM on the day of inspection.

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

**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) (b)(6)	2. CERTIFICATE NO. K 23454	3. PAGE NO. 1 OF 1
--	-------------------------------	-----------------------

4. DATE ISSUED 2/24/09	5. U.S. PORT OF EMBARKATION (City and State) SANTA TERESA, NM	6. STATE CODE 35	7. CONSIGNOR'S STREET ADDRESS (Mailing Address) (b)(6)	8. CONSIGNOR'S CITY (or Town) (b)(6)
9. SEMEN ("X" if yes) <input type="checkbox"/>		10. NO. DOSES OF SEMEN		11. TRANSPORTATION CLASS <input type="checkbox"/> 1 - Rail <input type="checkbox"/> 3 - Air <input checked="" type="checkbox"/> 2 - Truck <input type="checkbox"/> 4 - Ocean
12. CONSIGNOR'S STATE (b)(6)			13. STATE CODE	14. ZIP CODE (b)(6)

15. SPECIES ("X" one - use VS Form 17-6 for Poultry) <input type="checkbox"/> 01 BOVINE <input type="checkbox"/> 02 PORCINE <input type="checkbox"/> 03 OVINE <input type="checkbox"/> 04 CAPRINE <input checked="" type="checkbox"/> 05 EQUINE <input type="checkbox"/> 08 OTHER WILDLIFE - MAMMAL <input type="checkbox"/> 09 OTHER (Specify)	16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address) COMERCIAL CASA SATELITE CALLE CESAR MARTINO #3838 COL LA PLAYA CD JUAREZ, CHIH	DESTINATION COUNTRY MEXICO	ENTER CODE MX
--	---	-------------------------------	------------------

NEGATIVE TUBERCULIN READING <input type="checkbox"/> 48 HRS <input type="checkbox"/> 72 HRS	BRUCellosIS BLOOD SAMPLE COLLECTED	NEGATIVE RESULTS OF OTHER TESTS DISEASE EIA-AGID 2/19/09
CERTIFIED BRUCellosIS FREE AREA		DISEASE IDEXX - SACRAMENTO

17. FARM ORIGIN		18. INDIVIDUAL IDENTIFICATION (Instructions for columns A, B, C & D on reverse)													
Owner's name (Last name, two initials, or business name)		ID NO. OR DESCRIPTION	AGE	SEX	BREED	DATE	DATE	DATE	VAC	1/25	1/50	1/100	DATE	DATE	DATE
Owner's street address		A	B	C	D	F	G	H	I	J	K	L	M	N	O
(b)(6)		LANEGRO	3	M	QH BLACK LF	1/2	CORONET RH	CORONET					NEG B986	0139	
(b)(6)		LAMONA	5	F	PT BALD FACE	2	BLUE EYES ALL	4	WHITE				NEG B986	0120	
(b)(6)					STOCKINGS										
COMERCIAL CASA SATELITE CALLE CESAR MARTINO #3838 COL LA PLAYA CD JUAREZ CHIHI MEXICO															

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 02/25/09	20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, please print) MULLER, NOEL S.	21. STATUS <input type="checkbox"/> 2 Federal <input type="checkbox"/> 1 State <input checked="" type="checkbox"/> 3 Accredited	22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A) 11-623000032	
23. Signature of Endorsing Federal Veterinarian 	24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp) SAMALA VAN HOOMISSEN, DVM, VMO		25. SIGNATURE OF ISSUING VETERINARIAN 		

*Q.L.*

Health Certificate No. K23454  
(Valid Only if the USDA Veterinary Seal Appears Over the Certificate #)

**CERTIFICATION STATEMENTS  
CERTIFICACIONES**

**Appendix**

1. The horse(s) were vaccinated at least 15 days but within 12 months prior to shipment against equine eastern and western equine encephalitis with DOUBLE EFT (name of product) on 2/2/09 (date).

*Los equinos fueron vacunados al menos 15 días pero dentro de los 12 meses antes de la fecha de exportación contra encefalomiелitis equina del este y del oeste DOUBLE EFT (nombre del producto) el 2/2/09 (fecha).*

2. The horse(s) were not vaccinated with either a live, attenuated, or inactivated vaccine within 14 days prior to exportation.

