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)
Kersey, CO 80644

2. CERTIFICATE NO: H 04480

3. PAGE NO.: 1 OF 3

4. DATE ISSUED: 5-11-11

5. U.S. PORT OF EMBARKATION (City and State): Raymond, MT

6. STATE CODE: 30

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): 1209 10th Ave. SE

8. CONSIGNOR'S CITY (or Town): Sidney

12. CONSIGNOR'S STATE: Montana

13. STATE CODE: 30

14. ZIP CODE: 59270

9. SEMEN (Check if yes): [ ]

10. NO. DOSES OF SEMEN:

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

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address): Canadian Premium Meats, 3401 52nd Ave., Lacombe, AB T4L2Z6

DESTINATION COUNTRY: Canada

ENTER CODE: CA

15. SPECIES (Check one - use VS Form 17-6 for Poultry)
[ ] 01 BOVINE [ ] 02 PORCINE [ ] 03 OVINE [ ] 04 CAPRINE
[X] 05 EQUINE [ ] 06 OTHER WILDLIFE - MAMMAL
[ ] 09 OTHER (Specify)

NEGATIVE TUBERCULIN READING: [ ] 48 HRS. [ ] 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

CERTIFIED BRUCELLOSIS FREE AREA

NEGATIVE RESULTS OF OTHER TESTS: DISEASE / TYPE TEST / DISEASE / TYPE TEST / DISEASE / TYPE TEST

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

MODIFIED ACCREDITED AREA (Tb)

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

Yellowstone Livestock
1209 10th Ave. SE
Sidney, MT 59270 (30)

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	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DATE M	DATE N	DATE O
LIOG....															
4173	Palamino	6	F	QH											
4380	Sorrel	6	F	QH											
4146	Bay	12	G	QH											
4393	Sorrel	12	G	QHX											
4149	Sorrel	11	G	QH											
4357	Palamino	15	G	QH											
4145	Red w blnkt	16	G	App.											
4315	Sorrel	19	G	QH											
4150	Dun	7	G	QH											
4144	Red Dun	11	G	QH											
4276	Red Dun	5	F	QH											
4237	Grey	18	F	Percht.											
4194	Bay	5	F	QH											
4153	Red Roan	6	G	QH											
4426	Brown	11	G	TB											
4242	Sorrel	12	F	QH											
4409	Red Roan	14	G	App.											

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: 13-MAY-2011

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

21. STATUS: [ ] 2 Federal [ ] 1 State [X] 3 Accredited

22. TOTAL NO OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 31

23. Signature of endorsing federal veterinarian

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): THOMAS F.T. LINFIELD, DVM

25. SIGNATURE OF ISSUING VETERINARIAN

VS FORM 17-140 (MAR 88) Previous edition may be used.

PART 2 - VS RIVERDALE, MARYLAND

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)
Kersey, CO 80644

2. CERTIFICATE NO: H 04483

3. PAGE NO.: 1 OF 3

4. DATE ISSUED: 5-19-11

5. U.S. PORT OF EMBARKATION (City and State): North Portal, ND

6. STATE CODE: 38

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): 1209 10th Ave. SE

8. CONSIGNOR'S CITY (or Town): Sidney

12. CONSIGNOR'S STATE: Montana

13. STATE CODE: 30

14. ZIP CODE: 59270

9. SEMEN (Check if yes): [ ]

10. NO. DOSES OF SEMEN:

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

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

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address): Canadian Premium Feeds, 3411 53rd Ave., Lacombe, AB T4L2X5

DESTINATION COUNTRY: Canada

ENTER CODE: CA

NEGATIVE TUBERCULIN READING: [ ] 48 HRS. [ ] 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

CERTIFIED BRUCELLOSIS FREE AREA

NEGATIVE RESULTS OF OTHER TESTS: DISEASE / TYPE TEST; DISEASE / TYPE TEST; DISEASE / TYPE TEST

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

MODIFIED ACCREDITED AREA (TB)

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

Yellowstone Livestock
1209 10th Ave. SE
Sidney, MT 59270 (30)

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	DATE H	VAC I	1/2B J	1/50 K	1/100 L	DATE M	DATE N	DATE O
USDA...														
0169 Black	6	F	QH											
0170 Buckskin	8	G	QH											
0171 Red&Wht	7	G	Paint											
0172 Grey	17	G	QH											
0173 Bay&Wht.	12	F	Paint											
0174 Grey	14	F	QH											
0175 Grey	17	F	QH											
0176 Sorrel	18	G	QH											
0177 Sorrel	7	F	QH											
0178 Chestnut	15	F	Draft											
0179 Bay	4	F	QH											
0180 Grey	7	G	Arab.											
0181 Bay Roan	4	G	QH											
0182 Dun	17	G	QH											
0183 Chestnut	17	F	Draft											
0184 Bay	14	F	QH											
0185 Sorrel	10	F	QH											

Gr. S. 5-19-11

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: 20-May-2011

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

21. STATUS: [ ] 2 Federal [ ] 1 State [X] 3 Accredited

22. TOTAL NO OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 31

23. Signature of endorsing federal veterinarian

24. NAME OF ENDORSING FEDERAL VET (type, print, or stamp): THOMAS F.T. LINFIELD, DVM

25. SIGNATURE OF ISSUING VETERINARIAN

VS FORM 17-140 (MAR 98) Previous edition may be used.

PART 2 - VS RIVERDALE, MARYLAND

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)

Bouvry Exports Hwy #3 East SW17-9-25-W4
Fort MacLeod, Alberta

2. CERTIFICATE NO.: L028810

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 8-4-11

5. U.S. PORT OF EMBARKATION (City and State): Sweetgrass, MT

6. STATE CODE: 30

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): Bar S Feedlot, 1 Benjamin Rd

8. CONSIGNOR'S CITY (or Town): Shelby

12. CONSIGNOR'S STATE: Montana

13. STATE CODE: 30

14. ZIP CODE: 59474

9. SEMEN ("X" if yes): [ ]

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [X] 2 - Truck [ ] 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address): Bouvry Exports SW17-9-25-W4, Fort MacLeod, Alberta

DESTINATION COUNTRY: Canada

ENTER CODE: CA

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

NEGATIVE TUBERCULIN READING: [ ] 48 HRS [ ] 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

CERTIFIED BRUCELLOSIS FREE AREA

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 city/town, State code (FIPS code on reverse) & zip code

Bar S Feedlot
1 Benjamin Rd
Shelby, MT 59474

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	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE / TYPE TEST / DATE M	DISEASE / TYPE TEST / DATE N	DISEASE / TYPE TEST / DATE O
EX 13 Head of mixed horses for slaughter only. These horses have been inspected on the above date and found fit for travel. These animals have resided in the United States or Canada since birth as best as can be determined. 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. All horses are identified by an Official USDA Equine Slaughter backtag. During the previous twenty-one (21) days, the animals in this shipment have not been in the States of Texas or New Mexico. Brand Inspection #1260398.													
USHJ...					Neck Tag #...								
1250 Chestn	A	M	QT		2								
1251 Grey	A	M	QT		3								
1252 Bay	A	M	QT		4								
1253 Grey	A	M	QT		66								
1254 Brn/Wht	A	M	Appy		69								
1255 Chestn	A	M	QT		70								
1256 Chestn	A	M	QT		71								
1257 Chestn	A	M	QT		73								
1258 Bay	A	M	QT		75								

These animals were, 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.

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

23. Signature of Endorsing Federal Veterinarian

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: 8/11/11

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, - please print): C. Hardee Clark, DVM.

21. STATUS: [ ] 2 Federal [ ] 1 State [X] 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): (13) Thirteen

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): B. [illegible]

25. SIGNATURE OF ISSUING VETERINARIAN

VS FORM 17-140 (MAR 88) Previous edition may be used.

PART 5 - ISSUING VETERINARIAN

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)

Bouvry Exports Hwy #3 East SW17-9-25-W4
Fort MacLeod, Alberta

2. CERTIFICATE NO.: L028807

3. PAGE NO.: 1 OF 2

4. DATE ISSUED	5. U.S. PORT OF EMBARKATION (City and State)	6. STATE CODE
8-4-11	Sweetgrass, MT	30

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): Bar S Feedlot, 1 Benjamin Rd
8. CONSIGNOR'S CITY (or Town): Shelby
12. CONSIGNOR'S STATE: Montana
13. STATE CODE: 30
14. ZIP CODE: 59474

9. SEMEN ("X" if yes): [ ]
10. NO. DOSES OF SEMEN:
11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [X] 2 - Truck [ ] 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address): Bouvry Exports SW17-9-25-W4, Fort MacLeod, Alberta
DESTINATION COUNTRY: Canada
ENTER CODE: CA

15. SPECIES ("X" one - use VS Form 17-6 for Poultry)
[ ] 01 BOVINE [ ] 02 PORCINE [ ] 03 OVINE [ ] 04 CAPRINE
[X] 05 EQUINE [ ] 06 OTHER WILDLIFE - MAMMAL
[ ] 09 OTHER (Specify)

NEGATIVE TUBERCULIN READING: [ ] 48 HRS [ ] 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS: DISEASE / TYPE TEST / DATE; DISEASE / TYPE TEST / DATE; DISEASE / TYPE TEST / DATE

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

MODIFIED ACCREDITED AREA (TB)

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

CERTIFIED BRUCELLOSIS FREE AREA

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	DISEASE / TYPE TEST / DATE M	DISEASE / TYPE TEST / DATE N	DISEASE / TYPE TEST / DATE O
16 Head of mixed horses for slaughter only. These horses have been inspected on the above date and found fit for travel. These animals have resided in the United States or Canada since birth as best as can be determined. 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. All horses are identified by an Official USDA Equine Slaughter backtag. During the previous twenty-one (21) days, the animals in this shipment have not been in the States of Texas or New Mexico. Brand inspection #1260396.													
USHJ...							Neck Tag #...							
1234 Chestn	A	N	QT		16									
1235 Dun	A	N	QT		98									
1236 Chestn	A	F	QT		100									
1237 Chestn	A	F	QT		101									
1238 Chestn	A	F	QT		103									
1239 Chestn	A	F	QT		104									
1240 Red Roan	A	N	QT		105									
1241 Red Roan	A	F	QT		106									
1242 Chestn	A	F	QT		109									

Bar S Feedlot
1 Benjamin Rd
Shelby, MT 59474

These animals were, 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.

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: 8/5/2011
20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, - please print): C. Hardee Clark, DVM.
21. STATUS: [ ] 2 Federal [ ] 1 State [X] 3 Accredited
22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Includes nos. from all attached VS Forms 17-140A): 16 (Sixteen)

23. Signature of Endorsing Federal Veterinarian
24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): BRANT THOMPSON
25. SIGNATURE OF ISSUING VETERINARIAN

VS FORM 17-140 (MAR 98) Previous edition may be used.

PART 4 - FIELD STATION

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08/11/2011 10:01 4063352144

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)

Bouvry Exports Hwy #3 East SW17-9-25-W4
Fort Macleod, Alberta
MacLeod

2. CERTIFICATE NO.: L028808

3. PAGE NO.: 1 OF 2

4. DATE ISSUED	5. U.S. PORT OF EMBARKATION (City and State)	6. STATE CODE	7. CONSIGNOR'S STREET ADDRESS (Mailing Address)	8. CONSIGNOR'S CITY (or Town)
8-4-11	Sweetgrass, MT	30	Bar S Feedlot, 1 Benjamin Rd	Shelby

9. SEMEN ("X" if yes)	10. NO. DOSES OF SEMEN	11. TRANSPORTATION CLASS	12. CONSIGNOR'S STATE	13. STATE CODE	14. ZIP CODE
☐		☐ 1 - Rail ☐ 3 - Air ☒ 2 - Truck ☐ 4 - Ocean	Montana	30	59474

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address)	DESTINATION COUNTRY	ENTER CODE
Bouvry Exports SW17-9-25-W4 Fort MacLeod, Alberta	Canada	CA

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

NEGATIVE TUBERCULIN READING	BRUCELLOSIS BLOOD SAMPLE COLLECTED	NEGATIVE RESULTS OF OTHER TESTS		
☐ 48 HRS ☐ 72 HRS	CERTIFIED BRUCELLOSIS FREE AREA	DISEASE / TYPE TEST	DISEASE / TYPE TEST	DISEASE / TYPE TEST

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

17. FARM ORIGIN
Owner's name (Last name, two initials, or business name)
Owner's street address
Owner's city/town, State code (FIPS code on reverse) & zip code

Bar S Feedlot
1 Benjamin Rd
Shelby, MT 59474

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	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DATE M	DATE N	DATE O
NE 27 Head of mixed horses for slaughter only. These horses have been inspected on the above date and found fit for travel. These animals have resided in the United States or Canada since birth as best as can be determined. 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. All horses are identified by an Official USDA Equine Slaughter backtag. During the previous twenty-one (21) days, the animals in this shipment have not been in the States of Texas or New Mexico. Brand Inspection # 1260397.													
USHJ...					Neck Tag #...								
1140 Blue Roan	A	N	QT		115								
1141 Chestn	A	N	QT		119								
1142 Chestn	A	N	TB		122								
1143 Bay	A	N	QT		126								
1144 Buckskin	A	N	QT		127								
1145 Brn/Wht	A	N	EXPaint		128								
1146 Blk/Wht	A	N	Paint		129								
1147 Chestn	A	N	TB		130								
1148 Bay	A	F	QT		131								

These animals were, 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.

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	20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, - please print)	21. STATUS	22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A)
8/5/2011	C. Hardee Clark, DVM.	☐ 2 Federal ☐ 1 State ☒ 3 Accredited	27 (Twenty-Seven)

23. Signature of Endorsing Federal Veterinarian: DVM

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

25. SIGNATURE OF ISSUING VETERINARIAN

VS FORM 17-140 (MAR 98) Previous edition may be used.

PART 4 - FIELD STATION

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)

Bouvry Exports Hwy #3 East SW17-9-25-W4
Fort MacLeod, Alberta

2. CERTIFICATE NO.: L028811

3. PAGE NO.: 1 OF 2

4. DATE ISSUED	5. U.S. PORT OF EMBARKATION (City and State)	6. STATE CODE	7. CONSIGNOR'S STREET ADDRESS (Mailing Address)	8. CONSIGNOR'S CITY (or Town)
08/05/11	Sweetgrass, MT	30	Bar S Feedlot, 1 Benjamin Rd.	Shelby

12. CONSIGNOR'S STATE	13. STATE CODE	14. ZIP CODE
Montana	30	59474

9. SEMEN ("X" if yes)	10. NO. DOSES OF SEMEN	11. TRANSPORTATION CLASS
[ ]		[ ] 1 - Rail [ ] 3 - Air [X] 2 - Truck [ ] 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address)	DESTINATION COUNTRY	ENTER CODE
Bouvry Exports SW17-9-25-W4 Fort MacLeod, Alberta	Canada	CA

15. SPECIES ("X" one - use VS Form 17-6 for Poultry)
[ ] 01 BOVINE [ ] 02 PORCINE [ ] 03 OVINE [ ] 04 CAPRINE
[X] 05 EQUINE [ ] 06 OTHER WILDLIFE - MAMMAL
[ ] 09 OTHER (Specify)

NEGATIVE TUBERCULIN READING: [ ] 48 HRS [ ] 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

CERTIFIED BRUCELLOSIS FREE AREA

NEGATIVE RESULTS OF OTHER TESTS: DISEASE / TYPE TEST / DATE

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

Bar S Feedlot
1 Benjamin Road
Shelby, MT 59474

These animals were, 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.

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	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE / TYPE TEST / DATE M	DISEASE / TYPE TEST / DATE N	DISEASE / TYPE TEST / DATE O
27 Head of mixed horses for slaughter only. These horses have been inspected on the above date and found fit for travel. These animals have resided in the United States or Canada since birth as best as can be determined. 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. All horses are identified by an Official USDA Equine Slaughter backtag. During the previous twenty-one (21) days, the animals in this shipment have not been in the States of Texas or New Mexico. Brand Inspection #1260399.													
USHI...					Neck Tag #...								
1180 Chestn	A	F	QT		50								
1208 Black	A	N	Draft		59								
1209 Blk/Wht	A	N	Paint		77								
1210 Chestn	A	N	QT		3								
1211 Wht/Brn	A	F	Paint		83								
1212 Bay	A	F	QT		64								
1213 Grey	A	N	QT		52								
1214 Brn/Wht	A	N	Paint		100								
1215 Chestn	A	F	QT		1								

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

23. Signature of Endorsing Federal Veterinarian

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	20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, - please print)	21. STATUS	22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include ads. from all attached VS Forms 17-140A)
8/5/2011	C. Hardee Clark, DVM	[ ] 2 Federal [ ] 1 State [X] 3 Accredited	27 (Twenty-Seven)

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp)	25. SIGNATURE OF ISSUING VETERINARIAN

VS FORM 17-140 (MAR 98) Previous edition may be used.

PART 5 - ISSUING VETERINARIAN

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): Bouvry Exports Hwy #3 East SW17-9-25-W4 Fort MacLeod, Alberta

2. CERTIFICATE NO.: L028812

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 08/08/11

5. U.S. PORT OF EMBARKATION (City and State): Sweetgrass, MT

6. STATE CODE: 30

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): Bar S Feedlot, 1 Benjamin Rd.

8. CONSIGNOR'S CITY (or Town): Shelby

12. CONSIGNOR'S STATE: Montana

13. STATE CODE: 30

14. ZIP CODE: 59474

9. SEMEN ("X" if yes): [ ]

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [X] 2 - Truck [ ] 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address): Bouvry Exports SW17-9-25-W4 Fort MacLeod, Alberta

DESTINATION COUNTRY: Canada

ENTER CODE: CA

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

NEGATIVE TUBERCULIN READING: [ ] 48 HRS [ ] 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

CERTIFIED BRUCELLOSIS FREE AREA

NEGATIVE RESULTS OF OTHER TESTS: DISEASE / TYPE TEST / DATE

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

Bar S Feedlot
1 Benjamin Road
Shelby, MT 59474

MODIFIED ACCREDITED AREA (TB)

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

27 Head of mixed horses for slaughter only. These horses have been inspected on the above date and found fit for travel. These animals have resided in the United States or Canada since birth as best as can be determined. 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. All horses are identified by an Official USDA Equine Slaughter backtag. During the previous twenty-one (21) days, the animals in this shipment have not been in the States of Texas or New Mexico. Brand Inspection #1260400.

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	DISEASE / TYPE TEST / DATE M	DISEASE / TYPE TEST / DATE N	DISEASE / TYPE TEST / DATE O
USBJ...					Neck Tag #...									
1263 Grey	A	F	QT		812									
1264 Chestn	A	F	QT		818									
1265 Brn/Wht	A	F	Paint		825									
1266 Pal	A	F	QT		829									
1267 Bay	A	F	QT		832									
1268 Bay	A	F	QT		837									
1269 Wht/Brn	A	N	Appy		840									
1270 Buck	A	F	QT		841									
1271 Red Roan	A	F	QT		844									

These animals were, 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.

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: 8-8-11

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, - please print): C. Hardee Clark, DVM

21. STATUS: [ ] 2 Federal [ ] 1 State [X] 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or breeding semen) (Include nos. from all attached VS Forms 17-140A): 27 (Twenty-Seven)

23. Signature of Endorsing Federal Veterinarian: J. Brecker DVM

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): Jim Brecker DVM

25. SIGNATURE OF ISSUING VETERINARIAN

VS FORM 17-140 (MAR 98) Previous edition may be used.

PART 4 - FIELD STATION

PAGE 06/06
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The certificate is authorized by law 21 U.S.C. 112). While you are not required to respond, no health certificate can be validated unless the data requested is provided. FORM APPROVED - OMB NO. 0579-0020 and 0101

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): Bouvry Exports Hwy #3 East SW17-9-25-W4 Fort MacLeod, Alberta

2. CERTIFICATE NO.: L029098

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 7-28-11

5. U.S. PORT OF EMBARKATION (City and State): Sweetgrass, MT

6. STATE CODE: 30

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): Bar S Feedlot, 1 Benjamin Rd

8. CONSIGNOR'S CITY (or Town): Shelby

12. CONSIGNOR'S STATE: Montana

13. STATE CODE: 30

14. ZIP CODE: 59474

9. SEMEN ("X" if yes): [ ]

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [X] 2 - Truck [ ] 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address): Bouvry Exports SW17-9-25-W4 Fort MacLeod, Alberta

DESTINATION COUNTRY: Canada

ENTER CODE: CA

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

NEGATIVE TUBERCULIN READING: [ ] 48 HRS [ ] 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

CERTIFIED BRUCELLOSIS FREE AREA

NEGATIVE RESULTS OF OTHER TESTS: DISEASE / TYPE TEST / DATE

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

MODIFIED ACCREDITED AREA (TB)

17. FARM ORIGIN
Owner's name (Last name, two initials; or business name)
Owner's street address
Owner's city/town, State code (FIPS code on reverse) & zip code

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

Bar S Feedlot
1 Benjamin Rd
Shelby, MT 59474

13 Head of mixed horses for slaughter only. These horses have been inspected on the above date and found fit for travel. These animals have resided in the United States or Canada since birth as best as can be determined. The exporter has been advised that any deterioration in health or physical condition X of the animals that may render animals unfit for transport may result in the shipment to be refused entry to Canada. All horses are identified by an Official USDA Equine Slaughter backtag. During the previous twenty-one (21) days, the animals in this shipment have not been in the States of Texas or New Mexico. Brand Inspection #1260387.

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
USGH...					Neck Tag #...									
0993 Bay	A	M	QT		108									
0994 Bay	A	M	QT		745									
0995 Brown	A	M	QT		747									
0996 Red Roan	A	M	QT		756									
0997 Chestn	A	M	QT		800									
0998 Brown	A	M	QT		823									
0999 Bay	A	M	QT		827									
1000 Dun	A	M	QT		839									
1001 Bay	A	M	QT		846									

These animals were, 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.

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

APPROVED

23. Signature of Endorsing Federal Veterinarian

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: 7/28/11

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, - please print): C. Hardee Clark, DVM.

21. STATUS: [ ] 2 Federal [ ] 1 State [X] 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 13 (Thirteen)

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): Rod Moore DVM

25. SIGNATURE OF ISSUING VETERINARIAN

VS FORM 17-140 (MAR 98) Previous edition may be used.