*Los equinos no fueron vacunados con vacunas a virus vivo, atenuadas o inactivadas durante los 14 días anteriores a la exportación.*

3. The horse(s) were examined and found to be clinically healthy and free of any evidence of infectious diseases and of ectoparasites. The United States is free of *Boophilus spp.*

*Los equinos fueron examinados y se encontraron clínicamente sanos, y libres de enfermedades propias de la especie y de ectoparásitos. Los Estados Unidos están libres de garrapata *Boophilus spp.**

"[Select the appropriate statement/Esgoja la certificación indicada]"

4. Horses were tested for equine infectious anemia using [the ELISA] [the agar-gel immunodiffusion test] with negative results on a sample taken on 2/19/09 (date) and tested at the IDEXX-SACRAMENTO laboratory.

*A los equinos se les practicó la prueba diagnóstica [de Coggins] [de ELISA] para anemia infecciosa equina obteniéndose resultados negativos realizada en muestra/s obtenida/s el 2/19/09 y probada/s en el laboratorio IDEXX-SACRAMENTO.*

5. The animals are transported in cleaned and disinfected vehicles and do not come in contact with other animals not part of the shipment.

*Los vehículos utilizados para el transporte de los animales a la frontera, son sometidos a limpieza y desinfección antes del embarque y no están en contacto con otros animales durante el traslado.*

DR. NOEL MULLER  
Name of Issuing USDA Accredited Veterinarian  
*[Signature]* 2/24/09  
Signature and Date

SAMALA VAN HOOMISSEN, DVM, VMO  
Name of Endorsing Federal Veterinarian  
*[Signature]* 02/25/09  
Signature and Date (Seal)

TO THE BEST OF MY KNOWLEDGE THE TWO HORSES THAT ACCOMPANY THIS CERTIFICATE HAVE NOT ORIGINATED OR TRAVELED TO THE STATE OF KENTUCKY, USA

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB number. The time required to complete this collection of information is estimated to average 266 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the form.

**U.S. ORIGIN HEALTH CERTIFICATE FOR THE EXPORT OF HORSES FROM THE UNITED STATES TO CANADA**

PERMANENT EXPORT

<sup>Training</sup> TEMPORARY EXPORT (NOTE BELOW)

FORM APPROVED OMB NO. 0579-0032

NAME AND ADDRESS OF CONSIGNEE (b)(6)	NAME AND ADDRESS OF PLACE OF ORIGIN Sunny Farm 10240 Host Rd Olathe, CA 95132 USA	NAME AND ADDRESS OF CONSIGNEE (b)(6)
---	--	---

1. The animal identified below was inspected within 30 days prior to export and found to be healthy and free from evidence of communicable diseases and exposure thereto;

Either (Check Appropriate Box)

2. The animal has resided in the United States or Canada since birth;

During the previous twenty-one (21) days, the animal(s) in this shipment has/have not been in the state of Florida. The animal was, to the best of the knowledge and belief of the issuing veterinarian, not exposed to any communicable disease within 60 days preceding the date of inspection. The animal(s), at the time of the inspection, were found healthy and in a physical condition fit to be transported.

3. The animal has met all of the import requirements of the United States and has resided in the United States for the past 60 days;

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 the shipment to be refused entry to Canada.

4. The animal was authorized for importation by the Animal Health Division, Agriculture Canada (required for horses from countries other than Canada that have resided in the United States less than 60 days);

5. The animal was tested negative for equine infectious anemia using the agar gel immunodiffusion (Coggins) test at:

Name of Laboratory Idexx Sacramento	Date blood sample drawn 2/18/09	Sample Drawn by me or (Enter name of accredited veterinarian) Jim Bergum DVM	State CA-USA
--	------------------------------------	---	-----------------

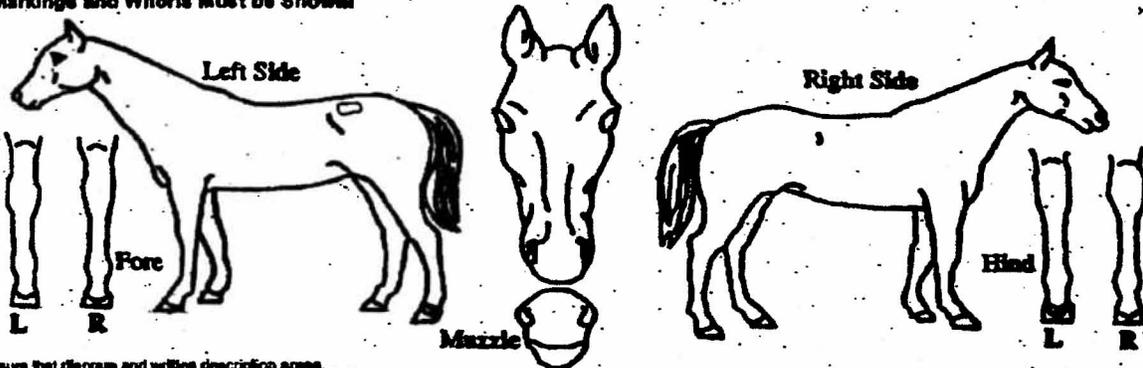
Laboratory Accession No. 69843989	HEALTH CERTIFICATE NUMBER 936100496 CA090770
--------------------------------------	---

Signature <i>Jim Bergum DVM</i>	Issuing Veterinarian	Signature and Seal <i>[Seal]</i>	Endorsing Federal Veterinarian
------------------------------------	----------------------	-------------------------------------	--------------------------------

Name (Type or Print) Jim Bergum	Date 2/24/09	Name SAMALA VAN HOOMISSEN, DVM, VMO	Date 02/25/09
------------------------------------	-----------------	--	------------------

\*Health Certificate valid for 30 days from the date of issuance (note below) Valid only if the USDA Veterinary Seal appears over the signature of the endorsing Federal Veterinarian and health certificate number

White Markings and Whorls Must be Shown



Please ensure that diagram and written description agree.

Name	Breed	Age	Color	Sex
Flower Hill	TB	5	DK Bay	F

Written Description:

HEAD	LF	RF
BODY white Patch hair L-side loin / white hairs ACQUIRED MARKS (scars, tattoos, etc.) Lip tattoo C19489	LH	RH
	Coronet	

Instructions: Mark the diagram with the exact position of any distinguishing marks, scars or brands. Brands to be drawn in position. Scars to be marked and indicated with an arrow (->). Stars or blazes on the face and any other markings to be drawn in on the diagrams showing position and shape as accurately as possible. Whorls should be marked with a cross (X). If no markings - this fact should be stated.

NOTE: The original copy of the health certificate must remain with the horse if the horse is being temporarily exported. Any clearance by Customs, such as a stamp, must be affixed on the reverse side of the original health certificate.

\*NOTE: The date of issuance must be the date of veterinary inspection.

Exporter must furnish four (4) copies for USDA endorsement. The original and two (2) copies accompany the shipment, the fourth copy is for the AMIC's office.

VS FORM 17-145 (MAY 2000)

The horse(s) have not been on premises where *T. equigenitilis* has been isolated during the 60 days immediately preceding exportation to Canada or a premises currently under quarantine or investigation for CEM. Any female(s) 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 horse showed no clinical signs of CEM on the day of inspection.

TO THE BEST OF MY KNOWLEDGE THE ABOVE MENTIONED HORSE HAS NOT ORIGINATED OR TRAVELED TO THE STATE OF KENTUCKY.

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB number. The valid OMB control number for this information collection is 0579-0032. The time required to complete this collection of information is estimated to average .266 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the form.

**U.S. ORIGIN HEALTH CERTIFICATE FOR THE EXPORT OF HORSES FROM THE UNITED STATES TO CANADA**

PERMANENT EXPORT       <sup>Training</sup> TEMPORARY EXPORT (NOTE BELOW)      FORM APPROVED OMB NO. 0579-0032

(b)(6)	NAME AND ADDRESS OF PLACE OF ORIGIN Sunny Farm 10240 Kost Rd Gulf, CA 95632 - USA Additional statements on bottom of the page	(b)(6)
--------	---	--------

1. The animal identified below was inspected within 30 days prior to export and found to be healthy and free from evidence of communicable diseases and exposure thereto;

Either (Check Appropriate Box)

2. The animal has resided in the United States or Canada since birth;

"During the previous twenty-one (21) days, the animal(s) in this shipment has/have not been in the state of Florida" The animal was, to the best of the knowledge and belief of the issuing veterinarian, not exposed to any communicable disease within 60 days preceding the date of inspection. The animals, at the time of the inspection, were found healthy and in a physical condition fit to be transported.

3. The animal has met all of the import requirements of the United States and has resided in the United States for the past 60 days;

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 the shipment to be refused entry to Canada.