PART B - ISSUING VETERINARIAN

The certificate is authorized by law 21 U.S.C. 112). While you are not required to respond, no health certificate can be validated unless the data requested is provided. FORM APPROVED - OMB NO. 0579-0020 and 0101

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): Bouvry Exports Hwy #3 East SW17-9-25-W4 Fort MacLeod, Alberta

2. CERTIFICATE NO.: L029097

3. PAGE NO.: 2 — 1 OF 2

4. DATE ISSUED: 7-27-11

5. U.S. PORT OF EMBARKATION (City and State): Sweetgrass, MT

6. STATE CODE: 30

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): Bar S Feedlot, 1 Benjamin Rd

8. CONSIGNOR'S CITY (or Town): Shelby

12. CONSIGNOR'S STATE: Montana

13. STATE CODE: 30

14. ZIP CODE: 59474

9. SEMEN ("X" if yes): [ ]

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [X] 2 - Truck [ ] 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address): Bouvry Exports SW17-9-25-W4 Fort MacLeod, Alberta

DESTINATION COUNTRY: Canada

ENTER CODE: CA

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

NEGATIVE TUBERCULIN READING: [ ] 48 HRS [ ] 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

CERTIFIED BRUCELLOSIS FREE AREA

NEGATIVE RESULTS OF OTHER TESTS: DISEASE / TYPE TEST / DATE; DISEASE / TYPE TEST / DATE; DISEASE / TYPE TEST / DATE

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

MODIFIED ACCREDITED AREA (TB)

17. FARM ORIGIN
Owner's name (Last name, two initials, or business name)
Owner's street address
Owner's city/town, State code (FIPS code on reverse) & zip code

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

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
27 Head of mixed horses for slaughter only. These horses have been inspected on the above date and found fit for travel. These animals have resided in the United States or Canada since birth as best as can be determined. 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. All horses are identified by an Official USDA Equine Slaughter backtag. During the previous twenty-one (21) days, the animals in this shipment have not been in the states of Texas or New Mexico. Brand Inspection #1260386.														
Bar S Feedlot 1 Benjamin Rd Shelby, MT 59474														
USDA...					Neck Tag #...									
0966 Chestn	A	N	QT		13									
0967 Black	A	F	QT		31									
0968 Chestn	A	F	QT		32									
0969 Bay	A	F	QT		35									
0970 Bay	A	F	QT		36									
0971 Bay	A	F	QT		37									
0972 Bay	A	N	QT		38									
0973 Red Roan	A	F	QT		39									
0974 Chestn	A	F	QT		40									

These animals were, 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.

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: 7/27/11

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, - please print): C. Hardee Clark, DVM.

21. STATUS: [ ] 2 Federal [ ] 1 State [X] 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 27 (Twenty-Seven)

23. Signature of Endorsing Federal Veterinarian

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): Rod Moore - DVM

25. SIGNATURE OF ISSUING VETERINARIAN

VS FORM 17-140 (MAR 98) Previous edition may be used.

PART 5 - ISSUING VETERINARIAN

The certificate is authorized by law 21 U.S.C. 112). While you are not required to respond, no health certificate can be validated unless the data requested is provided. FORM APPROVED - OMB NO. 0579-0020 and 0101

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): Bouvry Exports Hwy #3 East Sw17-9-25-W4 Fort MacLeod, Alberta

2. CERTIFICATE NO.: L029096

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 7-27-11

5. U.S. PORT OF EMBARKATION (City and State): Sweetgrass, MT

6. STATE CODE: 30

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): Bar S Feedlot, 1 Benjamin Rd

8. CONSIGNOR'S CITY (or Town): Shelby

12. CONSIGNOR'S STATE: Montana

13. STATE CODE: 30

14. ZIP CODE: 59474

9. SEMEN ("X" if yes): [ ]

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [X] 2 - Truck [ ] 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address): Bouvry Exports SW17-9-25-W4 Fort MacLeod, Alberta

DESTINATION COUNTRY: Canada

ENTER CODE: CA

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

NEGATIVE TUBERCULIN READING: [ ] 48 HRS [ ] 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

DISEASE	DISEASE	DISEASE
TYPE TEST	TYPE TEST	TYPE TEST
DATE M	DATE N	DATE O

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

MODIFIED ACCREDITED AREA (TB)

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

CERTIFIED BRUCELLOSIS FREE AREA

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
13 Head of mixed horses for slaughter only. These horses have been inspected on the above date and found fit for travel. These animals have resided in the United States or Canada since birth as best as can be determined. 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. All horses are identified by an Official USDA Equine slaughter backtag. During the previous 21 (twenty-one) days, the animals in this shipment have not been in the States of Texas or New Mexico. Brand Inspection #1260385.											
USGH...					Neck Tag #...						
0953 Chestn	A	M	QT		545						
0954 Chestn	A	M	QT		548						
0955 Red Roan	A	M	QT		598						
0956 Chestn	A	M	QT		702						
0957 Bay	A	M	QT		703						
0958 Chestn	A	M	QT		705						
0959 Grulla	A	M	QT		721						
0960 Wht/Tan	A	M	Paint		XX 723						
0961 Bay	A	M	QT		728						

Bar S Feedlot
1 Benjamin Rd
Shelby, MT 59474

These animals were, 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.

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: 7/27/11

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, - please print): C. Hardee Clark, DVM.

21. STATUS: [ ] 2 Federal [ ] 1 State [X] 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 13 (Thirteen)

23. Signature of Endorsing Federal Veterinarian

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): Rod Marr DVM

25. SIGNATURE OF ISSUING VETERINARIAN

VS FORM 17-140 (MAR 98) Previous edition may be used.

PART 5 - ISSUING VETERINARIAN

The certificate is authorized by law 21 U.S.C. 112). While you are not required to respond, no health certificate can be validated unless the data requested is provided. FORM APPROVED - OMB NO. 0579-0020 and 0101

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): [redacted] (b)(6)
Lawler, IA 52154

2. CERTIFICATE NO.: L029122

3. PAGE NO.: 1 OF 3

4. DATE ISSUED: 7-25-11

5. U.S. PORT OF EMBARKATION (City and State): Sweetgrass,MT

6. STATE CODE: 30

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): Inspected @ Billings LIve

8. CONSIGNOR'S CITY (or Town): Billings

12. CONSIGNOR'S STATE: Montana

13. STATE CODE: 30

14. ZIP CODE: 59101

9. SEMEN ("X" if yes): [ ]

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [X] 2 - Truck [ ] 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address): Cavalle-Canada
3401 53rd Ave LaCombe,AB,CA

DESTINATION COUNTRY: Canada

ENTER CODE: CA

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

NEGATIVE TUBERCULIN READING: [ ] 48 HRS [ ] 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

CERTIFIED BRUCELLOSIS FREE AREA

NEGATIVE RESULTS OF OTHER TESTS: DISEASE / TYPE TEST / DATE

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

MODIFIED ACCREDITED AREA (TB)

17. FARM ORIGIN
Owner's name (Last name, two initials, or business name)
Owner's street address
Owner's city/town, State code (FIPS code on reverse) & zip code

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

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	DISEASE / TYPE TEST / DATE M	DISEASE / TYPE TEST / DATE N	DISEASE / TYPE TEST / DATE O
Billings Livestock Commission	USDA TAG#													
2443 N Frontage Rd	USHA 5351	8y	F	QH	Dun-star,strip,snip									
Billings, MT 59101	5352	18y	G	↓	Brown-star									
	5353	21y	F	APP	Gray/white,star,strip,snip,LF/LH/RH socks									
	5354	17y	F	QH	Sorrel-star,strip,snip,RF/LF/RH socks									
	5355	1y	F		Chestnut, no marks									
	5356	7y	G		Gray-star,strip,snip									
	5357	6y	F		Dun-star,strip									
	5358	6y	F		Chestnut,star									
PERMANENT EXPORT ONLY!	5359	21y	G		Bay-star,strip,snip,RF/RH socks									
	5360	8y	F		Bay,no marks									
	5361	14y	G		Black,LH sock									
	5362	4y	G		Gray-star									
	5363	13y	G		Gray, no marks									
All animals are identified	5364	8y	G		Palomino,star,strip,snip,LH/LE socks									
with USDA green tags.	5365	3y	F		Buckskin-star,LH sock									
	5366	2y	G		Red Roan-RH sock									
	5367	4y	F		Sorrel-star,LF/LH socks									
	5368	3y	F	✓	Red Roan-star,hind socks									

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: 7/26/11

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

21. STATUS: [ ] 2 Federal [ ] 1 State [X] 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): twenty nine 29

23. Signature of Endorsing Federal Veterinarian

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): Gerald Meier DVM

25. SIGNATURE OF ISSUING VETERINARIAN

VS FORM 17-140 (MAR 98) Previous edition may be used.

PART 5 - ISSUING VETERINARIAN

...you are not required to respond, no health certificate can be validated unless the data requested is provided. FORM APPROVED - OMB NO. 0579-0020 and 0101

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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): [redacted] (b)(6) Lawler, IA

2. CERTIFICATE NO.: L029121

3. PAGE NO.: 1 OF 3

4. DATE ISSUED: 7-25-11

5. U.S. PORT OF EMBARKATION (City and State): Sweetgrass, MT 5

6. STATE CODE: 30

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): Inspected @ Billings,Live

8. CONSIGNOR'S CITY (or Town): Billings

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: Montana

13. STATE CODE: 30

14. ZIP CODE: 59101

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): CAvelle-CAnada 3401 53rd Ave LaCombe,AB,CA

DESTINATION COUNTRY: Canada

ENTER CODE: CA

NEGATIVE TUBERCULIN READING: ☐ 48 HRS ☐ 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

CERTIFIED BRUCELLOSIS FREE AREA

NEGATIVE RESULTS OF OTHER TESTS: DISEASE / TYPE TEST / DISEASE / TYPE TEST / DISEASE / TYPE TEST

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

17. FARM ORIGIN
Owner's name (Last name, two initials, or business name)
Owner's street address
Owner's city/town, State code (FIPS code on reverse) & zip code

Billings LIvestock Commission
2443 N Frontage Rd
Billings, MR 59101

PERMANENT EXPORT ONLY!

All animals are identified with USDA green tags.

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	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DATE M	DATE N	DATE O
USDA TAG# USHA 5380	2y	F	QH	Black-star,hind socks										
5381	10y	G		Sorrel-star,strip										
5382	8y	F		Palomino-star,LF sock										
5383	6y	F		Bay-star,strip,snip,LF/LH/RH socks										
5384	8y	F	PNT	Sor/wht blaze,RH sock										
5385	2y	G	QH	Sorre-star,strip,snip,hind socks										
5386	1y	F		Bay, no marks										
5387	15y	F		Black,star,strip,snip,hind sokcs										
5388	7y	F		Sorrel-star,hind socks										
5389	5y	G		Sorrel-star,hind socks										
5390	18y	F		Bay-hind socks										
5391	15y	G		Sorrel-star,strip,LF/LH/RH socks										
5392	9y	G		Bay-LH sock										
5393	15y	F		Black,star,strip,snip,RF/RH/LH socks										
5394	1y	F		Sprrel-strip,snip LH sock										
5395	11y	F		Chestnut@star,RH sock										
5396	11y	G		Black-star,strip,snip,LF sock										
5397	2y	G		Black-star,strip,snip										

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

23. Signature of Endorsing Federal Veterinarian

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: 7/26/11

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

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): twenty nine 29

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

25. SIGNATURE OF ISSUING VETERINARIAN

VS FORM 17-140 (MAR 98) Previous edition may be used.

PART 5 - ISSUING VETERINARIAN

The certificate is authorized by law 21 U.S.C. 112). While you are not required to respond, no health certificate can be validated unless the data requested is provided. FORM APPROVED - OMB NO. 0579-0020 and 0101

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): Bouvry Exports Hwy #3 East SW17-9-25-W4 Fort MacLeod, Alberta

2. CERTIFICATE NO.: L029095

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 07/25/11

5. U.S. PORT OF EMBARKATION (City and State): Sweetgrass, MT

6. STATE CODE: 30

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): Bar S Feedlot, 1 Benjamin Rd.

8. CONSIGNOR'S CITY (or Town): Shelby

12. CONSIGNOR'S STATE: Montana

13. STATE CODE: 30

14. ZIP CODE: 59474

9. SEMEN ("X" if yes): [ ]

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [X] 2 - Truck [ ] 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address): Bouvry Exports SW17-9-25-W4 Fort MacLeod, Alberta

DESTINATION COUNTRY: Canada

ENTER CODE: CA

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

NEGATIVE TUBERCULIN READING: [ ] 48 HRS [ ] 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

CERTIFIED BRUCELLOSIS FREE AREA

NEGATIVE RESULTS OF OTHER TESTS: DISEASE / TYPE TEST / DATE

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

MODIFIED ACCREDITED AREA (TB)

17. FARM ORIGIN
Owner's name (Last name, two initials, or business name)
Owner's street address
Owner's city/town, State code (FIPS code on reverse) & zip code

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

Bar S Feedlot
1 Benjamin Road
Shelby, MT 59474

13 Head of mixed horses for slaughter only. These horses have been inspected on the above date and found fit for travel. These animals have resided in the United States or Canada since birth as best as can be determined. 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. All horses are identified by an Official USDA Equine Slaughter backtag. During the previous twenty-one (21) days, the animals in this shipment have not been in the States of Texas or New Mexico. Brand Inspection #1260384.

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	DISEASE / TYPE TEST / DATE M	DISEASE / TYPE TEST / DATE N	DISEASE / TYPE TEST / DATE O
USGH...					Neck Tag #...									
Chestn (0940)	A	M	QT		185									
0941 Chestn	A	M	QT		518									
0942 Bay	A	M	QT		734									
0943 Brn/Wht	A	M	Paint		783									
0944 Bay	A	M	QT		822									
0945 Wht/Brn	A	M	Paint		828									
0946 Bay	A	M	QT		835									
0947 Pal	A	M	QT		836									
0948 Bay	A	M	QT		838									

These animals were, 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.

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

APPROVED Rod Meier DVM

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: 7/26/11

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, - please print): C. Hardee Clark, DVM

21. STATUS: [ ] 2 Federal [ ] 1 State [X] 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 13 (Thirteen)

23. Signature of Endorsing Federal Veterinarian

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): Rod Meier DVM

25. SIGNATURE OF ISSUING VETERINARIAN

VS FORM 17-140 (MAR 98) Previous edition may be used.

PART 5 - ISSUING VETERINARIAN

This certificate is authorized by law 21 U.S.C. 112). While you are not required to respond, no health certificate can be validated unless the data requested is provided. FORM APPROVED - OMB NO. 0579-0020 and 0101 72

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): Bouvry Exports Hwy #3 Easr SW17-9-25-W4 Fort MacLeod, Alberta

2. CERTIFICATE NO.: L029094

3. PAGE NO.: 1 OF

4. DATE ISSUED: 7-25-11

5. U.S. PORT OF EMBARKATION (City and State): Sweetgrass, MT

6. STATE CODE: 30

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): Bar S Feedlot, 1 Benjamin Rd.

8. CONSIGNOR'S CITY (or Town): Shelby

12. CONSIGNOR'S STATE: Montana

13. STATE CODE: 30

14. ZIP CODE: 59474

9. SEMEN ("X" if yes): [ ]

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [X] 2 - Truck [ ] 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address): Bouvry Exports SW17-9-25-W4

DESTINATION COUNTRY: Canada

ENTER CODE: CA

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

NEGATIVE TUBERCULIN READING: [ ] 48 HRS [ ] 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

CERTIFIED BRUCELLOSIS FREE AREA

NEGATIVE RESULTS OF OTHER TESTS: DISEASE / TYPE TEST / DATE; DISEASE / TYPE TEST / DATE; DISEASE / TYPE TEST / DATE

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

MODIFIED ACCREDITED AREA (TB)

17. FARM ORIGIN
Owner's name (Last name, two initials, or business name)
Owner's street address
Owner's city/town, State code (FIPS code on reverse) & zip code

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

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
13 Head of mixed horses for slaughter only. These horses have been inspected on the above date and found fit for travel. These animals have resided in the United States or Canada since birth as best as can be determined. 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. All horses are identified by an Official USDA Equine Slaughter backtag. During the previous twenty-one (21) days, the animals in this shipment have not been in the States of Texas or New Mexico. Brand Inspection #1260383.														
USGH...					Neck Tag #...									
0766 Wht/Brn	A	M	Paint		108									
0767 Brown A	A	M	QT		745									
0768 Red Roan	A	M	QT		747									
0769 Bay	A	M	QT		756									
0770 Bay	A	M	QT		800									
0771 Brown	A	M	QT		823									
0772 Bay	A	M	TB		827									
0773 Chestn	A	M	QT		839									
0774 Chestn	A	M	QT		846									

Bar S Feedlot
1 Benjamin Road
Shelby, MT 59474

These animals were, 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.

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: 7/25/11

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial,- please print): C. Hardee Clark, DVM

21. STATUS: [ ] 2 Federal [ ] 1 State [X] 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (include nos. from all attached VS Forms 17-140A): 13 (Thirteen)

23. Signature of Endorsing Federal Veterinarian

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): Rod Mein DVM

25. SIGNATURE OF ISSUING VETERINARIAN

VS FORM 17-140 (MAR 98) Previous edition may be used.

PART 5 - ISSUING VETERINARIAN

The certificate is authorized by law 21 U.S.C. 112). While you are not required to respond, no health certificate can be validated unless the data requested is provided. FORM APPROVED - OMB NO. 0579-0020 and 0101 72

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): Bouvry Exports Hwy #3 East SW17-9-25-W4 Fort MacLeod, Alberta

2. CERTIFICATE NO.: L029093

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 07/25/11

5. U.S. PORT OF EMBARKATION (City and State): Sweetgrass, MT

6. STATE CODE: 30

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): Bar S Feedlot, 1 Benjamin Rd.

8. CONSIGNOR'S CITY (or Town): Shelby

12. CONSIGNOR'S STATE: Montana

13. STATE CODE: 30

14. ZIP CODE: 59474

9. SEMEN ("X" if yes): [ ]

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [X] 2 - Truck [ ] 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address): Bouvry Exports SW17-9-25-W4 Fort MacLeod, Alberta

DESTINATION COUNTRY: Canada

ENTER CODE: CA

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

NEGATIVE TUBERCULIN READING: [ ] 48 HRS [ ] 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

CERTIFIED BRUCELLOSIS FREE AREA

NEGATIVE RESULTS OF OTHER TESTS

DISEASE	DISEASE	DISEASE
TYPE TEST	TYPE TEST	TYPE TEST
DATE M	DATE N	DATE O

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

MODIFIED ACCREDITED AREA (TB)

17. FARM ORIGIN
Owner's name (Last name, two initials, or business name)
Owner's street address
Owner's city/town, State code (FIPS code on reverse) & zip code

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

27 Head of mixed horses for slaughter only. These horses have been inspected on the above date and found fit for travel. These animals have resided in the United States or Canada since birth as best as can be determined. 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. All horses are identified by an Official USDA Equine Slaughter backtag. During the previous twenty-one (21) days, the animals in this shipment have not been in the States of Texas or New Mexico. Brand Inspection #1260382.

Bar S Feedlot
1 Benjamin Road
Shelby, MT 59474

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
USGH...					Neck Tag #...									
0914 Bay	A	F	QT		24									
0920 Chestn	A	N	QT		4									
0915 Bay	A	N	QT		21									
0916 Bay	A	F	QT		28									
0917 Chestn	A	F	QT		29									
0918 Chestn	A	F	TB		22									
0919 Chestn	A	F	QT		33									
0920 Brn/Wht	A	N	Paint		16									
0921 Blu Roan	A	F	QT		30									

These animals were, 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.

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: 7/25/11

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial,- please print): C. Hardee Clark, DVM

21. STATUS: [ ] 2 Federal [ ] 1 State [X] 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 27 (Twenty-Seven)

23. Signature of Endorsing Federal Veterinarian

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): Rod Meier DVM

25. SIGNATURE OF ISSUING VETERINARIAN

VS FORM 17-140 (MAR 98) Previous edition may be used.

PART 5 - ISSUING VETERINARIAN

[illegible]). While you are not required to respond, no health certificate can be validated unless the data requested is provided. FORM APPROVED - OMB NO. 0579-0020 and 0101 72

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): Bouvry Exports Hwy #3 East SW17-9-25-W4 Fort MacLeod, Alberta

2. CERTIFICATE NO.: L029091

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 07/21/11

5. U.S. PORT OF EMBARKATION (City and State): Sweetgrass, MT

6. STATE CODE: 30

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): Bar S Feedlot, 1 Benjamin Rd.

8. CONSIGNOR'S CITY (or Town): Shelby

12. CONSIGNOR'S STATE: Montana

13. STATE CODE: 30

14. ZIP CODE: 59474

9. SEMEN ("X" if yes): [ ]

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [X] 2 - Truck [ ] 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address): Bouvry Exports SW17-9-25-W4 Fort MacLeod, Alberta

DESTINATION COUNTRY: Canada

ENTER CODE: CA

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

NEGATIVE TUBERCULIN READING: [ ] 48 HRS [X] 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

CERTIFIED BRUCELLOSIS FREE AREA

NEGATIVE RESULTS OF OTHER TESTS: DISEASE / TYPE TEST / DISEASE / TYPE TEST / DISEASE / TYPE TEST

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

17. FARM ORIGIN
Owner's name (Last name, two initials, or business name)
Owner's street address
Owner's city/town, State code (FIPS code on reverse) & zip code

MODIFIED ACCREDITED AREA (TB)

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

27 Head of mixed horses for slaughter only. These horses have been inspected on the above date and found fit for travel. These animals have resided in the United States or Canada since birth as best as can be determined. 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. All horses are identified by an Official USDA Equine Slaughter backtag. During the previous twenty-one (21) days, the animals in this shipment have not been in the States of Texas or New Mexico. Brand Inspection #1260380.

Bar S Feedlot
1 Benjamin Road
Shelby, MT 59474

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	DISEASE / TYPE TEST M	DISEASE / TYPE TEST N	DISEASE / TYPE TEST O
USGH...					Neck Tag #...									
0860 Chestn	A	M	QT		102									
0861 Chestn	A	M	QT		722									
0862 Bay	A	F	QT		723									
0863 Chestn	A	M	QT		743									
0864 Chestn	A	F	QT		748									
0865 Bay	A	F	QT		749									
0866 Red Roan	A	F	QT		750									
0867 Black	A	F	QT		751									
0868 Chestn	A	F	QT		752									

These animals were, 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.

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

APPROVED

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: 7/22/11

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, - please print): C. Hardee Clark, DVM

21. STATUS: [ ] 2 Federal [ ] 1 State [X] 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 27 (Twenty-Seven)

23. Signature of Endorsing Federal Veterinarian

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): Rod Meier DVM

25. SIGNATURE OF ISSUING VETERINARIAN

VS FORM 17-140 (MAR 98) Previous edition may be used.

PART 5 - ISSUING VETERINARIAN

The certificate is authorized by law 21 U.S.C. 112). While you are not required to respond, no health certificate can be validated unless the data requested is provided. FORM APPROVED - OMB NO. 0579-0020 and 0101

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): Bouvry Exports Bay #3 East SW17-9-25-W4 Fort MacLeod, Alberta

2. CERTIFICATE NO.: L029092

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 07/21/11

5. U.S. PORT OF EMBARKATION (City and State): Sweetgrass, MT

6. STATE CODE: 30

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): Bar S Feedlot, 1 Benjamin Rd.