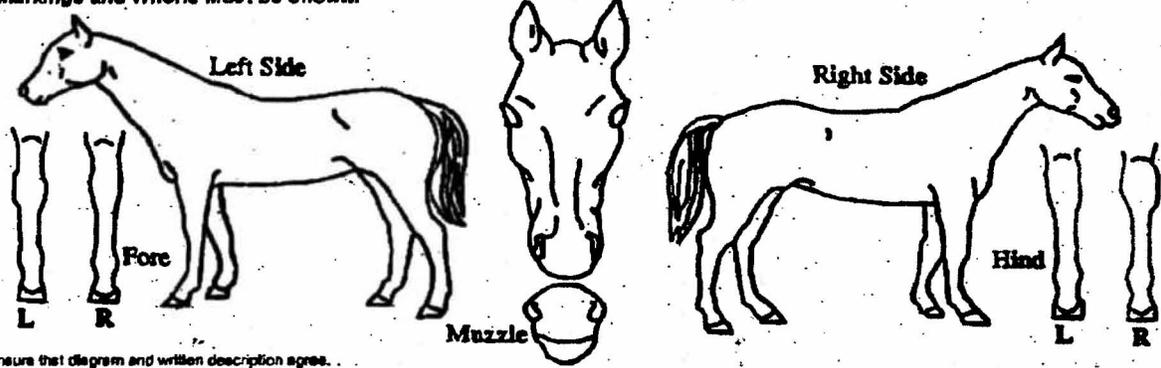
4. The animal was authorized for importation by the Animal Health Division, Agriculture Canada (required for horses from countries other than Canada that have resided in the United States less than 60 days);

5. The animal was tested negative for equine infectious anemia using the agar gel immunodiffusion (Coggins) test at:

Name of Laboratory <b>Idexx-Lab Sacramento CA</b>	Date blood sample drawn <b>1/27/09</b>	Sample Drawn by me or (Enter name of accredited veterinarian) <b>Dr. Jim Bergum</b>	State <b>CA - USA</b>
Laboratory Accession No. <b>B949295-4</b>		HEALTH CERTIFICATE NUMBER <b>CA090676</b>	
Issuing Veterinarian <b>Dr. Jim Bergum</b>		Endorsing Federal Veterinarian <b>THOMAS HOUDYAN</b>	
Signature <i>[Signature]</i>		Signature and Seal <i>[Signature]</i>	
Name (Type or Print) <b>Dr. Jim Bergum</b>		Name <b>IMPORT/EXPORT VMO</b>	
Date <b>1/30/09</b>		Date <b>JAN 30 2009</b>	

\*Health Certificate valid for 30 days from the date of issuance (note below)      Valid only if the USDA Veterinary Seal appears over the signature of the endorsing Federal Veterinarian and health certificate number)

White Markings and Whorls Must be Shown!



Please ensure that diagram and written description agree.

Name	Breed	Age	Color	Sex
<b>Dream Baby Dream</b>	<b>TB</b>	<b>4</b>	<b>Drk Bay</b>	<b>F</b>

Written Description:	LIMBS	
HEAD <b>White hairs throughout coat</b>	LF	RF
	LH	RH

ACQUIRED MARKS (scars, tattoos, etc.)  
**Lip tattoo - J08483**

Instructions: Mark the diagram with the exact position of any distinguishing marks, scars or brands. Brands to be drawn in position. Scars to be marked and indicated with an arrow (->). Stars or blazes on the face and any other markings to be drawn in on the diagrams showing position and shape as accurately as possible. Whorls should be marked with a cross (X). If no markings - this fact should be stated.

NOTE: The original copy of the health certificate must remain with the horse if the horse is being temporarily exported. Any clearance by Customs, such as a stamp, must be affixed on the reverse side of the original health certificate.

\*\*NOTE: The date of issuance must be the date of veterinary inspection. Exporter must furnish four (4) copies for USDA endorsement. The original and two (2) copies accompany the shipment, the fourth copy is for the AVIC's office.

VS FORM 17-145 (MAY 2000)

The horse(s) have not been on premises where *T. equigenitalis* has been isolated during the 60 days immediately preceding exportation to Canada or a premises currently under quarantine or investigation for CEM. Any female(s) 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 horse showed no clinical signs of CEM on the day of inspection.



**U.S. ORIGIN HEALTH CERTIFICATE FOR THE EXPORT OF HORSES FROM THE UNITED STATES TO CANADA**

PERMANENT EXPORT

<sup>Breeding</sup> TEMPORARY EXPORT (NOTE BELOW)

FORM APPROVED OMB NO. 0579-0032

(b)(6)	NAME AND ADDRESS OF PLACE OF ORIGIN	(b)(6)
	Sunny Farm	
	10240 Host Rd Oakt, Ca 95632 USA	

1. The animal identified below was inspected within 30 days prior to export and found to be healthy and free from evidence of communicable diseases and exposure thereto;

Either (Check Appropriate Box)

2. The animal has resided in the United States or Canada since birth;

3. The animal has met all of the import requirements of the United States and has resided in the United States for the past 60 days;

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 the shipment to be refused entry to Canada.