8. CONSIGNOR'S CITY (or Town): Shelby

12. CONSIGNOR'S STATE: Montana

13. STATE CODE: 30

14. ZIP CODE: 59474

9. SEMEN ("X" if yes): [ ]

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [X] 2 - Truck [ ] 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address): Bouvry Exports SW17-9-25-W4 Fort MacLeod, Alberta

DESTINATION COUNTRY: Canada

ENTER CODE: CA

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

NEGATIVE TUBERCULIN READING: [ ] 48 HRS [ ] 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

CERTIFIED BRUCELLOSIS FREE AREA

NEGATIVE RESULTS OF OTHER TESTS

DISEASE	DISEASE	DISEASE
TYPE TEST	TYPE TEST	TYPE TEST
DATE M	DATE N	DATE O

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

MODIFIED ACCREDITED AREA (TB)

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

26 Head of mixed horses for slaughter only. These horses have been inspected on the above date and found fit for travel. These animals have resided in the United States or Canada since birth as best as can be determined. 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. All horses are identified by an Official USDA Equine Slaughter backtag. During the previous twenty-one (21) days, the animals in this shipment have not been in the States of Texas or New Mexico. Brand Inspection #1260381.

Bar S Feedlot
1 Benjamin Road
Shelby, MT 59474

These animals were, 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.

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
USGH...					Neck Tag #...									
0887 Chestn	A	F	QT		159									
0888 Chestn	A	N	QT		160									
0889 Bay	A	F	QT		161									
0890 Chestn	A	F	QT		162									
0891 Bay	A	F	QT		166									
0892 Bay	A	F	QT		168									
0893 Bay	A	F	QT		171									
0894 Bay	A	N	QT		174									
0895 Bay	A	F	QT		181									

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: 7/22/11

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, - please print): C. Hardee Clark, DVM

21. STATUS: [ ] 2 Federal [ ] 1 State [X] 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 26 (Twenty-Six)

23. Signature of Endorsing Federal Veterinarian

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): Rod Meier DVM

25. SIGNATURE OF ISSUING VETERINARIAN

VS FORM 17-140 (MAR 98) Previous edition may be used.

PART 5 - ISSUING VETERINARIAN

The certificate is authorized by law 21 U.S.C. 112). While you are not required to respond, no health certificate can be validated unless the data requested is provided. FORM APPROVED - OMB NO. 0579-0020 and 0101 72

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): Bouvry Exports Hwy #3 East SW17-9-25-W4 Fort Macleod, Alberta

2. CERTIFICATE NO.: L028806

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 8-4-11

5. U.S. PORT OF EMBARKATION (City and State): Sweetgrass, MT

6. STATE CODE: 30

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): Bar S Feedlot, 1 Benjamin Rd

8. CONSIGNOR'S CITY (or Town): Shelby

12. CONSIGNOR'S STATE: Montana

13. STATE CODE: 30

14. ZIP CODE: 59474

9. SEMEN (X" if yes): [ ]

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [X] 2 - Truck [ ] 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address): Bouvry Exports SW17-9-25-W4 Fort Macleod, Alberta

DESTINATION COUNTRY: Canada

ENTER CODE: CA

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

NEGATIVE TUBERCULIN READING: [ ] 48 HRS [ ] 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

CERTIFIED BRUCELLOSIS FREE AREA

NEGATIVE RESULTS OF OTHER TESTS: DISEASE / TYPE TEST / DATE; DISEASE / TYPE TEST / DATE; DISEASE / TYPE TEST / DATE

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

Bar S Feedlot
1 Benjamin Rd
Shelby, MT 59474

MODIFIED ACCREDITED AREA (TB)

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

13 Head of mixed horses for slaughter only. These horses have been inspected on the above date and found fit for travel. These animals have resided in the United States or Canada since birth as best as can be determined. The exporter has been advised that any ~~N~~ ~~NN~~ 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. All horses are identified by an Official USDA Equine Slaughter backtag. During the previous twenty-one (21) days, the animals in this shipment have not been in the States of Texas or New Mexico. Brand Inspection #1260395.

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
USHJ...					Neck tag #...									
1167 Brown	A	M	QT		25									
1168 Bay	A	M	QT		27									
1169 Brn/Wht	A	M	Paint		28									
1170 Blue Roan	A	M	QT		30									
1171 Brn/Wht	A	M	Paint		61									
1172 Chestn	A	M	QT		93									
1173 Bay	A	M	QT		124									
1174 Red Roan	A	M	QT		182									
1175 Bay	A	M	Pony		194									

These animals were, 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.

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: 8/4/11

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, - please print): C. Hardee Clark, DVM.

21. STATUS: [ ] 2 Federal [ ] 1 State [X] 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 13 (Thirteen)

23. Signature of Endorsing Federal Veterinarian

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

25. SIGNATURE OF ISSUING VETERINARIAN

VS FORM 17-140 (MAR 98) Previous edition may be used.

PART 5 - ISSUING VETERINARIAN

The certificate is authorized by law 21 U.S.C. 112). While you are not required to respond, no health certificate can be validated unless the data requested is provided. FORM APPROVED - OMB NO. 0579-0020 and 0101 2

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): Bouvry Exports Hwy #3 East SW17-9-25-W4 Fort MacLeod, Alberta

2. CERTIFICATE NO.: L028805

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 8-3-11

5. U.S. PORT OF EMBARKATION (City and State): Sweetgrass, MT

6. STATE CODE: 30

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): Bar S Feedlot

8. CONSIGNOR'S CITY (or Town): Shelby

12. CONSIGNOR'S STATE: 1 Benjamin Rd Montana

13. STATE CODE: 30

14. ZIP CODE: 59474

9. SEMEN ("X" if yes): [ ]

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [X] 2 - Truck [ ] 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address): Bouvry Exports SW17-9-25-W4 Fort MacLeod, Alberta

DESTINATION COUNTRY: Canada

ENTER CODE: CA

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

NEGATIVE TUBERCULIN READING: [ ] 48 HRS [ ] 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

CERTIFIED BRUCELLOSIS FREE AREA

NEGATIVE RESULTS OF OTHER TESTS: DISEASE / TYPE TEST / DATE

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

MODIFIED ACCREDITED AREA (TB)

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

Bar S Feedlot
1 Benjamin Rd
Shelby, MT 59474

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

27 Head of mixed horses for slaughter only. These horses have been inspected on the above date and found fit for travel. These animals have resided in the United States or Canada since birth as best as can be determined. 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. All horses are identified by an official USDA Equine Slaughter backtag. During the previous twenty-one (21) days, the animals in this shipment have not been in the States of Texas or New Mexico. Brand Inspection #1260394

USHJ... Neck Tag #...

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
1181 Bay	A	F	QH		18									
1182 Chestn	A	F	QH		11									
1183 Bay	A	F	QH		19									
1184 Bay	A	F	QH		14									
1185 Chestn	A	N	QH		31									
1186 Brn/Wht	A	N	Appy		28									
1187 Chestn	A	F	QT		30									
1188 Chestn	A	XN	QT		35									
1189 Bay	A	N	QT		26									

These animals were, 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.

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: 8/4/2011

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, - please print): C. Hardee Clark, DVM.

21. STATUS: [ ] 2 Federal [ ] 1 State [X] 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 27 (Twenty-Seven)

23. Signature of Endorsing Federal Veterinarian

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

25. SIGNATURE OF ISSUING VETERINARIAN

VS FORM 17-140 (MAR 98) Previous edition may be used.

PART 5 - ISSUING VETERINARIAN

The certificate is authorized by law 21 U.S.C. 112). While you are not required to respond, no health certificate can be validated unless the data requested is provided. FORM APPROVED - OMB NO. 0579-0020 and 0101

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*): Bouvry Exports Hwy #3 East SW17-9-25-W4 Fort MacLeod, Alberta

2. CERTIFICATE NO.: L028803

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 08/02/11

5. U.S. PORT OF EMBARKATION (*City and State*): Sweetgrass, MT

6. STATE CODE: 30

7. CONSIGNOR'S STREET ADDRESS (*Mailing Address*): Bar S Feedlot, 1 Benjamin Rd.

8. CONSIGNOR'S CITY (*or Town*): Shelby

12. CONSIGNOR'S STATE: Montana

13. STATE CODE: 30

14. ZIP CODE: 59474

9. SEMEN (*"X" if yes*): ☐

10. NO. DOSES OF SEMEN:

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

16. CONSIGNEE'S NAME AND STREET ADDRESS (*Mailing Address*): Bouvry Exports SW17-9-25-W4 Fort MacLeod, Alberta

DESTINATION COUNTRY: Canada

ENTER CODE: CA

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

NEGATIVE TUBERCULIN READING: ☐ 48 HRS ☐ 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

CERTIFIED BRUCELLOSIS FREE AREA

NEGATIVE RESULTS OF OTHER TESTS: DISEASE / TYPE TEST / DATE

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

MODIFIED ACCREDITED AREA (TB)

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

Bar S Feedlot
1 Benjamin Road
Shelby, MT 59474

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

27 Head of mixed horses for slaughter only. These horses have been inspected on the above date and found fit for travel. These animals have resided in the United States or Canada since birth as best as can be determined. The exporter has been advised that any deterioration in health or physicla condition of the animals that may render animals unfit for transport may result in the shipment to be refused entry to Canada. All horses are identified by an Official USDA Equine Slaughter backtag. During the previous twenty-one (21) days, the animals in this shipment have not been in the States of Texas or New Mexico. Brand Inspection #1260392.

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	DISEASE / TYPE TEST / DATE M	DISEASE / TYPE TEST / DATE N	DISEASE / TYPE TEST / DATE O
USHI...					Neck Tag #...									
1100 Brn/Wht	A	M	Paint		812									
1101 Wht/Brn	A	M	Paint		818									
1102 Brown	A	F	QT		825									
1103 Chestn	A	M	QT		829									
1104 Bay	A	F	QT		832									
1105 Chestn	A	M	QT		837									
1106 Bay	A	M	QT		840									
1107 Red Roan	A	F	QT		841									
1108 Chestn	A	F	QT		844									

These animals were, 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.

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: 8/3/11

20. NAME OF ISSUING VETERINARIAN (*Last name, first name, middle initial, - please print*): C. Hardee Clark, DVM

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): 27 (Twenty-Seven)

23. Signature of Endorsing Federal Veterinarian

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

25. SIGNATURE OF ISSUING VETERINARIAN

VS FORM 17-140 (MAR 98) Previous edition may be used.

PART 5 - ISSUING VETERINARIAN

The certificate is authorized by law 21 U.S.C. 112). While you are not required to respond, no health certificate can be validated unless the data requested is provided. FORM APPROVED - OMB NO. 0579-0020 and 0101

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): Bouvry Exports Hwy #3 East SW17-9-25-W4 Fort MacLeod, Alberta

2. CERTIFICATE NO.: L028804

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 08/02/11

5. U.S. PORT OF EMBARKATION (City and State): Sweetgrass, MT

6. STATE CODE: 30

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): Bar S Feedlot, 1 Benjamin Rd.

8. CONSIGNOR'S CITY (or Town): Shelby

12. CONSIGNOR'S STATE: Montana

13. STATE CODE: 30

14. ZIP CODE: 59474

9. SEMEN ("X" if yes): [ ]

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [X] 2 - Truck [ ] 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address): Bouvry Exports SW17-9-25-W4 Fort MacLeod, Alberta

DESTINATION COUNTRY: Canada

ENTER CODE: CA

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

NEGATIVE TUBERCULIN READING: [ ] 48 HRS [ ] 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

DISEASE	DISEASE	DISEASE
TYPE TEST	TYPE TEST	TYPE TEST
DATE M	DATE N	DATE O

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

Bar S Feedlot
1 Benjamin Road
Shelby, MT 59474

MODIFIED ACCREDITED AREA (TB)

CERTIFIED BRUCELLOSIS FREE AREA

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

13 Head of mixed horses for slaughter only. These horses have been inspected on the above date and found fit for travel. These animals have resided in the United States or Canada since birth as best as can be determined. 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. All horses are identified by an Official USDA Equine Slaughter backtag. During the previous twenty-one (21) days, the animals in this shipment have not been in the States of Texas or New Mexico. Brand Inspection #1260393.

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
USHJ...					Neck Tag #...									
1127 Bay	A	M	QT		5									
1128 Red Roan	A	H	QT		7									
1129 Bay	A	M	QT		10									
1130 Bay	A	M	QT		11									
1131 Chestn	A	M	QT		12									
1132 Red Roan	A	M	QT		14									
1133 Bay	A	M	QT		16									
1134 Blu Roan	A	M	QT		17									
1135 Chestn	A	M	QT		19									

These animals were, 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.

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

DVM

23. Signature of Endorsing Federal Veterinarian

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: 4/2/2011

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, - please print): C. Hardee Clark, DVM

21. STATUS: [ ] 2 Federal [ ] 1 State [X] 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 13 (Thirteen)

~~27 (Twenty-Seven)~~

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

25. SIGNATURE OF ISSUING VETERINARIAN

VS FORM 17-140 (MAR 98) Previous edition may be used.

PART 5 - ISSUING VETERINARIAN

...o health certificate can be validated unless the data requested is provided. FORM APPROVED - OMB NO. 0579-0020 and 0101 72

...ION SERVICE

This certificate is authorized by law (21 USC 112), while ... SERVICES

...IGIN HEALTH CERTIFICATE

U.S. DEPART... ...place Certificate of Inspection of Export Animals, VS Form 17-27)

ANIMAL AN...

1. CONSIGNOR'S NAME (Last name, first name, middle initial or business name)	2. CERTIFICATE NO.	3. PAGE NO.
[redacted] (b)(6) Lawler, IA 52154	L029120	1 OF

...SUED	5. U.S. PORT OF EMBARKATION (City and State)	6. STATE CODE	7. CONSIGNOR'S STREET ADDRESS (Mailing Address)	8. CONSIGNOR'S CITY (or Town)
...-25-11	Sweetgrass, MT	30	Inspected @ Billings Live	Billings

9. SEMEN ("X" if yes)	10. NO. DOSES OF SEMEN	11. TRANSPORTATION CLASS	12. CONSIGNOR'S STATE	13. STATE CODE	14. ZIP CODE
		☐ 1 - Rail ☐ 3 - Air ☒ 2 - Truck ☐ 4 - Ocean	Montana	30	59101

15. SPECIES ("X" one - use VS Form 17-6 for Poultry)	16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address)	DESTINATION COUNTRY	ENTER CODE
☐ 01 BOVINE ☐ 02 PORCINE ☐ 03 OVINE ☐ 04 CAPRINE ☒ 05 EQUINE ☐ 08 OTHER WILDLIFE - MAMMAL ☐ 09 OTHER (Specify)	Cavelle-Canada 3401 53rd Ave, Lacombe,AB,CA	Canada	CA

NEGATIVE TUBERCULIN READING	BRUCELLOSIS BLOOD SAMPLE COLLECTED	NEGATIVE RESULTS OF OTHER TESTS		
☐ 48 HRS ☐ 72 HRS		DISEASE / TYPE TEST	DISEASE / TYPE TEST	DISEASE / TYPE TEST

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

MODIFIED ACCREDITED AREA (TB) — CERTIFIED BRUCELLOSIS FREE AREA

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

Billings Livestock Commisson
2443 N Frontage Rd
Billings, MT 59101

PERMANENT EXPORT ONLY!

All animals are identified with USDA green tags.

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	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DATE M	DATE N	DATE O
USDA TAG USHA 5638	2y	G	QH		Black-star									
~~5639~~	~~6y~~	~~G~~			~~Bay,no marks~~									
~~5640~~	~~7y~~	~~G~~			~~Brown-star,snip,LH/RH socks~~									
5641	4y	F			Chestnut-star,strip									
5642	4y	F			Sorrel-star,strip,snip,4 socks									
5643	10y	G		✓	Bay,no marks									
~~5644~~	~~4y~~	~~G~~	~~PMT~~		~~Sor/Wht-star,strip,snip,4 socks~~									
5645	12y	F	QH		Gray,no marks									
~~5646~~	~~5y~~	~~G~~			~~Gray-star,strip,snip,4 socks~~									
5647	4y	G			Sorrel-star,LH sock									
5648	5y	F			Sorrel-star,LH sock									
5649	4y	F			Sorrel-star,strip,snip,LH sock									
~~5650~~	~~9y~~	~~G~~			~~Sorrel-star,snip,LH sock~~									
5680	7y	G			Bay-star									
5681	12y	F			Sorrel-star,strip,snip									
~~5682~~	~~4y~~	~~F~~			~~Buckskin-star~~									
5683	5y	G			Chestnut,hind socks									
✓ 5684	7y	F		✓	Sorrel-star,hind socks									

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	20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, - please print)	21. STATUS	22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A)
9/27/2011	Palla, Jeff	☐ 2 Federal ☐ 1 State ☒ 3 Accredited	twenty nine 29

23. Signature of Endorsing Federal Veterinarian	24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp)	25. SIGNATURE OF ISSUING VETERINARIAN

VS FORM 17-140 (MAR 98) Previous edition may be used.

PART 5 - ISSUING VETERINARIAN

...you are not required to respond, no health certificate can be validated unless the data requested is provided. FORM APPROVED - OMB NO. 0579-0020 and 0101

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): [redacted] (b)(6)
Lawler, IA 52154

2. CERTIFICATE NO.: L029124

3. PAGE NO.: 1 OF 3

4. DATE ISSUED: 7-25-11

5. U.S. PORT OF EMBARKATION (City and State): Sweetgrass, MT

6. STATE CODE: 30

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): Inspected @ Billings Live

8. CONSIGNOR'S CITY (or Town): Billings

9. SEMEN ("X" if yes): [ ]

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [X] 2 - Truck [ ] 4 - Ocean

12. CONSIGNOR'S STATE: MOntana

13. STATE CODE: 30

14. ZIP CODE: 59101

15. SPECIES ("X" one - use VS Form 17-6 for Poultry): [ ] 01 BOVINE [ ] 02 PORCINE [ ] 03 OVINE [ ] 04 CAPRINE [X] 05 EQUINE [ ] 06 OTHER WILDLIFE - MAMMAL [ ] 09 OTHER (Specify)

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address): Cavelle-Canada
3401 53rd AVS :aCombe,AB,CA

DESTINATION COUNTRY: Canada

ENTER CODE: CA

NEGATIVE TUBERCULIN READING: [ ] 48 HRS [ ] 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS: DISEASE / TYPE TEST / DISEASE / TYPE TEST / DISEASE / TYPE TEST

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

MODIFIED ACCREDITED AREA (TB)

CERTIFIED BRUCELLOSIS FREE AREA

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
Billings Livestock
2443 N Frontage Rd
Billings, MT 59101

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	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DATE M	DATE N	DATE O
USDA GREEN														
USHA 5696	11y	F	QH											
5697	3y	F												
5698	7y	F												
5699	9y	G												
5579	8y	F	APP											
~~5580~~	~~12y~~	~~F~~	~~QH~~											
5581	13y	F												
5582	10y	G												
5583	3y	F												
5584	11y	F												
5585	24y	F												
5586	17y	G	QHX											
5587	6y	G	QH											
5588	12y	F	MULE											
~~5589~~	~~14y~~	~~G~~	~~QH~~											
5590	7y	F												
5591	13y	G												
5592	2y	F												

Permanent Export ONLY!

All animals are identified with USDA green tags.

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

23. Signature of Endorsing Federal Veterinarian

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

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

21. STATUS: [ ] 2 Federal [ ] 1 State [X] 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): twenty eight 28

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

25. SIGNATURE OF ISSUING VETERINARIAN

VS FORM 17-140 (MAR 98) Previous edition may be used.

The certificate is authorized by law 21 U.S.C. 112). While you are not required to respond, no health certificate can be validated unless the data requested is provided. FORM APPROVED - OMB NO. 0579-0020 and 0101 72

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): Bouvry Exports Hwy #3 East SW17-9-25-W4 Fort MacLeod, Alberta

2. CERTIFICATE NO.: L028802

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 08/01/11

5. U.S. PORT OF EMBARKATION (City and State): Sweetgrass, MT

6. STATE CODE: 30

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): Bar S Feedlot, 1 Benjamin Rd.

8. CONSIGNOR'S CITY (or Town): Shelby

12. CONSIGNOR'S STATE: Montana

13. STATE CODE: 30

14. ZIP CODE: 59474

9. SEMEN ("X" if yes): [ ]

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [X] 2 - Truck [ ] 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address): Bouvry Exports SW17-9-25-W4 Fort MacLeod, Alberta

DESTINATION COUNTRY: Canada

ENTER CODE: CA

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

NEGATIVE TUBERCULIN READING: [ ] 48 HRS [ ] 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS: DISEASE / TYPE TEST / DISEASE / TYPE TEST / DISEASE / TYPE TEST

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

MODIFIED ACCREDITED AREA (TB)

CERTIFIED BRUCELLOSIS FREE AREA

17. FARM ORIGIN
Owner's name (Last name, two initials, or business name)
Owner's street address
Owner's city/town, State code (FIPS code on reverse) & zip code

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

13 Head of mixed horses for slaughter only. These horses have been inspected on the above date and found fit for travel. These animals have resided in the United States or Canada since birth as best as can be determiend. 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. All horses are identified by an Official USDA Equine Slaughter backtag. During the previous twenty-one (21) days, the animals in this shipment have not been in the States of Texas or New Mexico. Brand Inspection #1260391.

Bar S Feedlot
1 Benjamin Road
Shelby, MT 59474

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
USRJ...					Neck Tag #...									
1087 Brn/Wht	A	M	Appy		33									
1088 Chestn	A	M	QT		38									
1089 Chestn	A	M	QT		112									
1090 Wht/Brn	A	M	Paint		133									
1091 Red Roan	A	M	QT		170									
1092 Brown	A	M	QT		173									
1093 Bay	A	M	QT		188									
1094 Bay	A	M	QT		189									
1095 Chestn	A	M	QT		775									

These animals were, 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.

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: 7/2/2011

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, - please print): C. Hardee Clark, DVM

21. STATUS: [ ] 2 Federal [ ] 1 State [X] 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 13 (Thirteen)

23. Signature of Endorsing Federal Veterinarian

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

25. SIGNATURE OF ISSUING VETERINARIAN

VS FORM 17-140 (MAR 98) Previous edition may be used.

PART 5 - ISSUING VETERINARIAN

The certificate is authorized by law 21 U.S.C. 112). While you are not required to respond, no health certificate can be validated unless the data requested is provided. FORM APPROVED - OMB NO. 0579-0020 and 0101-27

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): Bouvry Exports Hwy #3 East SW17-9-25-W4 Fort MacLeod, Alberta

2. CERTIFICATE NO.: L028801

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 08/08/11

5. U.S. PORT OF EMBARKATION (City and State): Sweetgrass, MT

6. STATE CODE: 30

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): Bar S Feedlot, 1 Benjamin Rd.

8. CONSIGNOR'S CITY (or Town): Shelby

12. CONSIGNOR'S STATE: Montana

13. STATE CODE: 30

14. ZIP CODE: 59474

9. SEMEN ("X" if yes): [ ]

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [X] 2 - Truck [ ] 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address): Bouvry Exports SW17-9-25-W4 Fort MacLeod, Alberta

DESTINATION COUNTRY: Canada

ENTER CODE: CA

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

NEGATIVE TUBERCULIN READING: [ ] 48 HRS [ ] 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

CERTIFIED BRUCELLOSIS FREE AREA

NEGATIVE RESULTS OF OTHER TESTS

DISEASE	DISEASE	DISEASE
TYPE TEST	TYPE TEST	TYPE TEST
DATE M	DATE N	DATE O

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

MODIFIED ACCREDITED AREA (T8)

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

Bar S Feedlot
1 Benjamin Road
Shelby, MT 59474

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

27 Head of mixed horses for slaughter only. These horses have been inspected on the above date and found fit for travel. These animals have resided in the United States or Canada since birth as best as can be determined. 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. All horses are identified by an Official USDA Equine Slaughter backtag. During the previous twenty-one (21) days, the animals in this shipment have not been in the States of Texas or New Mexico. Brand Inspection #1260390.

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
USHJ...					Neck Tag #...									
1060 Chestn	A	N	QT		8									
1061 Bay	A	N	QT		34									
1062 Dun	A	F	QT		48									
1063 Bay	A	N	QT		59									
1064 Dun	A	N	QT		93									
1065 Brn/Wht	A	N	Paint		94									
1066 Bay	A	F	QT		95									
1067 Chestn	A	N	QT		96									
1068 Grey	A	N	QT		121									

These animals were, 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.

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: 8/12/2011

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, - please print): C. Hardee Clark, DVM

21. STATUS: [ ] 2 Federal [ ] 1 State [X] 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include hcs. from all attached VS Forms 17-140A): 27 (Twenty-Seven)

23. Signature of Endorsing Federal Veterinarian

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

25. SIGNATURE OF ISSUING VETERINARIAN

VS FORM 17-140 (MAR 98) Previous edition may be used.

PART 5 - ISSUING VETERINARIAN

The certificate is authorized by law 21 U.S.C. 112). While you are not required to respond, no health certificate can be validated unless the data requested is provided. FORM APPROVED - OMB NO. 0579-0020 and 0101 77

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): Bouvry Exports Hwy #3 East SW17-9-25-W4 Fort MacLeod, Alberta

2. CERTIFICATE NO.: L029099

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 7-28-11

5. U.S. PORT OF EMBARKATION (City and State): Sweetgrass, MT

6. STATE CODE:

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): Bar S Feedlot, 1 Benjamin Rd

8. CONSIGNOR'S CITY (or Town): Shelby

12. CONSIGNOR'S STATE: Montana

13. STATE CODE: 30

14. ZIP CODE: 59474

9. SEMEN ("X" if yes): [ ]

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [X] 2 - Truck [ ] 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address): Bouvry Exports Fort MacLeod, Alberta

DESTINATION COUNTRY: Canada

ENTER CODE: CA

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

NEGATIVE TUBERCULIN READING: [ ] 48 HRS [ ] 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

CERTIFIED BRUCELLOSIS FREE AREA

NEGATIVE RESULTS OF OTHER TESTS

DISEASE	DISEASE	DISEASE
TYPE TEST	TYPE TEST	TYPE TEST
DATE M	DATE N	DATE O

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

Bar S Feedlot
1 Benjamin Rd
Shelby, MT 59474

MODIFIED ACCREDITED AREA (TB)

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

27 Head of mixed horses for slaughter only. These horses have been inspected on the above date and found fit for travel. These animals have resided in the United States or Canada since birth as best as can be determined. The exporter has been advised that any deterioration in health or physical condition of the NN animals that may render animals unfit for transport may result in the shipment to be refused entry to Canada. All horses NN are identified by an Official USDA Equine Slaughter backtag. During the previous twenty-one (21) days, the animals in this shipment have not been in the States of Texas or New Mexico. Brand Inspection #1260388.

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
USGN...					Neck Tag #...									
1006 Chestn	A	F	Draft		73									
1007 Bay	A	N	QT		75									
1008 Dun	A	N	Mule		946									
1009 Grey	A	F	Draft		18									
1010 Brown	A	N	QT		92									
1011 Black	A	F	QT		933									
1012 Chestn	A	F	QT		36									
1013 Chestn	A	F	QT		12									
1014 Chestn	A	N	Draft		58									

These animals were, 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.

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: 7/29/11

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, - please print): C. Hardee Clark, DVM.

21. STATUS: [ ] 2 Federal [ ] 1 State [X] 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 27 (Twenty-Seven)

23. Signature of Endorsing Federal Veterinarian

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

25. SIGNATURE OF ISSUING VETERINARIAN

VS FORM 17-140 (MAR 98) Previous edition may be used.

PART 5 - ISSUING VETERINARIAN

The certificate is authorized by law 21 U.S.C. 112). While you are not required to respond, no health certificate can be validated unless the data requested is provided.

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): Bouvry Exports Hwy #3 East SW17-9-25-W4 Port MacLeod, Alberta

2. CERTIFICATE NO.: L029100

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 07/29/11

5. U.S. PORT OF EMBARKATION (City and State): Sweetgrass, MT

6. STATE CODE: 30

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): Bar S Feedlot, I Benjamin Rd.

8. CONSIGNOR'S CITY (or Town): Shelby

12. CONSIGNOR'S STATE: Montana

13. STATE CODE: 30

14. ZIP CODE: 59474

9. SEMEN (X if yes): [ ]

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [X] 2 - Truck [ ] 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address): Bouvry Exports SW17-9-25-W4 Port MacLeod, Alberta

DESTINATION COUNTRY: Canada

ENTER CODE: CA

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

NEGATIVE TUBERCULIN READING: [ ] 48 HRS [ ] 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

CERTIFIED BRUCELLOSIS FREE AREA

NEGATIVE RESULTS OF OTHER TESTS: DISEASE / TYPE TEST; DISEASE / TYPE TEST; DISEASE / TYPE TEST

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

MODIFIED ACCREDITED AREA (TB)

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

Bar S Feedlot
I Benjamin Road
Shelby, MT 59474

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

27 Head of mixed horses for slaughter only. These horses have been inspected on the above date and found fit for travel. These animals have resided in the United States or Canada since birth as best as can be determined. 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. All horses are identified by an Official USDA Equine Slaughter backtag. During the previous twenty-one (21) days, the animals in this shipment have not been in the States of Texas or New Mexico. Brand Inspection #1260388-1260389.

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
USDI...					Neck Tag #...									
1033 Chestn	A	N	QT		100									
1034 Chestn	A	F	QT		101									
1035 Bay	A	F	QT		104									
1036 Grey	A	N	QT		105									
1037 Bay	A	N	QT		106									
1038 Dun	A	F	QT		109									
1039 Brown	A	F	QT		111									
1040 Chestn	A	F	QT		112									
1041 Red Roan	A	N	QT		113									

These animals were, 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.

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: 7/29/11

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, - please print): C. Hardee Clark, DVM

21. STATUS: [ ] 2 Federal [ ] 1 State [X] 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 27 (Twenty-Seven)

23. Signature of Endorsing Federal Veterinarian

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): Rod Meier DVM

25. SIGNATURE OF ISSUING VETERINARIAN

VS FORM 17-140 (MAR 98) Previous edition may be used.

PART 5 - ISSUING VETERINARIAN

This certificate is authorized by law 21 U.S.C. 112). While you are not required to respond, no health certificate can be validated unless the data requested is provided. FORM APPROVED - OMB NO. 0579-0020 and 0101

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): [redacted] (b)(6)
2. CERTIFICATE NO.: L028482
3. PAGE NO.: 1 OF 3

4. DATE ISSUED: 2-28-11
5. U.S. PORT OF EMBARKATION (City and State): Sweetgrass, MT
6. STATE CODE: 30
7. CONSIGNOR'S STREET ADDRESS (Mailing Address): Inspected @ Billings Live Lawler, IA 52154
8. CONSIGNOR'S CITY (or Town): Billings
12. CONSIGNOR'S STATE: Montana
13. STATE CODE: 30
14. ZIP CODE: 59101

9. SEMEN ("X" if yes): [ ]
10. NO. DOSES OF SEMEN:
11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [X] 2 - Truck [ ] 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address): Cavelle Canada Exports, 3401 53rd Ave, LaCombe, AB, CA
DESTINATION COUNTRY: Canada
ENTER CODE: CA

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

NEGATIVE TUBERCULIN READING: [ ] 48 HRS [ ] 72 HRS
BRUCELLOSIS BLOOD SAMPLE COLLECTED
NEGATIVE RESULTS OF OTHER TESTS: DISEASE / TYPE TEST / DATE

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

MODIFIED ACCREDITED AREA (TB)
CERTIFIED BRUCELLOSIS FREE AREA

17. FARM ORIGIN
Owner's name (Last name, two initials, or business name)
Owner's street address
Owner's city/town, State code (FIPS code on reverse) & zip code

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

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
Billings Livestock	# on Hip											USDA	Tag #	
2443 N Frontage Rd	1026 Gray	20y	F	QH	no marks							USDA	5579	
Billings, MT 59101	1095 Gray	13y	F		no marks								5580	
	1092 Bay	5y	G		no marks								5581	
	1072 Bay	3y	G		star								5582	
	1131 Gray	14y	F		no marks								5583	
	1094 Blue Roan	y	F		RH sock								5584	
PERMANENT EXPORT ONLY!	1062 Red Rn	25y	G	DPT	star								5585	
	1061 Red Rn	20y	G	DPT	star, 4 socks								5586	
	1088 Sor/Wht	3y	F	PNT	blaze, 4 socks								5587	
All animals are identified	1099 Bay	16y	G	QH	star, strip, snip								5588	
with back tags.	1120 Sorrel	7y	G		star, strip, snip, LF/LH/RH socks								5589	
	1086 Bay/Wht	10y	F	PNT	blaze, 4 socks								5590	
	1117 Dun	7y	G	QH	blaze, hind socks								5591	
	1078 Dun	4y	F		star, LH sock								5592	
	1084 Bay	2y	F		strip, snip								5593	
	1110 Dun	3y	F		LH sock								5594	
	1081 Brown	7y	F		star, strip, snip, RF/LH socks								5595	
	1079 Blk/Wht	6y	F	PNT	blaze, RF/RH/LH socks								5596	

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: 3-1-11
20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, - please print): Peila, Jeffrey C
21. STATUS: [ ] 2 Federal [ ] 1 State [X] 3 Accredited
22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): twenty seven (27)

23. Signature of Endorsing Federal Veterinarian: J. Beck DVM
24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): Jim Becker DVM
25. SIGNATURE OF ISSUING VETERINARIAN: Jeffrey Peila

VS FORM 17-140 (MAR 98) Previous edition may be used.

PART 5 - ISSUING VETERINARIAN

The certificate is authorized by law 21 U.S.C. 112). While you are not required to respond, no health certificate can be validated unless the data requested is provided. FORM APPROVED - OMB NO. 0579-0020 and 0101

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): [redacted] (b)(6)
Lawler, IA 52154

2. CERTIFICATE NO.: L028480

3. PAGE NO.: 1 OF 3

4. DATE ISSUED: 2-28-11

5. U.S. PORT OF EMBARKATION (City and State): Sweetgrass, MT

6. STATE CODE: 30

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): Inspected @ Billings Live

8. CONSIGNOR'S CITY (or Town): Billingss

9. SEMEN ("X" if yes): [ ]

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [X] 2 - Truck [ ] 4 - Ocean

12. CONSIGNOR'S STATE: Montana

13. STATE CODE: 30

14. ZIP CODE: 59101

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

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address): Cavelle Canada Exports
3401 53rd Ave,LaComb,AB,CA

DESTINATION COUNTRY: Canada

ENTER CODE: CA

NEGATIVE TUBERCULIN READING: [ ] 48 HRS [ ] 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS: DISEASE / TYPE TEST / DISEASE / TYPE TEST / DISEASE / TYPE TEST

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

MODIFIED ACCREDITED AREA (TB) [ ]

CERTIFIED BRUCELLOSIS FREE AREA [ ]

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

Billings Livestock Comm.
2443 N Frontage Rd
Billings, MT 59101

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	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DATE M	DATE N	DATE O
# on Hip												USDA	Tag #	
474 Bay	19y	F	QH		strip,snip,RF crnt,hd socks							USEW	5551	
1626 Dun	9y	F			strip,snip,ft crnt,hd socks								5552	
1045 Bay	26y	F			RF/LH socks								5553	
1001 Chstnt	20y	G	DRK		star,strip,snip								5554	
1063 Bay	14y	F	QH		no marks								5555	
1033 Gray	15y	G			no marks								5556	
1065 Bay	4y	G			star,hind socks								5557	
1132 Palo	10y	G			blaze, LF/LH socks								5558	
1042 Red Rn	4y	G			star								5559	
1009 Dun	5y	F	APPY		no marks								5560	
1603 Red Rn	14y	F	QH		star,RF/RH/LH socks								5561	
1047 Bay	6y	G			star, hind socks								5562	
1064 Bay	8y	F			no marks								5563	
1040 Sorr	17y	F			blaze,LH sock,RH crnt								5564	
1022 Sorr	6y	F			blaze, LF/LH/RH socks								5565	
1137 Sorr	11y	F			blaze, 4 socks								5566	
1604 Black	10y	F			no marks								5567	
1602 Sorr	12y	F			star,strip,snip,LF/LH socks								5568	

PERMANENT EXPORT ONLY!

All animals are identified with back tags.

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: 3-1-11

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, - please print): Paila, Jeffrey C.

21. STATUS: [ ] 2 Federal [ ] 1 State [X] 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): (twenty eight)28

23. Signature of Endorsing Federal Veterinarian: J. Baker - DVM

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): Jim Baker DVM

25. SIGNATURE OF ISSUING VETERINARIAN: Jeffrey Paila

VS FORM 17-140 (MAR 98) Previous edition may be used.

PART 5 - ISSUING VETERINARIAN

The certificate is authorized by law 21 U.S.C. 112). While you are not required to respond, no health certificate can be validated unless the data requested is provided. FORM APPROVED - OMB NO. 0579-0020 and 0101

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): [redacted] (b)(6)
Lawler, IA 52154

2. CERTIFICATE NO.: L028471

3. PAGE NO.: 1 OF 3

4. DATE ISSUED: 3-28-11

5. U.S. PORT OF EMBARKATION (City and State): Sweetgrass, MT

6. STATE CODE: 30

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): Inspected @ Billings Live

8. CONSIGNOR'S CITY (or Town): Billings

12. CONSIGNOR'S STATE: Montana

13. STATE CODE: 30

14. ZIP CODE: 59101

9. SEMEN ("X" if yes): [ ]

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [X] 2 - Truck [ ] 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address): Cavelle-Canada
3401 53rd Ave, LaComb, AB, CA

DESTINATION COUNTRY: CAnada

ENTER CODE: CA

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

NEGATIVE TUBERCULIN READING: [ ] 48 HRS [ ] 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

CERTIFIED BRUCELLOSIS FREE AREA

NEGATIVE RESULTS OF OTHER TESTS

DISEASE	DISEASE	DISEASE
TYPE TEST	TYPE TEST	TYPE TEST
DATE M	DATE N	DATE O

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

Billings Livestock Commission
2443 N Frontage Rd
Billings, MT 59101

PERMANENT EXPORT ONLY!

All animals are identified with back tags.

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	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DATE M	DATE N	DATE O
~~xxxxxHIP~~												USDA Tag #		
# on HIP														
1076 Sorrel	7y	F	QH	star,strip,snip,LH sock								USGB	5668	
1205 Sorrel	4y	G	QH	blaze, RF/RH socks									5669	
1220 Bay	8y	F	QH	star,strip,snip,RF/LH socks									5670	
1045 Brown	4y	G	MULE	no marks									5671	
1148 Sorrel	25y	G	QH	star,strip,snip,hd socks									5672	
1090 Sorrel	9y	G	QH	hind socks									5673	
1085 Palo	8y	G	QH	snip									5674	
1217 Chstnt	15y	G	QH	star,4 socks									5675	
1070 Brown	3y	F	QH	no marks									5676	
1074 Gray	5y	G	QH	LH sock									5677	
1071 Chstnt	4y	F	QH	star,strip,snip									5678	
1067 Bay	8y	F	ARAB	star,strip,snip									5679	
1132 RedRn	11y	F	QH	no marks									5680	
1100 Sorrel	6y	G	MULE	no marks									5681	
1093 Brown	19y	F	QH	strip									5682	
1001 Bay	15y	F	QH	star									5683	

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: 4-5-11

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, - please print): Peila, Jeffrey C

21. STATUS: [ ] 2 Federal [ ] 1 State [X] 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): twenty nine (29)

23. Signature of Endorsing Federal Veterinarian: DVM

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): Jim Becker DVM

25. SIGNATURE OF ISSUING VETERINARIAN: Jeffrey Peila

VS FORM 17-140 (MAR 98) Previous edition may be used.

PART 5 - ISSUING VETERINARIAN

The certificate is authorized by law (21 U.S.C. 112). While you are not required to respond, no health certificate can be validated unless the data requested is provided. FORM APPROVED - OMB NO. 0579-0020 and 0101 TL

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): Canadian Premium Meats

2. CERTIFICATE NO.: L028462

3. PAGE NO.: 1 OF 3

4. DATE ISSUED: 1-23-11

5. U.S. PORT OF EMBARKATION (City and State): Sweetgrass, MT

6. STATE CODE: 30

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): Inspected @ Billings Live

8. CONSIGNOR'S CITY (or Town): Billings

12. CONSIGNOR'S STATE: Montana

13. STATE CODE: 30

14. ZIP CODE: 59101

9. SEMEN ("X" if yes): [ ]

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [X] 2 - Truck [ ] 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address): Canadian Premium Meats, 3401 53rd Ave, Lacomb, AB, CA

DESTINATION COUNTRY: Canada

ENTER CODE: CA

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

NEGATIVE TUBERCULIN READING: [ ] 48 HRS [ ] 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

CERTIFIED BRUCELLOSIS FREE AREA

NEGATIVE RESULTS OF OTHER TESTS: DISEASE / TYPE TEST: Green Tag

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

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	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DATE M	DATE N	DATE O
Billings Livestock Commission	1336	8	G	QH	Gray							USFK 0606		
2443 N Frontage Rd	1331	10	F	~~PNT~~ QH	Chestnut							0607		
Billings, MT 59101	1302	8	F	PNT	Sor/Wht							0608		
	1319	9	~~F~~ G	~~PNT~~ QH	Bay							0609		
	1938	9	F	QH	Bay							0610		
	1341	8	G	QH	Bay							0611		
	1372	7	F	QH	Bay							0612		
	1373	8	G	PNT	Bay/Wht							0613		
	1366	9	F	Arab	Gray							0614		
PERMANENT EXPORT ONLY!	1392	8	G	QH	Bay							0615		
	1929	8	G	QH	Black							0616		
	1414	10	G	QH	Bay							0617		
	1309	8	F	QH	Palomino							0618		
All animals are identified	1349	7	F	QH	Bay							0619		
with back tags	130	9	F	QH	Bay							0620		
	1431	6	F	QH	Bay							0621		
	1377	8	F	QH	Buckskin							0622		
	1380	12	G	QH	Bay							0623		
	1383	7	G	QH	Bay							0624		

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: 1-25-11

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

21. STATUS: [ ] 2 Federal [ ] 1 State [X] 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): thirty (30)

23. Signature of Endorsing Federal Veterinarian: J Becker DVM

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): Jim Becker DVM

25. SIGNATURE OF ISSUING VETERINARIAN

VS FORM 17-140 (MAR 98) Previous edition may be used.

PART 5 - ISSUING VETERINARIAN

The certificate is authorized by law 21 U.S.C 112). While you are not required to respond, no health certificate can be validated unless the data requested is provided.

FORM APPROVED - OMB NO. 0579-0020 72

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): C & C Horses

2. CERTIFICATE NO: F42043

3. PAGE NO.: 1 OF 3

4. DATE ISSUED: Jan 25, 2011

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

6. STATE CODE: 30

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): 22895 CR 53

8. CONSIGNOR'S CITY (or Town): Kersey

12. CONSIGNOR'S STATE: CO

13. STATE CODE: 08

14. ZIP CODE: 80644

9. SEMEN (Check if yes): ☐

10. NO. DOSES OF SEMEN:

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

16. CONSIGNEES NAME AND STREET ADDRESS (Mailing Address): CavelleCan. Exp. c/oCan Prem Meats
PO Box 442 3401 53rd Ave
Lacombe AB T4L2L6

DESTINATION COUNTRY: Canada

ENTER CODE: CA

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)

TUBERCULIN TEST READING: ☐ 48 HRS. ☐ 72 HRS.

BRUCELLOSIS BLOOD SAMPLE COLLECTED: SOGSCO Lacomb AB T4L2L6

NEGATIVE RESULTS OF OTHER TESTS

DISEASE	DISEASE	DISEASE
TYPE TEST green tag	TYPE TEST	TYPE TEST
DATE M	DATE N	DATE O

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

Johnson Feedlot
Silo Road
Conrad, MT 59425

Permanent export only!

All animals identified with back tags

MODIFIED ACCREDITED AREA (TB) — CERTIFIED BRUCELLOSIS FREE AREA

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	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DATE M	DATE N	DATE O
white tag 79	8	G	QH		gray							USES 6583		
1331	10	F	QH		chestnut							USFK 0607		
1302	8	F	PNT		cor/wht							0608		
1319	9	G	QH		bay							0609		
1938	9	F	QH		bay							0610		
1341	8	G	QH		bay							0611		
1372	7	F	QH		bay							0612		
1373	8	G	PNT		bay/wht							0613		
1366	9	F	ARAB		gray							0614		
1392	8	G	QH		bay							0615		
1929	8	G	QH		black							0616		
1414	10	G	QH		bay							0617		
1309	8	F	QH		palomino							0618		
1349	7	F	QH		bay							0619		
130	9	F	QH		bay							0620		
1431	6	F	QH		bay							0621		
1377	8	F	QH		buckskin							0622		
1380	12	G	QH		bay							0623		

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: 1-26-11

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

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): 30

23. Signature of endorsing federal veterinarian: N. Becker DVM

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): Jim Becker DVM

25. SIGNATURE OF ISSUING VETERINARIAN: Richard Kinyon DVM

VS FORM 17-140 (MAR 98) Previous edition may be used.

This certificate is authorized by law 21 U.SC 112). While you are not required to respond, no health certificate can be validated unless the data requested is provided.

FORM APPROVED - OMB NO. 0579-0020

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): [redacted] (b)(6)
Kersey, CO 80644

2. CERTIFICATE NO: H 04472

3. PAGE NO: 1 OF 3

4. DATE ISSUED	5. U.S. PORT OF EMBARKATION (City and State)	6. STATE CODE	7. CONSIGNOR'S STREET ADDRESS (Mailing Address)	8. CONSIGNOR'S CITY (or Town)
3-20-11	Raymond, MT	30	1209 10th Ave. SE	Sidney

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

13. STATE CODE	14. ZIP CODE
30	59270

ENTER CODE: CA

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)

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

Yellowstone Livestock
1209 10th Ave. SE
Sidney, MT 59270

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

ID NO. OR DESCRIPTION A		AGE B	SEX C	BREED D
USGF....				
3706	Sorrel	2	F	QH
3707	Bay	2	F	QH
3708	BlueRoan	2	F	QH
3709	Bay	2	F	QH
3710	Grey	2	F	QH
3711	Grey	11	F	QH
3712	Black	15	G	TB
3713	Buckskin	10	F	QH
3714	Bay	17	G	QH
3715	Sorrel	12	F	QH
3716	Chestnut	14	F	QH
3717	Sorrel	12	F	QH
3718	Grey	10	G	App
3719	Buckskin	8	F	QH
3720	Sorrel	11	[illegible]	QH
3721	Grey	18	F	QH
3722	Grey	16	G	QH

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

CERTIFICATION BY ISSUING VETERINARIAN

This is to certify that the animals identified above have been inspected by me on the date and found to be free from evidence of communicable disease and exposure as can be determined upon inspection, the provisions of applicable laws or other requirements governing the movement of animals, to the extent applicable to the state shown on the dates indicated. Arrangements have been made for the animals to be accompanied in a transporting vehicle that has been cleaned and disinfected since last used for livestock and for consignee to be notified in advance of arrival. Without signature further endorsement on page 2 covers those meeting State health requirements. The shipment must be accompanied in the port of export with this certificate.