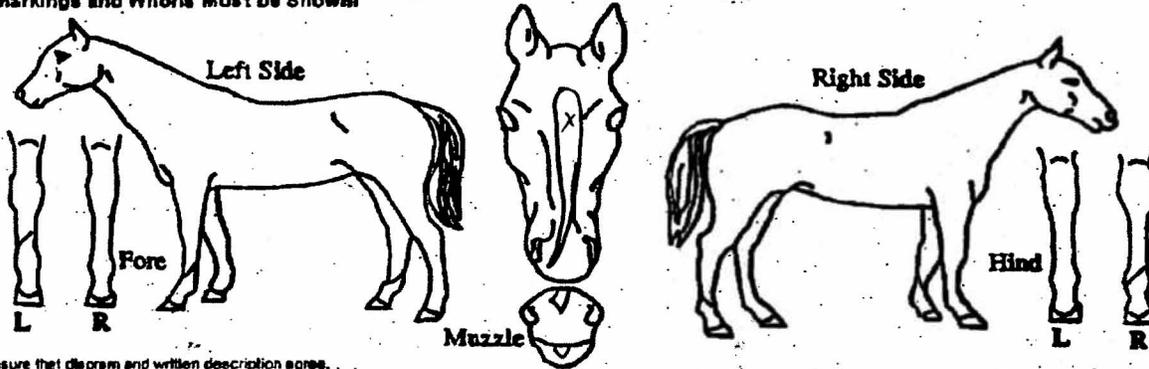
4. The animal was authorized for importation by the Animal Health Division, Agriculture Canada (required for horses from countries other than Canada that have resided in the United States less than 60 days);

5. The animal was tested negative for equine infectious anemia using the agar gel immunodiffusion (Coggins) test at:

"During the previous twenty-one (21) days, the animal(s) in this shipment has/have not been in the state of Florida" The animal was, to the best of the knowledge and belief of the issuing veterinarian, not exposed to any communicable disease within 60 days preceding the date of inspection. The animals, at the time of the inspection, were found healthy and in a physical condition fit to be transported.

Name of Laboratory Idexx Lab - Langley BC	Date blood sample drawn 11/2/08	Sample Drawn by me or (Enter name of accredited veterinarian)	State
Laboratory Accession No. 3059128		(b)(6)	(b)(6)
Issuing Veterinarian	Endorsing Federal Veterinarian		
Signature <i>Jim Bergum</i>	Signature and Seal THOMAS HOU DVM		
Name (Type or Print) Dr. Jim Bergum	Date 1/30/09	Name IMPORT/EXPORT VMO	Date JAN 30 2009

White Markings and Whorls Must be Shown



Please ensure that diagram and written description agree.

Name	Breed	Age	Color	Sex
Psammead	TB	5	Ch	G

Written Description:

HEAD	LEGS	
Star stripe snip connecting lip spot	LF white just above fetlock	RF
ACQUIRED MARKS (scars, tattoos, etc.) hip tattoo - B41408	LH	RH white just above fetlock

Instructions: Mark the diagram with the exact position of any distinguishing marks, scars or brands. Brands to be drawn in position. Scars to be marked and indicated with an arrow (->). Stars or blazes on the face and any other markings to be drawn in on the diagrams showing position and shape as accurately as possible. Whorls should be marked with a cross (X). If no markings - this fact should be stated.

NOTE: The original copy of the health certificate must remain with the horse if the horse is being temporarily exported. Any clearance by Customs, such as a stamp, must be affixed on the reverse side of the original health certificate.

\*\*NOTE: The date of issuance must be the date of veterinary inspection.

Exporter must furnish four (4) copies for USDA endorsement. The original and two (2) copies accompany the shipment, the fourth copy is for the AVIC's office.

V5 FORM 17-145 (MAY 2000)

The horse(s) have not been on premises where *T. equigenitalis* has been isolated during the 60 days immediately preceding exportation to Canada or a premises currently under quarantine or investigation for CEM. Any female(s) 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 horse showed no clinical signs of CEM on the day of inspection.