19. DATE ENDORSED: 3-21-11

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, - please print): Schieber Grace D.

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): 31

23. NAME OF ISSUING VETERINARIAN (Signature of issuing veterinarian)

24. NAME OF ACCREDITED VETERINARIAN (Signature of issuing veterinarian)

VS FORM 17-140 (MAR 98) Previous edition may be used.

PART 2 - VS RIVERDALE, MARYLAND

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: H 04471

3. PAGE NO.: 1 OF 3

4. DATE ISSUED: 3-14-11

5. U.S. PORT OF EMBARKATION (City and State): Raymond, MT

6. STATE CODE: 30

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): 1209 10th Ave. SE

8. CONSIGNOR'S CITY (or Town): Sidney

13. STATE CODE: 30

14. ZIP CODE: 59270

9. SEMEN (Check if yes): ☐

10. NO. DOSES OF SEMEN:

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

DESTINATION COUNTRY: Canada

ENTER CODE: CA

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)

If more lines are needed, 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

Yellowstone Livestock
1209 10th Ave. SE
Sidney, MT 59270 (30)

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

ID NO. OR DESCRIPTION A		AGE B	SEX C	BREED D
USDA....				
0667	Sorrel	7	F	QH
0666	Bay	8	G	QH
0654	Grey	2	F	QH
0653	Gruella	2	F	QH
0655	Palomino	14	F	QH
0656	Red Roan	6	F	QH
0657	Bay	7	G	QH
0658	Grey	15	F	QH
0659	Chestnut	10	F	QH
0660	Blk&Wht	5	F	Paint
0661	Brown	15	F	QH
0662	Black	15	G	QH
0663	Blk&Wht	3	F	Paint
0664	Red Roan	2	G	QH
0665	Gruella	2	F	QH
0668	Sorrel	6	F	QH
0669	Dun	10	F	QH

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MAR 1 0 2011
VETERINARY SERVICES
RIVERDALE, MD

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 transported in a conveyance or vehicle that has been cleaned and disinfected since last used for livestock and for movement to the port of exportation without exposure to other animals en route, except those meeting these health requirements. The shipment must be accompanied by the port of export with this certificate.

19. DATE ENDORSED: 3-15-11

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

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): 30

23. NAME OF ENDORSING FEDERAL VETERINARIAN (Optional): Lee, Kenneth C., DVM

24. SIGNATURE OF ISSUING VETERINARIAN

25. SIGNATURE OF ENDORSING FEDERAL VETERINARIAN

VS FORM 17-140 (MAR 98) Previous edition may be used.

PART 2 - VS RIVERDALE, MARYLAND

VETERINARY SERVICES

UNITED STATES ORIGIN HEALTH CERTIFICATE

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

(b)(6)

Kersey, CO 80644

2. CERTIFICATE NO. H 04473

3. PAGE NO. 72 — 1 OF 3

4. DATE ISSUED	5. U.S. PORT OF EMBARKATION (City and State)	6. STATE CODE	7. CONSIGNOR'S STREET ADDRESS (Mailing Address)	8. CONSIGNOR'S CITY (or Town)
3-28-11	Raymond, MT	30	1209 10th Ave. SE	Sidney

9. SEMEN (Check if yes)	10. NO. DOSES OF SEMEN	11. TRANSPORTATION CLASS	12. CONSIGNEE'S NAME	13. STATE CODE	14. ZIP CODE
☐		1 - Rail 3 - Air 2 - Truck 4 - Ocean [2]	[redacted]	30	59270

15. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address)	DESTINATION COUNTRY	ENTER CODE
[redacted]	Canada	CA

15. SPECIES ("X" one - use VS Form 17-6 for Poultry)

☐ 01 BOVINE ☐ 02 PORCINE ☐ 03 OVINE ☐ 04 CAPRINE

☒ 05 EQUINE ☐ 08 OTHER WILDLIFE - MAMMAL

☐ 09 OTHER (Specify)

NEGATIVE TUBERCULIN READING	BRUCELLOSIS BLOOD SAMPLE COLLECTED	NEGATIVE RESULTS OF OTHER TESTS		
☐ 0 days ☐ 72 hrs.		DISEASE	DISEASE	DISEASE
	CERTIFIED BRUCELLOSIS FREE AREA	TYPE TEST	TYPE TEST	TYPE TEST
		DATE M	DATE N	DATE O

(If more than one accredited herd - use VS Form 17-140A)

ACCREDITED ACCREDITED AREA (Y/N)

17. FARM ORIGIN (Owner's name (Last name, two initials, or business name); Owner's street address; Owner's city/town, state code (FIPS code on reverse) & zip code)	18. INDIVIDUAL IDENTIFICATION (Instructions for columns A, B, C & D on reverse) ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	E	DATE F	G	DATE H	I	J	K	L
	USDA....											
Yellowstone Livestock	3737 Bay	3	F	QH								
1209 10th Ave. SE	3738 Sr&Wht	2	F	Paint								
Sidney, MT 59270 (30)	3739 Sorrel	20	G	QH								
	3740 Sorrel	3	G	QH								
	3742 Sr&Wht	4	F	Paint								
	3741 Grulla	2	F	QH								
	3743 Dun	5	F	QH								
	3744 Sorrel	4	F	QH								
	3745 Grulla	3	G	QH								
	3746 Grey	8	F	QH								
	3747 Sr.&Wht	4	F	Paint								
	3748 Sr&Wht	3	F	Paint								
	3749 Palomino	6	F	QH								
	3750 Dun	8	F	QH								
	3801 Sorrel	2	F	QH								
	3802 Brown	18	F	Thoroughbred								
	3803 Buckskin	5	F	QH								

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 disease and, insofar as can be determined anywhere therein, the exposure of which 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 conveyance 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 exportation with this certificate.

19. DATE ENDORSED	20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, please print)	21. STATUS	22. TOTAL NO OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A)
3-29-11	Schieber, Gary L.	☐ 2 Federal ☐ 1 State ☒ 3 Accredited	31

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

SIGNATURE OF ISSUING VETERINARIAN

SIGNATURE OF ENDORSING FEDERAL VETERINARIAN

VS FORM 17-140 (MAR 98) Previous edition may be used.

PART 2 - VS RIVERDALE, MARYLAND

FORM APPROVED - OMB NO. 0579-0020

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)
Kersey, CO 80644

2. CERTIFICATE NO: H 04476

3. PAGE NO.: 1 OF 3

4. DATE ISSUED: 4-11-11

5. U.S. PORT OF EMBARKATION (City and State): Raymond, MT

6. STATE CODE: 30

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): 1209 19th Ave. SE

8. CONSIGNOR'S CITY (or Town): Sidney

9. CONSIGNOR'S STATE: Montana

13. STATE CODE: 30

14. ZIP CODE: 59270

9. SEMEN (Check if yes): ☐

10. NO. DOSES OF SEMEN:

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

12. CONSIGNEE'S NAME AND STREET ADDRESS (Post Office Box not acceptable): Canadian Provincial Health 3101 51st Ave. Lacombe, AB T4L1Z6

DESTINATION COUNTRY: Canada

ENTER CODE: CA

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

NEGATIVE TUBERCULIN TESTING: ☐ 48 hrs. ☐ 72 hrs.

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS: DISEASE / TYPE TEST / DATE

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

MODIFIED ACCREDITED AREA (TB)

CERTIFIED BRUCELLOSIS FREE AREA

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

Yellowstone Livestock
1209 10th Ave. SE
Sidney, MT 59270

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

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z
usGD...																									
0001 Grey	3	F	QH																						
0002 Sorrel	5	G	QH																						
0003 Pal/white	6	G	Paint																						
0004 Sorrel	18	F	QH																						
0005 Bay	15	G	QH																						
0006 Bay	6	G	QH																						
0007 Sorrel	12	F	QH																						
0008 Bay	16	G	QH																						
0009 Brown	14	F	TB																						
0010 Sorrel	8	G	QH																						
0011 Chestnut	10	G	QH																						
0012 Chestnut	12	F	Halfinger																						
0013 Sorrel	15	G	QH																						
0014 bay	4	G	QH																						
0015 Dun	8	G	QH																						
0016 Sorrel	5	G	QH																						
0017 Brown/white	12	F	Paint																						

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 healthy as can be determined upon exam. 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 shipment 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: 4-12-11

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial,- please print): Schieber Gary D.

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): 31

23. Signature of endorsing federal veterinarian: Kenneth C. Lee, DVM

24. NAME OF ENDORSING FEDERAL VET (Type or print clearly): Kenneth C. Lee, DVM

25. SIGNATURE OF ISSUING VETERINARIAN

VS FORM 17-140 (MAR 98) Previous edition may be used.

PART 2 - VS RIVERDALE, MARYLAND

The certificate is authorized by law 21 U.S.C 112). While you are not required to respond, no health certificate can be validated unless the data requested is provided. FORM APPROVED - OMB NO. 0579-0020

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): [redacted] (b)(6)
Kersey, CO 80644

2. CERTIFICATE NO.: H 04474

3. PAGE NO.: 1 OF 3

4. DATE ISSUED: 4-2-11

5. U.S. PORT OF EMBARKATION (City and State): Raymond, MT

6. STATE CODE: 30

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): 1209 10th Ave. SE

8. CONSIGNOR'S CITY (or Town): Sidney

13. STATE CODE: 30

14. ZIP CODE: 59270

9. SEMEN (Check if yes): ☐

10. NO. DOSES OF SEMEN:

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

ENTER CODE: CA

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)

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

Yellowstone Livestock
1209 10th Ave SE
Sidney, MT 59270

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

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D
USGD....			
0101 Grey	18	G	QH
0102 Sorrel	9	F	QH
0103 Sorrel	12	G	QH
0104 Bay	2	F	QH
0105 Palamino	8	F	QH
0106 Black	3	F	QH
0107 Bay/White	7	G	Paint
0108 Dun	2	G	QH
0109 Sorrel	8	F	QH
0110 Palamino	9	F	Paint
0111 Sorrel	10	G	QH
0112 Palamino	8	F	QH
0113 Chestnut	14	G	Paint
0114 Sorrel	12	F	QH
0115 Grey	10	F	Arab
0116 Bay	2	F	QH
0117 Sorrel	8	F	QH

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

CERTIFICATION BY FEDERAL OR STATE VETERINARIAN

This is to certify that the animals identified above were inspected by me on the date endorsed to be free from evidence of communicable diseases and, insofar as can be determined, exposure thereto, the premises of origin are not under quarantine because of animal disease. The animals were all inspected in the place shown on the date endorsed. An inspection form (each page) for the animals listed is attached to this certificate. Animals that have been classified and identified since last inspection, for movement to the part of embarkation without exposure to other animals or other sources of infection, have been inspected by me and are accompanied by the part of export with this certificate.

19. DATE ENDORSED: 4-4-11

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

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): 31

23. NAME OF ENDORSING FEDERAL VET (Type or print if known): Kenneth C. Lee, DVM

24. SIGNATURE OF ISSUING VETERINARIAN

Previous edition may be used.

PART 2 - VS RIVERDALE, MARYLAND

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)
Kersey, CO 80644

2. CERTIFICATE NO: H 04478

3. PAGE NO.: 1 OF 3

4. DATE ISSUED: 4-16-11

5. U.S. PORT OF EMBARKATION (City and State): Raymond, MT

6. STATE CODE: 30

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): 1209 10th Ave. SE

8. CONSIGNOR'S CITY (or Town): Sidney

13. STATE CODE: 30

14. ZIP CODE: 59270

9. SEMEN (Check if yes): [ ]

10. NO. DOSES OF SEMEN:

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

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

DESTINATION COUNTRY: Canada

ENTER CODE: CA

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

Yellowstone Livestock
1209 10th Ave. SE
Sidney, MT 59270

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

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D
USGD....			
0032 Brown	3	F	QH
0033 Bay	4	F	QH
0034 Red;white	14	F	Paint
0035 Brown	8	G	Mule
0036 Bay	19	F	TB
0037 Bay	4	F	QH
0038 Red	7	G	Mule
0039 Bay	6	G	QH
0040 Palamino	16	F	QH
~~0041 Grey~~	~~14~~	~~F~~	~~Arab~~
0042 Black	3	F	TB
0043 Sorrel	6	F	QH
0044 Brown	2	F	QH
0045 Sorrel	8	F	QH
0046 Bay	6	G	QH
0047 Bay	2	F	TB
0048 Red	7	G	Mule

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APR 1 2 2011
VETERINARY SERVICES
BILLINGS, MT

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 disease and insofar as can be determined exposure thereto; that premises of origin are not under Federal or State quarantine because of animal disease; the animals were not exposed to the herd owner on the dates indicated. Arrangements have been made for the animals to be transported in a manner that has been cleaned and disinfected since last used for livestock and on movement to the port of embarkation without exposure to other animals en route, except those meeting State health requirements. The shipment must be accompanied to the port of depart with this certificate.

19. DATE ENDORSED: 4-16-11 Kef 4-18-11

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial - please print): Hovde J.J. M. DVM

21. STATUS: [ ] 2 Federal [ ] 1 State [X] VS Accredited

22. TOTAL NO OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 30

23A. NAME OF ENDORSING FEDERAL VET (Type or print)

23B. SIGNATURE OF ISSUING VETERINARIAN

VS FORM 17-140 (MAR 98) Previous edition may be used.

PART 2 - VS RIVERDALE, MARYLAND

The certificate is authorized by law 21 U.S.C. 112). While you are not required to respond, no health certificate can be validated unless the data requested is provided.

FORM APPROVED - OMB NO. 0579-0020 and 0101

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): Bouvry Exports Hwy #3 East SW17-9-25-W4 Fort MacLeod, Alberta

2. CERTIFICATE NO.: L029084

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 7-13-11

5. U.S. PORT OF EMBARKATION (City and State): Sweetgrass, MT

6. STATE CODE: 30

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): Bar S Feedlot, 1 Benjamin Rd.

8. CONSIGNOR'S CITY (or Town): Shelby

12. CONSIGNOR'S STATE: Montana

13. STATE CODE: 30

14. ZIP CODE: 59474

9. SEMEN ("X" if yes): [ ]

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [X] 2 - Truck [ ] 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address): Bouvry Exports SW17-9-25-W4 Fort MacLeod, Alberta

DESTINATION COUNTRY: Canada

ENTER CODE: CA

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

NEGATIVE TUBERCULIN READING: [ ] 48 HRS [ ] 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

CERTIFIED BRUCELLOSIS FREE AREA

NEGATIVE RESULTS OF OTHER TESTS: DISEASE / TYPE TEST / DATE

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

MODIFIED ACCREDITED AREA (TB)

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

Bar S Feedlot
1 Benjamin Rd
Shelby, MT 59474

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	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE / TYPE TEST / DATE M	DISEASE / TYPE TEST / DATE N	DISEASE / TYPE TEST / DATE O
13 Head of mixed horses for slaughter only. These horses have been inspected on the above date and found fit for travel. These animals have resided in the United States or Canada since birth as best as can be determined. The exporter has been advised that any deterioration in the 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. All horses are identified by an Official USDA Equine Slaughter backtag. During the previous twenty-one (21) days, the animals in this shipment have not been in the States of Texas or New Mexico. Brand Inspection #1260373.														
USGH...					Necktag #...									
0672 Red Roan	A	M	QT		110									
0673 Chestn	A	M	QT		185									
0674 Bay	A	M	QT		821									
0675 Bay	A	M	QT		822									
0676 Chestn	A	M	QT		828									
0677 Red Roan	A	M	QT		831									
0678 Red Roan	A	M	QT		833									
0679 Chestn	A	M	QT		834									
0680 Chestn	A	M	QT		835									

These animals were, 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.

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: 7-14-11

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, - please print): C. Hardee Clark, DVM.

21. STATUS: [ ] 2 Federal [ ] 1 State [X] 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 13 (Thirteen)

23. Signature of Endorsing Federal Veterinarian: A. Becker DVM

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): Jim Becker DVM

25. SIGNATURE OF ISSUING VETERINARIAN

VS FORM 17-140 (MAR 98) Previous edition may be used.

PART 5 - ISSUING VETERINARIAN

This certificate is authorized by law 21 U.S.C. 112). While you are not required to respond, no health certificate can be validated unless the data requested is provided. FORM APPROVED - OMB NO. 0579-0020 and 0101

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): Bouvry Exports Hwy #3 East SW17-9-25-W4 Fort MacLeod, Alberta

2. CERTIFICATE NO.: L029085

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 7-14-11

5. U.S. PORT OF EMBARKATION (City and State): Sweetgrass, MT

6. STATE CODE: 30

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): Bar S Feedlot, 1 Benjamin Rd

8. CONSIGNOR'S CITY (or Town): Shelby

12. CONSIGNOR'S STATE: Montana

13. STATE CODE: 30

14. ZIP CODE: 59474

9. SEMEN ("X" if yes): [ ]

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [X] 2 - Truck [ ] 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address): Bouvry Exports SW17-9-25-W4 Fort MacLeod, Alberta

DESTINATION COUNTRY: Canada

ENTER CODE: CA

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

NEGATIVE TUBERCULIN READING: [ ] 48 HRS [ ] 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

CERTIFIED BRUCELLOSIS FREE AREA

NEGATIVE RESULTS OF OTHER TESTS: DISEASE / TYPE TEST / DATE; DISEASE / TYPE TEST / DATE; DISEASE / TYPE TEST / DATE

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

MODIFIED ACCREDITED AREA (TB)

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

Bar S Feedlot
1 Benjamin Rd
Shelby MT 59474

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

27 Head of mixed horses for slaughter only. These horses have been inspected on the above date and found fit for travel. These animals have resided in the United States or Canada since birth as best as can be determined. 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 fo be refused entry to Canada. All horses are identified by an Official USDA Equine Slaughter backtag. During the previous twenty-one (21) days, The animals in this shipment have not been in the States of Texas or New Mexico. Brand Inspection #1260374.

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
USGH...					Neck Tag #...									
0685 Chestn	A	F	Draft		13									
0686 Grey	A	F	Draft		31									
0687 Brown	A	M	QT		32									
0688 Chestn	A	F	QT		35									
0689 Buckskin	A	F	QT		36									
0690 Brn/Wht	A	F	Paint		37									
0691M Dun	A	F	QT		38									
0692 Dun	A	F	QT		39									
0693 Bay	A	F	QT		40									

These animals were, 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.

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: 7-14-11

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, - please print): C. Hardee Clark, DVM.

21. STATUS: [ ] 2 Federal [ ] 1 State [X] 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 27 (Twenty-Seven)

23. Signature of Endorsing Federal Veterinarian: A. Becker DVM

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): Jim Becker DVM

25. SIGNATURE OF ISSUING VETERINARIAN

VS FORM 17-140 (MAR 98) Previous edition may be used.

PART 5 - ISSUING VETERINARIAN

This certificate is authorized by law (21 U.S.C. 112). While you are not required to respond, no health certificate can be validated unless the data requested is provided. FORM APPROVED - OMB NO. 0579-0020 and 0101

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): Bouvry Exports Bay #3 East SW17-9-25-W4 Fort MacLeod, Alberta

2. CERTIFICATE NO.: L029083

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 07/13/11

5. U.S. PORT OF EMBARKATION (City and State): Sweetgrass, MT

6. STATE CODE: 30

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): Bar S Feedlot, 1 Benjamin Rd.

8. CONSIGNOR'S CITY (or Town): Shelby

12. CONSIGNOR'S STATE: Montana

13. STATE CODE: 30

14. ZIP CODE: 59474

9. SEMEN ("X" if yes): [ ]

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [X] 2 - Truck [ ] 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address): Bouvry Exports SW17-9-25-W4 Fort MacLeod, Alberta

DESTINATION COUNTRY: Canada

ENTER CODE: CA

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

NEGATIVE TUBERCULIN READING: [ ] 48 HRS [ ] 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

CERTIFIED BRUCELLOSIS FREE AREA

NEGATIVE RESULTS OF OTHER TESTS

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

MODIFIED ACCREDITED AREA (TB)

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

Bar S Feedlot
1 Benjamin Road
Shelby, MT 59474

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	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE / TYPE TEST / DATE M	DISEASE / TYPE TEST / DATE N	DISEASE / TYPE TEST / DATE O
13 Head of mixed horses for slaughter only. These horses have been inspected on the above date and found fit for travel. These animals have resided in the United States or Canada since birth as best as can be determined. 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. All horses are identified by an Official USDA Equine Slaughter backtag. During the previous twenty-one (21) days, the animals in this shipment have not been in the States of Texas or New Mexico. Brand Inspection #1260372.													
USGH...					Neck Tag #...								
0659 Grey	A	M	QT		702								
0660 Red Roan	A	M	QT		703								
0661 Red Roan	A	M	QT		705								
0662 Chestn	A	M	QT		721								
0663 Bay	A	M	QT		722								
0664 Bay	A	M	QT		723								
0665 Chestn	A	M	QT		727								
0666 Chestn	A	M	QT		728								
0667 Brn/Wht	A	M	Paint		729								

These animals were, 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.

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: 7-12-11

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, - please print): C. Hardee Clark, DVM

21. STATUS: [ ] 2 Federal [ ] 1 State [X] 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 13 (Thirteen)

23. Signature of Endorsing Federal Veterinarian: DVM

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): Jim Barker DVM

25. SIGNATURE OF ISSUING VETERINARIAN

VS FORM 17-140 (MAR 98) Previous edition may be used.

PART 5 - ISSUING VETERINARIAN

The certificate is authorized by law 21 U.S.C. 112). While you are not required to respond, no health certificate can be validated unless the data requested is provided. FORM APPROVED - OMB NO. 0579-0020 and 0101

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): Bouvry Exports Hwy #3 East SW17-9-25-W4 Fort MacLeod, Alberta

2. CERTIFICATE NO.: L029082

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 07/12/11

5. U.S. PORT OF EMBARKATION (City and State): Sweetgrass, MT

6. STATE CODE: 30

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): Bar S Feedlot, 1 Benjamin Rd.