**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.

(b)(6)

H 05872  
OF 1

4. DATE ISSUED  
**1/13/09**

5. U.S. PORT OF EMBARKATION (City and State)  
**LAREDO, TX**

6. STATE CODE  
**48**

7. CONSIGNOR'S STREET ADDRESS (Mailing Address)  
(b)(6)

8. CONSIGNOR'S CITY (or Town)  
(b)(6)

9. SEMEN (Check if yes)

10. NO. DOSES OF SEMEN

11. TRANSPORTATION CLASS  
1 - Rail 3 - Air 2  
2 - Truck 4 - Ocean

12. CONSIGNOR'S STATE  
(b)(6)

13. STATE CODE / 14. ZIP 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)

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

READING  
 48 HRS.  72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

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

(b)(6)

(b)(6)

**NIZRI, SIMON  
RANCHO DELIRIO  
LA CERRADA DE ARTEAGA Y  
SALAZAR 114  
CONTADERO  
EDO DE MEXICO MEXICO**

18. INDIVIDUAL IDENTIFICATION (Instructions for columns A, B, C & D on reverse)					DATE F	DATE G	CERTIFIED BRUCELLOSIS FREE AREA					DISEASE		
ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	E			DATE H	VAC I	1/25 J	1/50 K	1/100 L	DATE M	DATE N	DATE O
<b>HUAPANGO</b>	<b>9</b>	<b>G</b>	<b>HAN GREY NO MARKINGS BRAND R</b>	<b>HIP</b>							<b>NEG</b>	<b>B9180385</b>		



**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  
**01/14/09**

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, please print)  
**BERGUM, JIM**

21. STATUS  2 Federal  3 Accredited  
 1 State

22. TOTAL NO OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A)  
**1**

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp)  
**SARLA VAN HOCHSSEN, DVM, WO**

25. SIGNATURE OF ISSUING VETERINARIAN  
*Jim Bergum*

23. Signature of Endorsing Federal Veterinarian

**CERTIFICATION STATEMENTS  
CERTIFICACIONES**

## Appendix

1. The horse(s) were vaccinated at least 15 days but within 12 months prior to shipment against equine eastern and western equine encephalitis with DOUBLE EFT (name of product) on 1/1/09 (date).

*Los equinos fueron vacunados al menos 15 días pero dentro de los 12 meses antes de la fecha de exportación contra encefalomielitis equina del este y del oeste DOUBLE EFT (nombre del producto) el 1/1/09 (fecha).*

2. The horse(s) were not vaccinated with either a live, attenuated, or inactivated vaccine within 14 days prior to exportation.

*Los equinos no fueron vacunados con vacunas a virus vivo, atenuadas o inactivadas durante los 14 días anteriores a la exportación.*

3. The horse(s) were examined and found to be clinically healthy and free of any evidence of infectious diseases and of ectoparasites. The United States is free of *Boophilus spp.*

*Los equinos fueron examinados y se encontraron clínicamente sanos, y libres de enfermedades propias de la especie y de ectoparásitos. Los Estados Unidos están libres de garrapata *Boophilus spp.**

“[Select the appropriate statement/Esgoja la certificación indicada]

4. Horses were tested for equine infectious anemia using [the ELISA] [the agar-gel immunodiffusion test] with negative results on a sample taken on 1/7/09 (date) and tested at the

IDEXX SACRAMENTO laboratory.

*A los equinos se les practicó la prueba diagnóstica [de Coggins] [de ELISA] para anemia infecciosa equina obteniéndose resultados negativos realizada en muestra/s obtenida/s el*

1/7/09 y probada/s en el laboratorio

IDEXX SACRAMENTO

5. The animals are transported in cleaned and disinfected vehicles and do not come in contact with other animals not part of the shipment.

*Los vehículos utilizados para el transporte de los animales a la frontera, son sometidos a limpieza y desinfección antes del embarque y no están en contacto con otros animales durante el traslado.*

DR. JIM BERGUM

Name of Issuing USDA Accredited Veterinarian

Signature and Date

1/13/09

SAMALA VAN HOOSENS, DVM, VMD

Name of Endorsing Federal Veterinarian

Signature and Date

01/14/09

(Seal)

**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)

(b)(6)

2. CERTIFICATE NO

H 39514

3. PAGE NO.

1 OF 1

4. DATE ISSUED

11/18/08

5. U.S. PORT OF EMBARKATION (City and State)

SAN LUIS ARIZONA

6. STATE CODE

04

7. CONSIGNOR'S STREET ADDRESS (Mailing Address)

(b)(6)

8. CONSIGNOR'S CITY (or Town)

ODI

13. STATE CODE

14. ZIP CODE

(b)(6)

9. SEMEN (Check if yes)

10. NO. DOSES OF SEMEN

11. TRANSPORTATION CLASS

1 - Rail 3 - Air  
2 - Truck 4 - Ocean

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)