8. CONSIGNOR'S CITY (or Town): Shelby

12. CONSIGNOR'S STATE: Montana

13. STATE CODE: 30

14. ZIP CODE: 59474

9. SEMEN ("X" if yes): [ ]

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [X] 2 - Truck [ ] 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address): Bouvry Exports SW17-9-25-W4 Fort MacLeod, Alberta

DESTINATION COUNTRY: Canada

ENTER CODE: CA

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

NEGATIVE TUBERCULIN READING: [ ] 48 HRS [ ] 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

CERTIFIED BRUCELLOSIS FREE AREA

NEGATIVE RESULTS OF OTHER TESTS: DISEASE / TYPE TEST / DATE

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

MODIFIED ACCREDITED AREA (TB)

17. FARM ORIGIN
Owner's name (Last name, two initials, or business name)
Owner's street address
Owner's city/town, State code (FIPS code on reverse) & zip code

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

13 Head of mixed horses for slaughter only. These horses have been inspected on the above date and found fit for travel. These animals have resided in the United States or Canada since birth as best as can be determined. 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. All horses are identified by an Official USDA Equine Slaughter backtag. During the previous twenty-one (21) days, the animals in this shipment have not been in the States of Texas or New Mexico. Brand Inspection #1260371.

Bar S Feedlot
1 Benjamin Road
Shelby, MT 59474

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
USCH...					Neck Tag #...									
0646 Brn/Wht	A	M	Paint		780									
0647 Wht/Brn	A	M	Paint		781									
0648 Wht/Brn	A	M	Paint		783									
0649 Chestn	A	M	QT		784									
0650 Bay	A	M	QT		785									
0651 Grey	A	M	QT		786									
0652 Red Roan	A	M	QT		787									
0653 Brown	A	M	Pony		788									
0654 Chestn	A	M	Pony		789									

These animals were, 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.

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: 7-12-11

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, - please print): C. Hardee Clark, DVM

21. STATUS: [ ] 2 Federal [ ] 1 State [X] 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 13 (Thirteen)

23. Signature of Endorsing Federal Veterinarian: DVM

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): Jim Baker DVM

25. SIGNATURE OF ISSUING VETERINARIAN

VS FORM 17-140 (MAR 98) Previous edition may be used.

PART 5 - ISSUING VETERINARIAN

The certificate is authorized by law 21 U.S.C. 112). While you are not required to respond, no health certificate can be validated unless the data requested is provided. FORM APPROVED - OMB NO. 0579-0020 and 0101

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): Bouvry Exports Hwy #3 East SW17-9-25-W4 Fort MacLeod, Alberta

2. CERTIFICATE NO.: L029081

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 07/12/11

5. U.S. PORT OF EMBARKATION (City and State): Sweetgrass, MT

6. STATE CODE: 30

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): Bar S Feedlot, 1 Benjamin Rd.

8. CONSIGNOR'S CITY (or Town): Shelby

12. CONSIGNOR'S STATE: Montana

13. STATE CODE: 30

14. ZIP CODE: 59474

9. SEMEN ("X" if yes): [ ]

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [X] 2 - Truck [ ] 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address): Bouvry Exports SW17-9-25-W4 Fort MacLeod, Alberta

DESTINATION COUNTRY: Canada

ENTER CODE: CA

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

NEGATIVE TUBERCULIN READING: [ ] 48 HRS [ ] 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS: DISEASE / TYPE TEST / DATE

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

Bar S Feedlot
1 Benjamin Road
Shelby, MT 59474

These animals were, 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.

MODIFIED ACCREDITED AREA (TB)

CERTIFIED BRUCELLOSIS FREE AREA

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

27 Head of mixed horses for slaughter only. These horses have been inspected on the above date and found fit for travel. These animals have resided in the United States or Canada since birth as best as can be determined. The exporter has been advised that any deterioration in health orphysical condition of the animals that may render animals unfit for transport may result in the shipment to be refused entry to Canadd. All horses are identified by an Official USDA Equine Slaughter backtag. During the previous twenty-one (21) days, the animals in this shipment have not been in the States of Texas or New Mexico. Brand Inspection #1260370.

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	DISEASE / TYPE TEST / DATE M	DISEASE / TYPE TEST / DATE N	DISEASE / TYPE TEST / DATE O
USGH...					Neck Tag f...									
0619 Bay	A	M	QT		97									
0620 Chestn	A	F	Pony		98									
0621 Chestn	A	N	QT		100									
0622 Buck	A	F	QT		101									
0623 Wht/Brn	A	N	Appy		102									
0624 Red Roan	A	N	QT		103									
0625 Bay	A	N	QT		104									
0626 Chestn	A	N	QT		105									
0627 Brown	A	F	QT		106									

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: 7-12-11

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, - please print): C. Bardee Clark, DVM

21. STATUS: [ ] 2 Federal [ ] 1 State [X] 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 27 (Twenty-Seven)

23. Signature of Endorsing Federal Veterinarian: DVM

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): Jim Baker DVM

25. SIGNATURE OF ISSUING VETERINARIAN

VS FORM 17-140 (MAR 98) Previous edition may be used.

PART 5 - ISSUING VETERINARIAN

The certificate is authorized by law 21 U.S.C. 112). While you are not required to respond, no health certificate can be validated unless the data requested is provided. FORM APPROVED - OMB NO. 0579-0020 and 0101

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): Bouvry Exports Hwy #3 East SW19-9-25-W4 Fort MacLeod, Alberta

2. CERTIFICATE NO.: L029080 72

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 07/11/11

5. U.S. PORT OF EMBARKATION (City and State): Sweetgrass, MT

6. STATE CODE: 30

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): Bar S. Feedlot, 1 Benjamin Rd.

8. CONSIGNOR'S CITY (or Town): Shelby

12. CONSIGNOR'S STATE: Montana

13. STATE CODE: 30

14. ZIP CODE: 59474

9. SEMEN ("X" if yes): [ ]

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [X] 2 - Truck [ ] 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address): Bouvry Exports SW17-9-25-W4 Fort MacLeod, Alberta

DESTINATION COUNTRY: Canada

ENTER CODE: CA

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

NEGATIVE TUBERCULIN READING: [ ] 48 HRS [ ] 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS: DISEASE / TYPE TEST / DISEASE / TYPE TEST / DISEASE / TYPE TEST

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

MODIFIED ACCREDITED AREA (TB)

CERTIFIED BRUCELLOSIS FREE AREA

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

Bar S Feedlot
1 Benjamin Road
Shelby, MT 59474

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	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DATE M	DATE N	DATE O
27 Head of mixed horses for slaughter only. These horses have been inspected on the above date and found fit for travel. These animals have resided in the United States or Canada since birth as best as can be determined. The expotter 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. All horses are identified by an Official USDA Equine Slaughter backtag. During the previous twenty-one (21) days, the animals in this shipment have not been in the States of Texas or New Mexico. Brand Inspection #1260369														
USGH...					Neck Tag #...									
0592 Dun	A	F	QT		600									
0593 BRoan	A	N	QT		26									
0594 Chestn	A	F	QT		529									
0595 Brn/Wht	A	N	Paint		17									
0596 Chestn	A	N	QT		14									
0597 Bay	A	F	QT		11									
0598 Blk	A	N	QT		19									
0599 Bay	A	F	QT		4									
0600 Bay	A	N	QT		3									

These animals were, 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.

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: 7-11-11

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, - please print): C. Hardee Clark, DVM

21. STATUS: [ ] 2 Federal [ ] 1 State [X] 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 27 (Twenty-seven)

23. Signature of Endorsing Federal Veterinarian: J. Barker DVM

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): J. Barker DVM

25. SIGNATURE OF ISSUING VETERINARIAN

VS FORM 17-140 (MAR 98) Previous edition may be used.

PART 5 - ISSUING VETERINARIAN

The collection is authorized by law 21 U.S.C. 112). While you are not required to respond, no health certificate can be validated unless the data requested is provided. FORM APPROVED - OMB NO. 0579-0020 and 0101

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): Bouvry Exports Hwy #3 East SW17-9-25-W4 Fort MacLeod, Alberta

2. CERTIFICATE NO.: L029079 (72)

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 07/08/11

5. U.S. PORT OF EMBARKATION (City and State): Sweetgrass, MT

6. STATE CODE: 30

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): Bar S Feedlot, 1 Benjamin Rd.

8. CONSIGNOR'S CITY (or Town): Shelby

12. CONSIGNOR'S STATE: Montana

13. STATE CODE: 30

14. ZIP CODE: 59474

9. SEMEN ("X" if yes): ☐

10. NO. DOSES OF SEMEN:

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

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address): Bouvry Exports SW17-9-25-W4 Fort MacLeod, Alberta

DESTINATION COUNTRY: Canada

ENTER CODE: CA

15. SPECIES ("X" one - use VS Form 17-6 for Poultry): ☐ 01 BOVINE ☐ 02 PORCINE ☐ 03 OVINE ☐ 04 CAPRINE ☒ 05 EQUINE ☐ 06 OTHER WILDLIFE - MAMMAL ☐ 09 OTHER (Specify)

NEGATIVE TUBERCULIN READING: ☐ 48 HRS ☐ 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS: DISEASE / TYPE TEST / DATE

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

MODIFIED ACCREDITED AREA (TB)

CERTIFIED BRUCELLOSIS FREE AREA

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

Bar S Feedlot
1 Benjamin Road
Shelby, MT 59474

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

13 Head of mixed horses for slaughter only. These horses have been inspected on the above date and found fit for travel. These animals have resided in the United States or Canada since birth as best as can be determined. 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. All horses are identified by an Official USDA Equine Slaughter backtag. During the previous twenty-one (21) days, the animals in this shipment have not been in the States of Texas or New Mexico. Brand Inspection #1260368.

These animals were, 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.

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
USCH...					Neck Tag #...									
0552 Bay	A	M	QT		735									
0553 White	A	M	QT		736									
0554 Red Roan	A	M	QT		737									
0555 Bay	A	M	RT		734									
0556 Chestn	A	M	Draft		733									
0557 Red Roan	A	M	QT		738									
0558 Bay	A	M	QT		740									
0559 Chestn	A	M	QT		741									
0560 Brn/Wht	A	M	Appy		742									

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

APPROVED

23. Signature of Endorsing Federal Veterinarian

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: 7-8-11

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial,- please print): C. Hardee Clark, DVM

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): 13 (Thirteen)

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

25. SIGNATURE OF ISSUING VETERINARIAN

VS FORM 17-140 (MAR 98) Previous edition may be used.

PART 5 - ISSUING VETERINARIAN

The certificate is authorized by law 21 U.S.C. 112). While you are not required to respond, no health certificate can be validated unless the data requested is provided. FORM APPROVED - OMB NO. 0579-0020 and 0101

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): Bouvry Exports Hwy #3 East SW17-9-25-W4 Fort MacLeod, Alberta

2. CERTIFICATE NO.: L029078

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 7-7-11 Initial

5. U.S. PORT OF EMBARKATION (City and State): Sweetgrass, MT

6. STATE CODE: 30

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): Bar S Feedlot, 1 Benjamin Rd

8. CONSIGNOR'S CITY (or Town): Shelby

12. CONSIGNOR'S STATE: Montana

13. STATE CODE: 30

14. ZIP CODE: 59474

9. SEMEN ("X" if yes): [ ]

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [XX] 2 - Truck [ ] 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address): Bouvry Exports SW17-9-25-W4 Fort MacLeod, Alberta

DESTINATION COUNTRY: Canada

ENTER CODE: CA

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

NEGATIVE TUBERCULIN READING: [ ] 48 HRS [ ] 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

CERTIFIED BRUCELLOSIS FREE AREA

NEGATIVE RESULTS OF OTHER TESTS

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

MODIFIED ACCREDITED AREA (TB)

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

Bar S Feedlot
1 Benjamin Rd
Shelby, MT 59474

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

27 Head of mixed horses for slaughter only. These horses have been inspected on the above date and found fit for travel. These animals have resided in the United States or Canada since birth as best as can be determined. 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. All horses are identified by an Official USDA Equine Slaughter backtag. During the previous twenty-one (21) days, the animals in this shipment have not been in the States of Texas or New Mexico. Brand Inspection #1260367.

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	DISEASE / TYPE TEST / DATE M	DISEASE / TYPE TEST / DATE N	DISEASE / TYPE TEST / DATE O
USGH...					Neck Tag. #...									
0565 Chestn	A	N	QT		969									
0566 Grey	A	F	QT		941									
0567 Pal	A	F	QT		948									
0568 Red/Wht	A	F	Paint		953									
0569 Chestn	A	F	QT		68									
0570 Grey	A	F	QT		12									
0571 Pal	A	N	QT		994									
0572 Red/Wht	A	F	Paint		927									
0573 Dun	A	F	QT		928									

These animals were, 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.

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

APPROVED

23. Signature of Endorsing Federal Veterinarian: Kenneth C. Lawson

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: 7-8-11

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, - please print): C. Hardee Clark, DVM.

21. STATUS: [ ] 2 Federal [ ] 1 State [X] 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 27 (Twenty-Seven)

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): Kenneth C. Lawson

25. SIGNATURE OF ISSUING VETERINARIAN

VS FORM 17-140 (MAR 98) Previous edition may be used.

PART 5 - ISSUING VETERINARIAN

The certificate is authorized by law 21 U.S.C. 112). While you are not required to respond, no health certificate can be validated unless the data requested is provided. FORM APPROVED - OMB NO. 0579-0020 and 0101

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): Bouvry Exports Hwy #3 East SW17-9-25-W4 Fort MacLeod, Alberta

2. CERTIFICATE NO.: R L029077

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 07-07-11

5. U.S. PORT OF EMBARKATION (City and State): Sweetgrass, MT

6. STATE CODE: 30

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): Bar S Feedlot, 1 Benjamin Rd

8. CONSIGNOR'S CITY (or Town): Shelby

12. CONSIGNOR'S STATE: Montana

13. STATE CODE: 30

14. ZIP CODE: 59474

9. SEMEN ("X" if yes): [ ]

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [X] 2 - Truck [ ] 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address): Bouvry Exports SW17-9-25-W4 Fort MacLeod, Alberta

DESTINATION COUNTRY: Canada

ENTER CODE: CA

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

NEGATIVE TUBERCULIN READING: [ ] 48 HRS [ ] 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

CERTIFIED BRUCELLOSIS FREE AREA

NEGATIVE RESULTS OF OTHER TESTS

DISEASE	DISEASE	DISEASE
TYPE TEST	TYPE TEST	TYPE TEST

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

MODIFIED ACCREDITED AREA (TB)

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

Bar S Feedlot
1 Benjamin Rd
Shelby, MT 59474

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

13 Head of mixed horses for slaughter only. These horses have been inspected on the above date and found fit for travel. These animals have resided in the United States or Canada since birth as best as can be determined. The exporter has been advised that any deterioration in the 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. All horses are identified by an Official USDA Equine Slaughter backtag. During the previous twenty-one (21) days, the animals in this shipment have not been in the States of Texas or New Mexico. Brand Inspection #1260366.

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
USGH...					Neck Tag #...									
0539 Blk/Wht	A	M	Paint		93									
0540 Red Roan	A	M	QT		94									
0541 Blue Roan	A	M	QT		121									
0542 Chestn	A	M	QT		702									
0543 Bay	A	M	QT		703									
0544 Red Roan	A	M	QT		705									
0545 Gray/Wht	A	M	QT Paint		721									
0546 Brown	A	M	QT		722									
0547 Bay	A	M	QT		723									

These animals were, 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.

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

APPROVED

23. Signature of Endorsing Federal Veterinarian

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: 7-7-11

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, - please print): C. Hardee Clark, DVM

21. STATUS: [ ] 2 Federal [ ] 1 State [X] 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 13 (Thirteen)

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): Kenneth C. Lawson

25. SIGNATURE OF ISSUING VETERINARIAN

VS FORM 17-140 (MAR 98) Previous edition may be used.

PART 5 - ISSUING VETERINARIAN

The certificate is authorized by law 21 U.S.C. 112). While you are not required to respond, no health certificate can be validated unless the data requested is provided. FORM APPROVED - OMB NO. 0579-

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): Bouvry Exports Hwy #3 East SW17-9-25-W4 Fort MacLeod, Alberta

2. CERTIFICATE NO.: L028612 1 of

4. DATE ISSUED: 1/6/10

5. U.S. PORT OF EMBARKATION (City and State): Sweetgrass, MT

6. STATE CODE: 30

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): Bar S Feedlot, 1 Benjamin Rd.

8. CONSIGNOR'S CITY (or Town): Shelby

12. CONSIGNOR'S STATE: Montana

13. STATE CODE: 30

14. ZIP CODE: 59474

9. SEMEN ("X" if yes): [ ]

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [X] 2 - Truck [ ] 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address): Bouvry Exports SW17-9-25-W4 Fort MacLeod, Alberta

DESTINATION COUNTRY: Canada

ENTER CODE: CA

15. SPECIES ("X" one - use VS Form 17-6 for Poultry): [ ] 01 BOVINE [ ] 02 PORCINE [ ] 03 OVINE [ ] 04 CAPRINE [X] 05 EQUINE [ ] 06 OTHER WILDLIFE - MAMMAL [ ] 08 OTHER (Specify)

NEGATIVE TUBERCULIN READING: [ ] 48 HRS [ ] 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS: DISEASE / TYPE TEST; DISEASE / TYPE TEST; DISEASE / TYPE TEST

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

MODIFIED ACCREDITED AREA (TB)

CERTIFIED BRUCELLOSIS FREE AREA

17. FARM ORIGIN (Owner's name (last name, first name, or business name))

18. INDIVIDUAL IDENTIFICATION (Instructions to complete A, B, C & D on reverse)

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	E	DATE F	G	DATE H	VAC. I	1/28 J	1/60 K	1/(60) L	DATE M	DATE N	DATE O
8885 Blue Roan	A	F	QT		33									
8886 Blue Roan	A	F	QT		34									
8887 Red Roan	A	F	QT		35									
8888 Grey	A	F	QT		36									
8889 Cheats	A	F	QT		37									
8890 Cheats	A	F	QT		38									
8891 Cheats	A	F	QT		39									
8892 Cheats	A	F	QT		40									
8893 Bay	A	F	QT		41									

These animals were, to the best of the knowledge and belief of the issuing veterinarian, free of any communicable disease within 60 days preceding the date of inspection.

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: 1-6-11

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial - please print): C. Hardee Clark, DVM

21. STATUS: [ ] 2 Federal [ ] 1 State [X] 3 Accredited

22. TOTAL NO. OF ANIMALS (Consist for export or donated series) (Include nos. from all attached VS Forms 17-140A): 26 (Twenty-

23. Signature of Endorsing Federal Veterinarian: J. Becker DVM

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): Jim Becker DVM

25. SIGNATURE OF ISSUING VETERINARIAN

VS FORM 17-140 (MAR 98) Previous edition may be used.

PART 6 - ISSUING VETERINARIAN

This information is authorized by law (21 U.S.C. 112). While you are not required to respond, no health certificate can be validated unless the data requested is provided. FORM APPROVED - OMB NO. 0579-0020 and 0101

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): Bouvry Exports Hwy #3 East SW17-9-25-W4 Fort MacLeod, Alberta

2. CERTIFICATE NO.: L028613

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 01/06/11

5. U.S. PORT OF EMBARKATION (City and State): Sweetgrass, MT

6. STATE CODE: 30

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): Bar S Feedlot, 1 Benjamin Rd.

8. CONSIGNOR'S CITY (or Town): Shelby

12. CONSIGNOR'S STATE: Montana

13. STATE CODE: 30

14. ZIP CODE: 59474

9. SEMEN ("X" if yes): [ ]

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [X] 2 - Truck [ ] 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address): Bouvry exports SW17-9-25-W4 Fort MacLeod, Alberta

DESTINATION COUNTRY: Canada

ENTER CODE: CA

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

NEGATIVE TUBERCULIN READING: [ ] 48 HRS [ ] 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

CERTIFIED BRUCELLOSIS FREE AREA

NEGATIVE RESULTS OF OTHER TESTS: DISEASE / TYPE TEST / DATE

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

MODIFIED ACCREDITED AREA (TB)

17. FARM ORIGIN
Owner's name (Last name, two initials, or business name)
Owner's street address
Owner's city/town, State code (FIPS code on reverse) & zip code

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

26 Head of mixed horses for slaughter only. These horses have been inspected on the above date and found fit for travel. These animals have resided in the United States or Canada since birth as best as can be determined. 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. All horses are identified by an Official USDA Equine Slaughter backtag. During the previous twenty-one (21) days, the animals in this shipment have not been in the States of Texas or New Mexico. Brand Inspection #1260174.

Bar S Feedlot
1 Benjamin Road
Shelby, MT 59474

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
USGC...					Neck Tag #...									
8911 Red/Wht	A	N	Paint		96									
8912 Pal	A	F	QT		97									
8913 Brn/Wht	A	N	Paint		98									
8914 Chestn	A	F	QT		99									
8915 Buck	A	N	QT		101									
8916 BlueRoan	A	N	QT		102									
8917 Chestn	A	F	QT		103									
8918 Bay	A	F	QT		104									
8919 Bay	A	N	QT		105									

These animals were, 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.

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: 1-6-11

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, - please print): C. Hardee Clark, DVM

21. STATUS: [ ] 2 Federal [ ] 1 State [X] 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 26 (Twenty-Six)

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

25. SIGNATURE OF ISSUING VETERINARIAN

The collection is authorized by law 21 U.S.C. 112. While you are not required to respond, no health certificate can be validated unless the data requested is provided. FORM APPROVED - OMB NO. 0579-0020 and 0101

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): Bouvry Exports Hwy #3 East SW17-9-25-W4 Fort MacLeod, Alberta

2. CERTIFICATE NO.: L028610

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 1/5/10

5. U.S. PORT OF EMBARKATION (City and State): Sweetgrass, MT

6. STATE CODE: 30

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): Bar S Feedlot, 1 Benjamin Rd.

8. CONSIGNOR'S CITY (or Town): Shelby

12. CONSIGNOR'S STATE: Montana

13. STATE CODE: 30

14. ZIP CODE: 59474

9. SEMEN ("X" if yes): [ ]

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [X] 2 - Truck [ ] 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address): Bouvry Exports SW17-9-25-W4 Fort MacLeod, Alberta

DESTINATION COUNTRY: Canada

ENTER CODE: CA

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

NEGATIVE TUBERCULIN READING: [ ] 48 HRS [ ] 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS: DISEASE / TYPE TEST / DATE

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

Bar S Feedlot
1 Benjamin Road
Shelby, MT 59474

MODIFIED ACCREDITED AREA (TB)

CERTIFIED BRUCELLOSIS FREE AREA

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	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DATE M	DATE N	DATE O
28 Head of mixed horses for slaughter only. These horses have been inspected on the above date and found fit for travel. These animals have resided in the United States or Canada since birth as best as can be determined. 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. All horses are identified by an Official USDA Equine Slaughter backtag. During the previous twenty-one (21) days, the animals in this shipment have not been in the States of Texas or New Mexico. Brand Inspection #1260171.														
USGC...					Neck Tag #...									
8829 Grey	A	M	QT		2									
8830 Brn/Wht	A	F	Paint		3									
8831 Bay	A	F	QT		4									
8832 Chestn	A	M	QT		5									
8833 Brn/Wht	A	F	Paint		6									
8834 Brn/Wht	A	F	Paint		7									
8835 Bay	A	F	QT		8									
8836 Bay	A	M	QT		9									
8837 Brn/Wht	A	F	Paint		10									

These animals were, 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.

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: 1-5-11

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, - please print): C. Hardan Clark, DVM

21. STATUS: [ ] 2 Federal [ ] 1 State [X] 3 Accredited

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

23. NAME OF ENDORSING FEDERAL VET (Type print or name)

24. SIGNATURE OF ISSUING VETERINARIAN

25. (Signature-Right)

[illegible] required to respond, no health certificate can be validated unless the data requested is provided. FORM APPROVED - OMB NO. 0579-0020 and 0101

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): Bouvry Exports Hwy #3 East SW17-9-25-W4 Fort MacLeod, Alberta

2. CERTIFICATE NO.: L028611

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 1/05/11

5. U.S. PORT OF EMBARKATION (City and State): Sweetgrass, MT

6. STATE CODE: 30

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): Bar S Feedlot, 1 Benjamin Dr.

8. CONSIGNOR'S CITY (or Town): Shelby

12. CONSIGNOR'S STATE: Montana

13. STATE CODE: 30

14. ZIP CODE: 59474

9. SEMEN ("X" if yes): [ ]

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [X] 2 - Truck [ ] 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address): Bouvry Exports SW17-9-25-W4 Fort MacLeod, Alberta

DESTINATION COUNTRY: Canada

ENTER CODE: CA

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

NEGATIVE TUBERCULIN READING: [ ] 48 HRS [ ] 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

CERTIFIED BRUCELLOSIS FREE AREA

NEGATIVE RESULTS OF OTHER TESTS: DISEASE / TYPE TEST / DISEASE / TYPE TEST / DISEASE / TYPE TEST

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

MODIFIED ACCREDITED AREA (TB)

17. FARM ORIGIN
Owner's name (Last name, two initials, or business name)
Owner's street address
Owner's city/town, State code (FIPS code on reverse) & zip code

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

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
28 Head of mixed horses for slaughter only. These horses have been inspected on the above date and found fit for travel. These animals have resided in the United States or Canada since birth as best as can be determined. 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. All horses are identified by an Official USDA Equine Slaughter backtag. During the previous twenty-one (21) days, the animals in this shipment have not been in the States of Texas or New Mexico. Brand Inspection #1260172.														
USGC...					Neck Tag #...									
8857 Black	A	F	QT		182									
8858 Bay	A	N	QT		183									
8859 Chestn	A	F	QT		184									
8860 Bay	A	F	QT		185									
8861 Brn/Wht	A	N	Paint		186									
8862 Bay	A	F	QT		187									
8863 Brn/Wht	A	F	Paint		188									
8864 Bay	A	F	QT		189									
8865 Chestn	A	N	QT		190									

Bar S Feedlot
1 Benjamin Road
Shelby, MT 59474

These animals were, 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.

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: 1-5-11

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, - please print): C. Hardee Clark, DVM

21. STATUS: [ ] 2 Federal [ ] 1 State [X] 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 28 (Twenty-Eight)

23. Signature of Endorsing Federal Veterinarian: DVM

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

25. SIGNATURE OF ISSUING VETERINARIAN

VS FORM 17-140 (MAR 98) Previous edition may be used.

PART 5 - ISSUING VETERINARIAN

This certificate is authorized by law 21 U.S.C. 112). While you are not required to respond, no health certificate can be validated unless the data requested is provided. FORM APPROVED - OMB NO. 0579-0020 and 0101 TL

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): Bouvry Exports Hay #3 East SW17-9-25-W4 Fort MacLeod, Alberta

2. CERTIFICATE NO.: L028608

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 12/30/10 TL

5. U.S. PORT OF EMBARKATION (City and State): Sweetgrass, MT

6. STATE CODE: 30

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): Bar S Feedlot, 1 Benjamin Rd.

8. CONSIGNOR'S CITY (or Town): Shelby

12. CONSIGNOR'S STATE: Montana

13. STATE CODE: 30

14. ZIP CODE: 59474

9. SEMEN ("X" if yes): [ ]

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [X] 2 - Truck [ ] 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address): Bouvry Exports SW17-9-25-W4 Fort MacLeod, Alberta

DESTINATION COUNTRY: Canada

ENTER CODE: CA

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

NEGATIVE TUBERCULIN READING: [ ] 48 HRS [ ] 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS: DISEASE / TYPE TEST / DISEASE / TYPE TEST / DISEASE / TYPE TEST

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

MODIFIED ACCREDITED AREA (TB)

CERTIFIED BRUCELLOSIS FREE AREA

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

Bar S Feedlot
1 Benjamin Road
Shelby, MT 59474

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

30 Head of mixed horses for slaughter only. These horses have been inspected on the above date and found fit for travel. These animals have resided in the United States or Canada since birth as best as can be determined. 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. All horses are identified by an Official USDA Equine Slaughter backtag. During the previous twenty-one (21) days, the animals in this shipment have not been in the States of Texas or New Mexico. Brand Inspection #1260169

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
USGC...					Neck Tag #...									
8771 Black	A	F	QT		15									
8772 Black	A	F	QT		20									
8773 Dunn	A	F	QT		18									
8774 Bay	A	N	QT		2									
8775 Dunn	A	F	QT		21									
8776 Bay	A	F	QT		1									
8777 Bay	A	F	QT		22									
8778 Pal	A	F	QT		5									
8779 Bay	A	F	QT		3									

These animals were, 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.

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: 1-4-11

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, - please print): C. Hardee Clark, DVM

21. STATUS: [ ] 2 Federal [ ] 1 State [X] 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 30 (Thirty)

23. Signature of Endorsing Federal Veterinarian

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

25. SIGNATURE OF ISSUING VETERINARIAN

VS FORM 17-140 (MAR 90) Previous edition may be used.

PART 2 - ISSUING VETERINARIAN

This certificate is authorized by law 21 U.S.C. 112). While you are not required to respond, no health certificate can be validated unless the data requested is provided.

FORM APPROVED - OMB NO. 0579-0020 and 0101

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): Bouvry Exports Bay #3 East SW17-9-25-W4 Fort MacLeod, Alberta

2. CERTIFICATE NO.: L028614

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 1/7/11

5. U.S. PORT OF EMBARKATION (City and State): Sweetgrass, MT

6. STATE CODE: 30

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): Bar S Feedlot, 1 Benjamin Rd.

8. CONSIGNOR'S CITY (or Town): Shelby

12. CONSIGNOR'S STATE: Montana

13. STATE CODE: 30

14. ZIP CODE: 59474

9. SEMEN ("X" if yes): [ ]

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [X] 2 - Truck [ ] 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address): Bouvry Exports SW17-9-25-W4 Fort MacLeod, Alberta

DESTINATION COUNTRY: Canada

ENTER CODE: CA

15. SPECIES ("X" one - use VS Form 17-8 for Poultry): [ ] 01 BOVINE [ ] 02 PORCINE [ ] 03 OVINE [ ] 04 CAPRINE [X] 05 EQUINE [ ] 08 OTHER WILDLIFE - MAMMAL [ ] 09 OTHER (Specify)

NEGATIVE TUBERCULIN READING: [ ] 48 HRS [ ] 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

CERTIFIED BRUCELLOSIS FREE AREA

NEGATIVE RESULTS OF OTHER TESTS

DISEASE	DISEASE	DISEASE
TYPE TEST	TYPE TEST	TYPE TEST
DATE M	DATE N	DATE O

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

17. FARM ORIGIN: Owner's name (Last name, first name, or business name); Owner's street address; Owner's city, town, or rural route (R.R.) with zip code in each (A) & (B)

MODIFIED ACCREDITED AREA (TB)

18. INDIVIDUAL IDENTIFICATION (Breed symbols in columns A & C. Use reverse)

TATTOO OR DESCRIPTION A	AGE B	SEX C	BREED C	DATE G	DATE H	VAC.	1/25 J	1/50 K	1/100 L	DATE M	DATE N	DATE O
23 head of mixed horses for slaughter only. These horses have been inspected on the above date and found fit for travel. These animals have resided in the United States for Canada above. Marks on hoof of some be decreased. The exporter has been advised that not determination of 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. All horses are identified by an official USDA Equine Slaughter tagging. During the previous twenty-one (21) days, the animals in this shipment have not been in the presence of horses of lesser status. Herd inspection #1220175.												
Tattoo				Back Tag Issue								
8937 Brown	A	F	QT	153								
8938 Pal	A	F	QT	154								
8939 Cheats	A	F	QT	155								
8940 Gray	A	M	QT	307								
8941 Bay	A	F	Mule	156								
8942 Cheats	A	F	QT	157								
8943 Cheats	A	F	QT	158								
8944 Pal	A	F	QT	159								
8945 Bay	A	F	QT	160								

These animals were, to the best of my knowledge and belief of the issuing veterinarian, not exposed to any communicable disease within 60 days preceding the date of inspection.

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: 1-7-11

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, - please print): C. Hardee Clark, DVM

21. STATUS: [ ] 2 Federal [ ] 1 State [X] 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 27 (Twenty-Seven)

23. Signature of Endorsing Federal Veterinarian: J. Baker DVM

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): Jim Baker DVM

25. SIGNATURE OF ISSUING VETERINARIAN

VS FORM 17-140 (MAR 98) Previous edition may be used.

PART 5 - ISSUING VETERINARIAN

...mandated by law (21 U.S.C. 112). While you are not required to respond, no health certificate can be validated unless the data requested is provided. FORM APPROVED - OMB NO. 0579-0020 and 0101

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): Bouvry Exports Hwy #3 East SW17-9-25-W4 Fort MacLeod, Alberta

2. CERTIFICATE NO.: L028626

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 01/20/11

5. U.S. PORT OF EMBARKATION (City and State): Sweetgrass, MT

6. STATE CODE: 30

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): Bar S Feedlot, 1 Benjamin Rd.

8. CONSIGNOR'S CITY (or Town): Shelby

12. CONSIGNOR'S STATE: Montana

13. STATE CODE: 30

14. ZIP CODE: 59474

9. SEMEN ("X" if yes): ☐

10. NO. DOSES OF SEMEN:

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

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address): Bouvry Exports SW17-9-25-W4 Fort MacLeod, Alberta

DESTINATION COUNTRY: Canada

ENTER CODE: CA

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

NEGATIVE TUBERCULIN READING: ☐ 48 HRS ☐ 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS: DISEASE / TYPE TEST / DISEASE / TYPE TEST / DISEASE / TYPE TEST

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

MODIFIED ACCREDITED AREA (TB)

CERTIFIED BRUCELLOSIS FREE AREA

17. FARM ORIGIN
Owner's name (Last name, first initial, or business name)
Owner's street address
Owner's city/town, State code / FIPS code (on reverse) & zip code

Bar S Feedlot
1 Benjamin Road
Shelby, MT 59474

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

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	Y E	DATE F	Y G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DATE M	DATE N	DATE O
27 Head of aged horses for slaughter only. These horses have been inspected on the above date and found fit for travel. These animals have resided in the United States or Canada since birth as best as can be determined. The exporter has been advised that any deterioration in health or physical conditions of the animals that may render animals unfit for transport may result in the shipment to be refused entry to Canada. All horses are identified by an official USDA Equine Slaughter Backtag. During the previous twenty-six (26) days, the animals in this shipment have not been in the States of Texas or New Mexico. Brand Inspection #1208187.														
Back Tag #...														
4241 Bay	A	F	QT		979									
4242 Blk/Wht	A	F	Pedrt		953									
4243 Chestn	A	M	QT		967									
4244 Chestn	A	F	QT		77									
4245 Brown	A	F	QT		98									
4246 Bay	A	M	QT		99									
4247 Pal	A	F	QT		93									
4248 Pal	A	F	QT		75									
4249 Bay	A	F	QT		963									

These animals were, to the best of the knowledge and belief of the issuing veterinarian, not exposed to any communicable disease during 60 days preceding the date of inspection.

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: 1-20-11

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, - please print): C. Hardee Clark, DVM

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): 27 (Twenty-Seven)

23. Signature of Endorsing Federal Veterinarian: DVM

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): Jim Becker DVM

25. SIGNATURE OF ISSUING VETERINARIAN

VS FORM 17-140 (MAR 98) Previous edition may be used.

PART 3 - ISSUING VETERINARIAN

PART 2 - ISSUING VETERINARIAN

...is authorized by law (21 U.S.C. 112). While you are not required to respond, no health certificate can be validated unless the data requested is provided. FORM APPROVED - OMB NO. 0579-0020 and 0101

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): Bouvry Exports Bay #3 East SW17-9-25-W4 Fort MacLeod, Alberta

2. CERTIFICATE NO.: L028625

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 1/19/11

5. U.S. PORT OF EMBARKATION (City and State): Sweetgrass, MT

6. STATE CODE: 30

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): Bar S Feedlot, 1 Benjamin Rd.

8. CONSIGNOR'S CITY (or Town): Shelby

12. CONSIGNOR'S STATE: Montana

13. STATE CODE: 30

14. ZIP CODE: 59474

9. SEMEN ("X" if yes): [ ]

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [X] 2 - Truck [ ] 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address): Bouvry Exports SW17-9-25-W4 Fort MacLeod, Alberta

DESTINATION COUNTRY: Canada

ENTER CODE: CA

15. SPECIES ("X" one - use VS Form 17-6 for Poultry): [ ] 01 BOVINE [ ] 02 PORCINE [ ] 03 OVINE [ ] 04 CAPRINE [X] 05 EQUINE [ ] 06 OTHER WILDLIFE - MAMMAL [ ] 09 OTHER (Specify)

NEGATIVE TUBERCULIN READING: [ ] 48 HRS [ ] 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS: DISEASE / TYPE TEST / DISEASE / TYPE TEST / DISEASE / TYPE TEST

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

17. FARM ORIGIN: Owner's Name (Last name, first name, middle initial, or business name); Owner's street address; Name of herd, flock, farm, stable or premises; Date of last herd test

MODIFIED ACCREDITED AREA (TB)

CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION (Individuals for which no A, B, C & D are required)

23. Head of gland because for slaughter only. These horses have been inspected on the above date and found fit for travel. These animals have resided in the United States or Canada since birth or least as can be determined. 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. All horses are identified by an official NUMA Equine Slaughter Backtag. During the previous twenty-one (21) days, the animals in this shipment have not been in the States of Texas or New Mexico. Herd Inspection #1170128.

Bar S Feedlot
1 Benjamin Road
Shelby, MT 59474

These animals have, 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.

B. 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
IDMA...					Back Tag Loss									
4216 Bay	A	M	QT		96									
4217 Brown	A	M	QT		97									
4218 Chestn	A	F	QT		98									
4219 Bay	A	M	QT		99									
4220 Pal	A	M	QT		101									
4221 Chestn	A	F	QT		102									
4222 Grey/Wht	A	M	Appy		103									
4223 Black	A	M	QT		104									
4224 Bay	A	F	QT		105									

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: 1-19-11

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, - please print): C. Harden Clark, DVM

21. STATUS: [ ] 2 Federal [ ] 1 State [X] 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 25 (Twenty-Five)

23. Signature of Endorsing Federal Veterinarian: A. R. Rocke DVM

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): Jim Rocke DVM

25. SIGNATURE OF ISSUING VETERINARIAN: C. Harden Clark

VS FORM 17-140 (MAR 98) Previous edition may be used.

PART 5 - ISSUING VETERINARIAN

This certificate is authorized by law 21 U.S.C. 112). While you are not required to respond, no health certificate can be validated unless the data requested is provided. FORM APPROVED - OMB NO. 0579-0020 and 0101 72

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): Bouvry Exports Hwy #3 East SW17-9-25-W4 Fort MacLeod, Alberta

2. CERTIFICATE NO.: L028631

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 01/24/11

5. U.S. PORT OF EMBARKATION (City and State): Sweetgrass, MT

6. STATE CODE: 30

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): Bar S Feedlot, 1 Benjamin Rd.

8. CONSIGNOR'S CITY (or Town): Shelby

12. CONSIGNOR'S STATE: Montana

13. STATE CODE: 30

14. ZIP CODE: 59474

9. SEMEN ("X" if yes): [ ]

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [X] 2 - Truck [ ] 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address): Bouvry Exports SW17-9-25-W4 Fort MacLeod, Alberta

DESTINATION COUNTRY: Canada

ENTER CODE: CA

15. SPECIES ("X" one - use VS Form 17-6 for Poultry): [ ] 01 BOVINE [ ] 02 PORCINE [ ] 03 OVINE [ ] 04 CAPRINE [X] 05 EQUINE [ ] 06 OTHER WILDLIFE - MAMMAL [ ] 09 OTHER (Specify)

NEGATIVE TUBERCULIN READING: [ ] 48 HRS [ ] 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS: DISEASE / DISEASE / DISEASE

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

17. FARM ORIGIN: Owner's name (Last name, first name, or business name); Owner's street address; Owner's city(ies), State(s), FIPS code(s) (reverse) & zip code(s)

Bar S Feedlot
1 Benjamin Road
Shelby, MT 59474

MODIFIED ACCREDITED AREA (TB)

CERTIFIED BRUCELLOSIS FREE AREA

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

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	Y E	DATE F	Y G	DATE H	VACC I	1/25 J	1/50 K	1/100 L	TYPE TEST / DATE M	TYPE TEST / DATE N	TYPE TEST / DATE O
30 Head of mixed horses for slaughter only. These horses have been inspected on the above date and found fit for travel. These animals have resided in the United States or Canada since birth as best as can be determined. 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. All horses are identified by an official USDA Equine Slaughter backtag. During the breakdown period, one (1) dead. The animals in this shipment have not been in the Western U.S. Tuna or Red Mountain. Brand Inspection #1300189.													
DESC...					Neck Tag #...								
4299 Brown	A	N	QT		182								
4300 Red/Wht	A	Y	Paint		183								
4301 Red/Wht	A	Y	Paint		184								
4302 Bay	A	N	QT		185								
4303 Brown	A	N	QT		186								
4304 Brn/Wht	A	N	Paint		187								
4305 Chestn	A	N	QT		188								
4306 Buck	A	N	QT		189								
4307 Chestn	A	N	QT		190								

These animals have to my best of the knowledge and belief, are resuing veterinarian not exposed to any communicable disease within 60 days preceding the date of inspection.

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: 1-24-11

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, - please print): C. Hardee Clark, DVM

21. STATUS: [ ] 2 Federal [ ] 1 State [X] 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 28 (Twenty-Eight)

23. Signature of Endorsing Federal Veterinarian: Jim Baker DVM

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): Jim Baker DVM

25. SIGNATURE OF ISSUING VETERINARIAN: C. Hardee Clark

VS FORM 17-140 (MAR 98) Previous edition may be used.

PART 5 - ISSUING VETERINARIAN

The certificate is authorized by law 21 U.S.C. 112). While you are not required to respond, no health certificate can be validated unless the data requested is provided. FORM APPROVED - OMB NO. 0579-0020 and 0101 72

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): Bouvry Exports Hwy #3 East SW17-9-25-W4 Fort MacLeod, Alberta

2. CERTIFICATE NO.: L028630

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 01/21/11

5. U.S. PORT OF EMBARKATION (City and State): Sweetgrass, MT

6. STATE CODE: 30

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): Bar 5 Feedlot, 1 Benjamin Rd.

8. CONSIGNOR'S CITY (or Town): Shelby

12. CONSIGNOR'S STATE: Montana

13. STATE CODE: 30

14. ZIP CODE: 59474

9. SEMEN ("X" if yes): [ ]

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [X] 2 - Truck [ ] 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address): Bouvry Exports SW17-9-25-W4 Fort MacLeod, Alberta

DESTINATION COUNTRY: Canada

ENTER CODE: CA

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

NEGATIVE TUBERCULIN READING: [ ] 48 HRS [ ] 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS: DISEASE / TYPE TEST / DATE

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

MODIFIED ACCREDITED AREA (TB)

CERTIFIED BRUCELLOSIS FREE AREA

17. FARM ORIGIN
Owner's name (Last name, first initial, or business name)
Owner's street address
Owner's city/town, State code/FIPS code on reverse) & zip code

Bar 5 Feedlot
1 Benjamin Road
Shelby, MT 59474

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

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	Y E	DATE F	Y G	DATE H	VAC I	1/28 J	1/30 K	1/190 L	DATE M	DATE N	DATE O
30 head of mixed horses for slaughter only. These horses have been inspected on the above date and found fit for travel. These animals have resided in the United States or Canada since birth as best as can be determined. 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. All horses are identified by an Official USDA Equine Slaughter backtag. During the previous ninety-six (21) days, the animals in this shipment have not been in the States of Texas or New Mexico. Brand Inspection #1700138.														
BRAND...					Back Tag #...									
4269 Red Roan	A	F	QT		90									
4270 Red Roan	A	N	QT		BX 91									
4271 Chestn X	A	N	QT		143									
4272 Chestn	A	N	QT		144									
4273 Chestn	A	N	QT		153									
4274 Chestn	A	N	QT		154									
4275 Red Roan	A	F	QT		155									
4276 Chestn	A	F	QT		156									
4277 Chestn	A	N	QT		157									

These animals were, 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.

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: 1-21-11

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, - please print): C. Hardee Clark, DVM

21. STATUS: [ ] 2 Federal [ ] 1 State [X] 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 30 (Thirty)

23. Signature of Endorsing Federal Veterinarian: J Baker DVM

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): Jim Baker DVM

25. SIGNATURE OF ISSUING VETERINARIAN: [signature]

VS FORM 17-140 (MAR 98) Previous edition may be used.

PART 5 - ISSUING VETERINARIAN

The certificate is authorized by law 21 U.S.C. 112). While you are not required to respond, no health certificate can be validated unless the data requested is provided. FORM APPROVED - OMB NO. 0579-0020 and 0101

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): Bouvry Exports Hwy #3 East SW17-9-25-W4 Fort MacLeod, Alberta

2. CERTIFICATE NO.: L028639

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 01/31/11

5. U.S. PORT OF EMBARKATION (City and State): Sweetgrass, MT

6. STATE CODE: 30

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): Bar S Feedlot, 1 Benjamin Rd.

8. CONSIGNOR'S CITY (or Town): Shelby

12. CONSIGNOR'S STATE: Montana

13. STATE CODE: 30

14. ZIP CODE: 59474

9. SEMEN ("X" if yes): [ ]

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [X] 2 - Truck [ ] 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address): Bouvry Exports SW17-9-25-W4 Fort MacLeod, Alberta

DESTINATION COUNTRY: Canada

ENTER CODE: CA

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

NEGATIVE TUBERCULIN READING: [ ] 48 HRS [ ] 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS: DISEASE / TYPE TEST / DATE; DISEASE / TYPE TEST / DATE; DISEASE / TYPE TEST / DATE

CERTIFIED BRUCELLOSIS FREE AREA

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

17. FARM ORIGIN: Owner's name (Last name, first initial, or business name); Owner's street address; Owner's city/town, State, State/FIPS code on reverse & zip code

MODIFIED ACCREDITED AREA (TB)

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

26 Head of mixed horses for slaughter only. These horses have been inspected on the above date and found fit for travel. These animals have resided in the United States or Canada since birth as best as can be determined. 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. All horses are identified by an Official USDA Equine Slaughter backtag. During the previous twenty-one (21) days, the animals in this shipment have not been in the States of Texas or New Mexico. Brand Inspection #12600197

Bar S Feedlot
1 Benjamin Road
Shelby, MT 59474

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
USDA...					Neck Tag #...									
6807 Chestn	A	F	QT		61									
6808 Chestn	A	F	QT		62									
6809 Bay	A	F	QT		63									
6810 Chestn	A	F	QT		64									
6811 Black	A	F	QT		65									
6812 Red Roan	A	F	QT		66									
6813 Chestn	A	F	QT		67									
6814 Chestn	A	F	QT		69									
6815 Pal	A	F	QT		70									

These animals were, to the best of the knowledge and belief of the issuing veterinarian, free of communicable disease and not exposed to any communicable disease within 30 days preceding the date of inspection.