IMPORCOM SA DE CV AV CARLOS G.  
CALLES NO.53 SAN LUIS RIO COLORADO MEXICO

DESTINATION COUNTRY

MEXICO

ENTER CODE

MX

SECRETARY OF AGRICULTURE  
READING

BRUCELLOSIS BLOOD SAMPLE  
COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

DISEASE	DISEASE	DISEASE
EIA AGID	11/6/08	
TYPE TEST	TYPE TEST	TYPE TEST
SACRAMENTO IDEXX	LAB	

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

(b)(6)

MODIFIED ACCREDITED AREA (TB)

18. INDIVIDUAL IDENTIFICATION  
(Instructions for columns A, B, C & D on reverse)

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	E	DATE F	G	CERTIFIED BRUCELLOSIS FREE AREA							DATE M	DATE N	DATE O
							DATE H	VAC I	1/25 J	1/50 K	1/100 L					
GUAPÓ	1	M	QH BAY THIN BLAZE				RH	FETLOCK								NEG B8735127
GIRLY	1	F	PT CHESTNUT/WHITE				BALD	FACE								NEG B8282658
			ALL WHITE STOCKING				L EYE	BLUE								
			BELLY SPOT													

IMPORCOM SA DE CV AV CARLOS  
G. CALLES NO.53 SAN LUIS  
RIO COLORADO SONORA MEXICO  
IMP980822HU6

(b)(6)

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

12/19/08

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, please print)

MULLER, NOEL S.

21. STATUS  2 Federal

1 State  3 Accredited

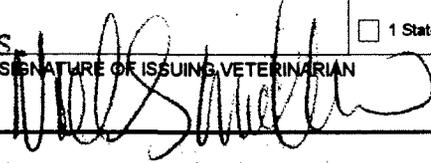
22. TOTAL NO OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A)

2

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp)

PORTIA CORTES, DVM, IMPORT/EXPORT VMO

25. SIGNATURE OF ISSUING VETERINARIAN



23. Signature of endorsing federal veterinarian

**CERTIFICATION STATEMENTS**  
**CERTIFICACIONES**

**Appendix**

- The horse(s) were vaccinated at least 15 days but within 12 months prior to shipment against equine eastern and western equine encephalitis with DOUBLE EFT (name of product) on 11/6/08 (date). **FORT DOBGE**  
*Los equinos fueron vacunados al menos 15 días pero dentro de los 12 meses antes de la fecha de exportación contra encefalomiелitis equina del este y del oeste DOUBLE EFT (nombre del producto) el 11/6/08 (fecha). **FORT DODGE***
- The horse(s) were not vaccinated with either a live, attenuated, or inactivated vaccine within 14 days prior to exportation.  
*Los equinos no fueron vacunados con vacunas a virus vivo, atenuadas o inactivadas durante los 14 días anteriores a la exportación.*
- The horse(s) were examined and found to be clinically healthy and free of any evidence of infectious diseases and of ectoparasites. The United States is free of *Boophilus spp.*  
*Los equinos fueron examinados y se encontraron clínicamente sanos, y libres de enfermedades propias de la especie y de ectoparásitos. Los Estados Unidos están libres de garrapata Boophilus spp.*
- Horses were tested for equine infectious anemia using the agar-gel immunodiffusion test with negative results on a sample taken on 11/6/08 (date) and tested at the IDEXX LAB SACRAMENTO laboratory.  
*A los equinos se les practicó la prueba diagnóstica de Coggin's para anemia infecciosa equina obteniéndose resultados negativos realizada en muestra/s obtenida/s el 11/6/08 y probada/s en el laboratorio IDEXX LAB SACRAMENTO.*
- The animals are transported in cleaned and disinfected vehicles and do not come in contact with other animals not part of the shipment.  
*Los vehículos utilizados para el transporte de los animales a la frontera, son sometidos a limpieza y desinfección antes del embarque y no están en contacto con otros animales durante el traslado.*

DR. NOEL S. MULLER  
Name of Issuing USDA Accredited Veterinarian

Signature and Date 12/18/08

PORTIA CORTES, DVM, IMPORT/EXPORT VMO  
Name of Endorsing Federal Veterinarian

Signature and Date 12/19/08  
(Seal)



(b)(6)

H39640

2 OF 2

CONTINUATION SHEET FOR  
UNITED STATES ORIGIN HEALTH CERTIFICATE

NEGATIVE TUBERCULIN READING  
48 HRS.  72 HRS.

BRUCellosis BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

DISEASE	DISEASE	DISEASE
EIA ELISA 10/24/08		
TYPE TEST	TYPE TEST	TYPE TEST
SACRAMENTO IDEXX LAB		

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

MODIFIED ACCREDITED AREA (TB)

18. INDIVIDUAL IDENTIFICATION

(b)(6)

IMPORCOM SA DE CV  
AV CARLOS G CALLES NO. 53  
SAN LUIS RIO COLORADO  
SONORA MEXICO IMP980822HUG

(b)(6)

(b)(6)

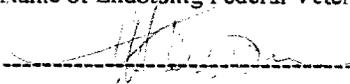
ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	DATE E	DATE F	CERTIFIED BRUCellosis FREE AREA					DATE M	DATE N	DATE O
						DATE G	VAC. H	1/25 I	1/50 J	1/100 K			
GIGI	4y	F	QH	SORREL	STAR	LH/RH	FETLOCK						NEG B8170704
CLOUD	3y	F	QH	BLACK	NO	MARKINGS							NEG B8170698
CHEWY	2y	M	QH	DARK	BAY	STAR							NEG B8170899
CARLOS	3y	M	QH	BAY	STAR	2SNIPS	LF/RF/RH						NEG B8170670
						SOCK							
CALI	3y	F	TB	BAY	STAR	SNIP	LH/RH	FETLOCK					NEG B8170661
BUBBA	1y	M	QH	BLACK	STAR								NEG B8170681
BLUE	2y	G	PT	WHITE/SORREL	BALD	FACE							NEG B8170641
						BODY SPOTS	BLUE EYES	LF/LH					
						RH STOCKINGS							
BEN	2y	M	QH	DUN	STAR	SNIP	LF	FETLOCK					NEG B8170633
						LH/RH	SOCK						
BABE	3y	F	QH	DARK	BAY	STAR	SNIP	LEPASTERN					NEG B8170581
BEBE	3y	F	TB	DARK	BAY	BLAZE	LH	GORONET					NEG B8170624
BEAR	1y	M	QH	GREY	BLAZE								NEG B8170615
BEANS	2y	M	PT	BLACK/WHITE	SNIP	BODY	SPOTS						NEG B8170606
						LH/RH	SOCK						
BARBI	5y	F	QH	PALAMINO	TWIN	BLAZE	RF	FETLOCK					NEG B8170590

**CERTIFICATION STATEMENTS**  
**CERTIFICACIONES**

**Appendix**

1. The horse(s) were vaccinated at least 15 days but within 12 months prior to shipment against equine eastern and western equine encephalitis with DOUBLE EFT (name of product) on 6/7/08 (date). FORT DODGE  
*Los equinos fueron vacunados al menos 15 días pero dentro de los 12 meses antes de la fecha de exportación contra encefalomiелitis equina del este y del oeste DOUBLE EFT (nombre del producto) el 6/7/08 (fecha). FORT DODGE*
  
2. The horse(s) were not vaccinated with either a live, attenuated, or inactivated vaccine within 14 days prior to exportation.  
*Los equinos no fueron vacunados con vacunas a virus vivo, atenuadas o inactivadas durante los 14 días anteriores a la exportación.*
  
3. The horse(s) were examined and found to be clinically healthy and free of any evidence of infectious diseases and of ectoparasites. The United States is free of *Boophilus spp.*  
*Los equinos fueron examinados y se encontraron clínicamente sanos, y libres de enfermedades propias de la especie y de ectoparásitos. Los Estados Unidos están libres de garrapata Boophilus spp.*
  
- “[Select the appropriate statement/*Esgoja la certificación indicada*].”
4. Horses were tested for equine infectious anemia using [the ELISA] [the agar-gel immunodiffusion test] with negative results on a sample taken on 10/24/08 (date) and tested at the IDEXX SACRAMENTO laboratory.  
*A los equinos se les practicó la prueba diagnóstica [de Coggins] [de ELISA] para anemia infecciosa equina obteniéndose resultados negativos realizada en muestra/s obtenida/s el 10/24/08 y probada/s en el laboratorio IDEXX SACRAMENTO.*
  
5. The animals are transported in cleaned and disinfected vehicles and do not come in contact with other animals not part of the shipment.  
*Los vehículos utilizados para el transporte de los animales a la frontera, son sometidos a limpieza y desinfección antes del embarque y no están en contacto con otros animales durante el traslado.*

DR. NOEL MULLER  
Name of Issuing USDA Accredited Veterinarian  
  
10/30/08  
Signature and Date

**THOMAS HOU DVM**  
**IMPORT/ EXPORT VMO**  
Name of Endorsing Federal Veterinarian  
  
NOV 5 2008  
Signature and Date (Seal)