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: 1-31-11

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, - please print): C. Hardee Clark, DVM

21. STATUS: [ ] 2 Federal [ ] 1 State [X] 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 26 (Twenty-Six)

23. Signature of Endorsing Federal Veterinarian: DVM

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): Jim Baker DVM

25. SIGNATURE OF ISSUING VETERINARIAN

VS FORM 17-140 (MAR 98) Previous edition may be used.

PART 5 - ISSUING VETERINARIAN

This certificate is authorized by law 21 U.S.C. 112). While you are not required to respond, no health certificate can be validated unless the data requested is provided.

FORM APPROVED - OMB NO. 0579-0020 and 0101

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): Bouvry Exports Hwy #3 East SW17-9-25-W4 Fort MacLeod, Alberta

2. CERTIFICATE NO.: L028640

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 02/03/10

5. U.S. PORT OF EMBARKATION (City and State): Sweetgrass, MT

6. STATE CODE: 30

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): Bar S Feedlot, 1 Benjamin Rd.

8. CONSIGNOR'S CITY (or Town): Shelby

12. CONSIGNOR'S STATE: Montana

13. STATE CODE: 30

14. ZIP CODE: 59474

9. SEMEN ("X" if yes): [ ]

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [X] 2 - Truck [ ] 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address): Bouvry Exports SW17-9-25-W4 Fort MacLeod, Alberta

DESTINATION COUNTRY: Canada

ENTER CODE: CA

15. SPECIES ("X" one - use VS Form 17-6 for Poultry): [ ] 01 BOVINE [ ] 02 PORCINE [ ] 03 OVINE [ ] 04 CAPRINE [X] 05 EQUINE [ ] 06 OTHER WILDLIFE - MAMMAL [ ] 09 OTHER (Specify)

NEGATIVE TUBERCULIN READING: [ ] 48 HRS [ ] 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS: DISEASE / TYPE TEST; DISEASE / TYPE TEST; DISEASE / TYPE TEST

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

17. FARM ORIGIN: Owner's name (last name, first initial, or business name); Owner's street address; Owner's city/town, State and ZIP code on reverse

MODIFIED ACCREDITED AREA (TB)

CERTIFIED BRUCELLOSIS FREE AREA

18. INDIVIDUAL IDENTIFICATION (Distinguishing features on back/front 4, 5, C & B on reverse)

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
25 head of mixed horses for slaughter only. These horses have been inspected on the above date and found fit for travel. These animals have resided in the United States or Canada since birth as best as could be determined. 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. All horses are identified by an Official USDA Equine Slaughter backtag. During the previous twenty-one (21) days, the animals in this shipment have not been in the States of Ohio or New Mexico. Brand Inspection #12640190.														
Bar S Feedlot 1 Benjamin Road Shelby, MT 59474														
Owner...					Back Tag #...									
6834 Buck	A	F	QT		90									
6835 Bay	A	F	QT		91									
6836 Brown	A	F	QT		96									
6837 Brown	A	M	QT		97									
6838 Chestn	A	M	QT		98									
6839 Chestn	A	F	QT		99									
6840 Chestn	A	F	QT		101									
6841 Brown	A	F	QT		102									

These animals were, 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.

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. This shipment must be accompanied to the port of export with this certificate.

19. DATE ENDORSED: 2-3-11

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, - please print): C. Hardee Clark, DVM

21. STATUS: [ ] 2 Federal [ ] 1 State [X] 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 26 (Twenty-Six)

23. Signature of Endorsing Federal Veterinarian: J. Becker DVM

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): Jim Becker DVM

25. SIGNATURE OF ISSUING VETERINARIAN

VS FORM 17-140 (MAR 98) Previous edition may be used.

PART 5 - ISSUING VETERINARIAN

The certificate is authorized by law 21 U.S.C. 112). While you are not required to respond, no health certificate can be validated unless the data requested is provided. FORM APPROVED - OMB NO. 0579-0020 and 0101

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): Bouvry Exports, Hwy #3 East, SW17-9-25-W4 Fort MacLeod, Alberta

2. CERTIFICATE NO.: L028641

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 2/3/11

5. U.S. PORT OF EMBARKATION (City and State): Sweetgrass, MT

6. STATE CODE: 30

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): Dan McPeddler, 1 Benjamin Road

8. CONSIGNOR'S CITY (or Town): Shelby

12. CONSIGNOR'S STATE: Montana

13. STATE CODE: 30

14. ZIP CODE: 59474

9. SEMEN ("X" if yes): [ ]

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [X] 2 - Truck [ ] 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address): Bouvry Exports, SW17-9-25-W4 Fort MacLeod, Alberta

DESTINATION COUNTRY: Canada

ENTER CODE: CA

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

NEGATIVE TUBERCULIN READING: [ ] 48 HRS [X] 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

CERTIFIED BRUCELLOSIS FREE AREA

NEGATIVE RESULTS OF OTHER TESTS: DISEASE / TYPE TEST / DISEASE / TYPE TEST / DISEASE / TYPE TEST

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

17. FARM ORIGIN: Owner's name (Last name, first name, or business name); Owner's street address; Owner's city/town, State/Province, FIPS code (if required) & Zip code: Dan & Penelope, 1 Benjamin Road, Shelby, MT 59474

MODIFIED ACCREDITED AREA (TB)

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

25 head of mixed horses for slaughter only. These horses have been inspected on the above date and found fit for travel. These animals have resided in the United States or Canada since birth or back as can be determined. The exporter has been advised that any determination 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. All horses are identified by an official USDA Equine Slaughter backtag. During the previous twenty-one (21) days, the animals in this shipment have not been in the state of Texas or New Mexico. Brand Inspection #12600195

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	Y E	DATE F	Y G	DATE H	VAC I	1/20 J	1/50 K	1/100 L	DATE M	DATE N	DATE O
					Back Tag...									
6834 Buckskin	A	F	QH		90									
6835 Bay	A	F	QH		91									
6836 Brn	A	F	QH		96									
6837 Brn	A	F	QH		97									
6838 Chestn	A	F	QH		98									
6839Chestn	A	F	QH		99									
6840 Chestn	A	F	QH		101									
6841 Brn	A	F	QH		102									
6842 Chestn	A	F	QH		108									
6843 Red Roan	A	F	QH		103									

These animals are, to the best of my knowledge and belief, free from communicable disease and have not been exposed to communicable disease within 60 days preceding the date of inspection.

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: 2-3-11

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, - please print): C. Hardee Clark, DVM

21. STATUS: [ ] 2 Federal [ ] 1 State [X] 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 25 (Twenty-Five)

23. Signature of Endorsing Federal Veterinarian: Jim Baker DVM

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): Jim Baker DVM

25. SIGNATURE OF ISSUING VETERINARIAN

VS FORM 17-140 (MAR 98) Previous edition may be used.

PART 5 - ISSUING VETERINARIAN

The certificate is authorized by law 21 U.S.C. 112). While you are not required to respond, no health certificate can be validated unless the data requested is provided. FORM APPROVED - OMB NO. 0579-0020 and 0101

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): Bouvry Exports Hwy #3 East SW17-9-25-W4 Fort MacLeod, Alberta

2. CERTIFICATE NO.: L028623

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 1/14/11

5. U.S. PORT OF EMBARKATION (City and State): Sweetgrass, MT

6. STATE CODE: 30

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): Bar 5 Feedlot, 1 Benjamin Rd.

8. CONSIGNOR'S CITY (or Town): Shelby

12. CONSIGNOR'S STATE: Montana

13. STATE CODE: 30

14. ZIP CODE: 59474

9. SEMEN ("X" if yes): [ ]

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [X] 2 - Truck [ ] 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address): Bouvry Exports SW17-9-25-W4 Fort MacLeod, Alberta

DESTINATION COUNTRY: Canada

ENTER CODE: CA

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

NEGATIVE TUBERCULIN READING: [ ] 48 HRS [ ] 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS: DISEASE / TYPE TEST; DISEASE / TYPE TEST; DISEASE / TYPE TEST

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

17. FARM ORIGIN
Owner's name (Last name, two initials, or business name)
Owner's street address
Owner's division, State code (FIPS code on reverse) & zip code

Bar 5 Feedlot
1 Benjamin Road
Shelby, MT 59474

These animals were, 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.

MODIFIED ACCREDITED AREA (TB)

CERTIFIED BRUCELLOSIS FREE AREA

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	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DATE M	DATE N	DATE O
25 Head of mixed horses for slaughter only. These horses have been inspected on the above date and found fit for travel. These animals have resided in the United States or Canada since birth as best as can be determined. 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. All horses are identified by an Official USDA Equine Slaughter backtag. During the previous twenty-one (21) days, the animals in this shipment have not been in the States of Texas or New Mexico. Breed Inspection #12001.04.														
USDA...														
4166 Bay	A	F	QT	31										
4167 Blk/Wht	A	F	Paint	32										
4168 Grey	A	F	QT	33										
4169 Brn/Wht	A	M	Paint	34										
4170 Bay	A	M	QT	35										
4171 Red Roan	A	F	QT	36										
4172 Blk/Wht	A	M	Paint	37										
4173 Brn/Wht	A	F	Paint	38										
4174 Dunn	A	M	QT	39										

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: 1-14-11

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, - please print): C. Hardee Clark, DVM

21. STATUS: [ ] 2 Federal [ ] 1 State [X] 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 25 (Twenty-Five)

23. Signature of Endorsing Federal Veterinarian: J. Becker DVM

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): Jim Becker DVM

25. SIGNATURE OF ISSUING VETERINARIAN

VS FORM 17-140 (MAR 98) Previous edition may be used.

PART 5 - ISSUING VETERINARIAN

The certificate is authorized by law 21 U.S.C. 112). While you are not required to respond, no health certificate can be validated unless the data requested is provided. FORM APPROVED - OMB NO. 0579-0020 and 0101

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): Bouvry Exports Hwy #3 East SW17-9-25-W4 Fort MacLeod, Alberta

2. CERTIFICATE NO.: L028624

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 1-14-11

5. U.S. PORT OF EMBARKATION (City and State): Sweetgrass, MT

6. STATE CODE: 30

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): Bar S Feedlot, 1 Benjamin Rd.

8. CONSIGNOR'S CITY (or Town): Shelby

12. CONSIGNOR'S STATE: Montana

13. STATE CODE: 30

14. ZIP CODE: 59474

9. SEMEN ("X" if yes): [ ]

10. NO. DOSES OF SEMEN

11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [X] 2 - Truck [ ] 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address): Bouvry Exports SW17-9-25-W4 Fort MacLeod, Alberta

DESTINATION COUNTRY: Canada

ENTER CODE: CA

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

NEGATIVE TUBERCULIN READING: [ ] 48 HRS [ ] 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS: DISEASE / TYPE TEST / DISEASE / TYPE TEST / DISEASE / TYPE TEST

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

MODIFIED ACCREDITED AREA (TB)

CERTIFIED BRUCELLOSIS FREE AREA

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

Bar S Feedlot
1 Benjamin Road
Shelby, MT 59474

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

25 head of mixed horses for slaughter only. These horses have been inspected on the above date and found fit for travel. These animals have resided in the United States or Canada since birth as best as can be determined. 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. All horses are identified by an Official USDA Equine Slaughter backtag. During the previous twenty-one (21) days, the animals in this shipment have not been in the States of Texas or New Mexico. Brand Inspection #1200185.

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
USDA...					Neck Tag #...									
4191 Chestn	A	M	QT		60									
4192 Grey	A	F	QT		61									
4193 Chestn	A	M	QT		62									
4194 Buck	A	M	QT		63									
4195 Blk/Wht	A	M	Paint		64									
4196 Buck	A	F	QT		65									
4197 Bay	A	M	QT		66									
4198 Bay	A	M	QT		67									
4199 Bay	A	F	QT		69									

These animals were, 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.

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: 1-14-11

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, - please print): C. Hardee Clark, DVM

21. STATUS: [ ] 2 Federal [ ] 1 State [X] 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 25 (Twenty-Five)

23. Signature of Endorsing Federal Veterinarian: J. Becker DVM

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): Jim Becker DVM

25. SIGNATURE OF ISSUING VETERINARIAN

VS FORM 17-140 (MAR 98) Previous edition may be used.

PART 5 - ISSUING VETERINARIAN

The certificate is authorized by law 21 U.S.C. 112). While you are not required to respond, no health certificate can be validated unless the data requested is provided. FORM APPROVED - OMB NO. 0579-0020 and 0101

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): Bouvry Exports Hwy #3 East SW17-9-25-W4 Fort MacLeod, Alberta

2. CERTIFICATE NO.: L028622

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 01/13/11

5. U.S. PORT OF EMBARKATION (City and State): Sweetgrass, MT

6. STATE CODE: 30

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): Bar S Feedlot, 1 Benjamin Rd.

8. CONSIGNOR'S CITY (or Town): Shelby

12. CONSIGNOR'S STATE: Montana

13. STATE CODE: 30

14. ZIP CODE: 59474

9. SEMEN ("X" if yes): [ ]

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [X] 2 - Truck [ ] 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address): Bouvry Exports SW17-9-25-W4 Fort MacLeod, Alberta

DESTINATION COUNTRY: Canada

ENTER CODE: CA

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

NEGATIVE TUBERCULIN READING: [ ] 48 HRS [ ] 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

CERTIFIED BRUCELLOSIS FREE AREA

NEGATIVE RESULTS OF OTHER TESTS: DISEASE / TYPE TEST / DATE; DISEASE / TYPE TEST / DATE; DISEASE / TYPE TEST / DATE

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

Bar S Feedlot
1 Benjamin Road
Shelby, MT 59474

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	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DATE M	DATE N	DATE O
27 Head of mixed horses for slaughter only. These horses have been inspected on the shown date and found fit for travel. These animals have resided in the United States or Canada since birth as best as can be determined. 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. All horses are identified by an Official USDA Equine Slaughter backtag. During the previous twenty-one (21) days, the animals in this shipment have not been in the States of Texas or New Mexico. Brand Inspection #1200183.														
USDA...					Neck Tag #...									
4139 Blu Roan	A	F	QT		23									
4140 Brown	A	N	QT		32									
4141 Black	A	N	QT		33									
4142 Blk/Wht	A	F	Paint		38									
4143 Red/Wht	A	N	Paint		40									
4144 Blk/Wht	A	N	Paint		51									
4145 Bay	A	F	QT		91									
4146 Pal	A	N	QT		374									
4147 Bay	A	F	QT		916									

These animals were, 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.

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: 1-13-11

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, - please print): C. Hardee Clark, DVM

21. STATUS: [ ] 2 Federal [ ] 1 State [X] 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 27 (Twenty-Seven)

23. Signature of Endorsing Federal Veterinarian: A. Baker DVM

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): Jim Baker DVM

25. SIGNATURE OF ISSUING VETERINARIAN

VS FORM 17-140 (MAR 98) Previous edition may be used.

PART 5 - ISSUING VETERINARIAN

This certificate is authorized by law (21 U.S.C. 112). While you are not required to respond, no health certificate can be validated unless the data requested is provided. FORM APPROVED - OMB NO. 0579-0020 and 0101

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): Bouvry Exports Bay #3 East SW17-9-25-W4 Fort MacLeod, Alberta

2. CERTIFICATE NO.: L028621

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 01/13/11

5. U.S. PORT OF EMBARKATION (City and State): Sweetgrass, MT

6. STATE CODE: 30

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): Bar S Feedlot, 1 Benjamin Rd.

8. CONSIGNOR'S CITY (or Town): Shelby

12. CONSIGNOR'S STATE: Montana

13. STATE CODE: 30

14. ZIP CODE: 59474

9. SEMEN ("X" if yes): [ ]

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [X] 2 - Truck [ ] 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address): Bouvry Exports SW17-9-25-W4 Fort MacLeod, Alberta

DESTINATION COUNTRY: Canada

ENTER CODE: CA

15. SPECIES ("X" one - use VS Form 17-6 for Poultry): [ ] 01 BOVINE [ ] 02 PORCINE [ ] 03 OVINE [ ] 04 CAPRINE [X] 05 EQUINE [ ] 06 OTHER WILDLIFE - MAMMAL [ ] 09 OTHER (Specify)

NEGATIVE TUBERCULIN READING: [ ] 48 HRS [ ] 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

CERTIFIED BRUCELLOSIS FREE AREA

NEGATIVE RESULTS OF OTHER TESTS: DISEASE / TYPE TEST / DATE; DISEASE / TYPE TEST / DATE; DISEASE / TYPE TEST / DATE

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 request) & zip code

Bar S Feedlot
1 Benjamin Road
Shelby, MT 59474

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	Y E	DATE F	Y G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DATE M	DATE N	DATE O
26 head of mixed horses for slaughter only. These horses have been inspected on the above date and found fit for travel. These animals have resided in the United States or Canada since birth as best as can be determined. 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. All horses are identified by an Official USDA Equine Slaughter backtag. During the previous twenty-one (21) days, the animals in this shipment have not been in the States of Texas or New Mexico. Brand Inspection #1200182.														
These Animals were in the last of the shipment and based on its size, identification, not exposed to any quarantine/ticks diseases within 60 days preceding the date of inspection.	BRCH...				Neck Tag #...									
	4113 Cheats	A	N	QT	2									
	4114 Bay	A	N	QT	3									
	4115 Bay	A	F	QT	4									
	4116 Cheats	A	N	QT	5									
	4117 Red/Wht	A	F	Paint	6									
	4118 Pal	A	N	QT										
	4119 Bay	A	F	QT	8									
	4120 Pal	A	N	QT	9									
	4121 Buckskin	A	N	QT	10									

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: 1-13-11

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, - please print): C. Hardee Clark, DVM

21. STATUS: [ ] 2 Federal [ ] 1 State [X] 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 26 (Twenty-Six)

23. Signature of Endorsing Federal Veterinarian: Jim Becker DVM

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): Jim Becker DVM

25. SIGNATURE OF ISSUING VETERINARIAN

VS FORM 17-140 (MAR 98) Previous edition may be used.

PART 5 - ISSUING VETERINARIAN

The certificate is authorized by law 21 U.S.C. 112). While you are not required to respond, no health certificate can be validated unless the data requested is provided. FORM APPROVED - OMB NO. 0579-0020 and 0101

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): Bouvry Exports Hwy #3 East SW17-9-25-W4 Fort MacLeod, Alberta

2. CERTIFICATE NO.: L028618

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 01/12/11

5. U.S. PORT OF EMBARKATION (City and State): Sweetgrass, MT

6. STATE CODE: 30

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): Bar 3 Feedlot, 1 Benjamin Rd.

8. CONSIGNOR'S CITY (or Town): Shelby

12. CONSIGNOR'S STATE: Montana

13. STATE CODE: 30

14. ZIP CODE: 59474

9. SEMEN ("X" if yes): [ ]

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [X] 2 - Truck [ ] 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address): Bouvry Exports SW17-9-25-W4 Fort MacLeod, Alberta

DESTINATION COUNTRY: Canada

ENTER CODE: CA

15. SPECIES ("X" one - use VS Form 17-6 for Poultry): [ ] 01 BOVINE [ ] 02 PORCINE [ ] 03 OVINE [ ] 04 CAPRINE [X] 05 EQUINE [ ] 06 OTHER WILDLIFE - MAMMAL [ ] 09 OTHER (Specify)

NEGATIVE TUBERCULIN READING: [ ] 48 HRS [ ] 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

CERTIFIED BRUCELLOSIS FREE AREA

NEGATIVE RESULTS OF OTHER TESTS: DISEASE / TYPE TEST; DISEASE / TYPE TEST; DISEASE / TYPE TEST

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

MODIFIED ACCREDITED AREA (TB)

17. FARM ORIGIN
Owner's name (Last name, first initial, or business name)
Owner's street address
Owner's division, State code/FIPS code or premises code

Bar 3 Feedlot
1 Benjamin Road
Shelby, MT 59474

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

21 Head of mixed horses for slaughter only. These horses have been inspected on the above date and found fit for travel. These animals have resided in the United States or Canada since birth as best as can be determined. 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. All horses are identified by an Official USDA Equine Slaughter Backtag. During the previous twenty-one (21) days, the animals in this shipment have not been in the States of Texas or New Mexico. Brand Inspection #1260179.

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
USDA...					Back Tag #...									
4042 Red Roan	A	N	QT		721									
4043 Red Roan	A	F	Draft		722									
4044 Chestn	A	F	Draft		723									
4045 Buck	A	F	QT		724									
4046 Buck	A	N	QT		725									
4047 Fal	A	N	QT		726									
4048 Chestn	A	N	QT		727									
4049 Chestn	A	F	Draft		728									
4050 Black	A	F	Draft		729									

I, ... (Name of Veterinarian), to the best of my knowledge and belief, or the issuing veterinarian, have not exposed to any communicable disease within 60 days preceding the date of inspection.

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: 1-12-11

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, - please print): C. Hardee Clark, DVM

21. STATUS: [ ] 2 Federal [ ] 1 State [X] 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 21 (Twenty-One)

23. Signature of Endorsing Federal Veterinarian

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): Jim Baker DVM

25. SIGNATURE OF ISSUING VETERINARIAN

VS FORM 17-140 (MAR 98) Previous edition may be used.

PART 5 - ISSUING VETERINARIAN

This certificate is authorized by law 21 U.S.C. 112). While you are not required to respond, no health certificate can be validated unless the data requested is provided. FORM APPROVED - OMB NO. 0579-0020 and 0101

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): Bouvry Exports Bay #3 East SW17-9-25-W4 Fort MacLeod, Alberta

2. CERTIFICATE NO.: L028619

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 01/12/11

5. U.S. PORT OF EMBARKATION (City and State): Sweetgrass, MT

6. STATE CODE: 30

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): Bar S Feedlot, 1 Benjamin Rd.

8. CONSIGNOR'S CITY (or Town): Shelby

12. CONSIGNOR'S STATE: Montana

13. STATE CODE: 30

14. ZIP CODE: 59474

9. SEMEN ("X" if yes): [ ]

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [X] 2 - Truck [ ] 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address): Bouvry Exports SW17-9-25-W4 Fort MacLeod, Alberta

DESTINATION COUNTRY: Canada

ENTER CODE: CA

15. SPECIES ("X" one - use VS Form 17-6 for Poultry): [ ] 01 BOVINE [ ] 02 PORCINE [ ] 03 OVINE [ ] 04 CAPRINE [XX] 05 EQUINE [ ] 06 OTHER WILDLIFE - MAMMAL [ ] 09 OTHER (Specify)

NEGATIVE TUBERCULIN READING: [ ] 48 HRS [ ] 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

CERTIFIED BRUCELLOSIS FREE AREA

NEGATIVE RESULTS OF OTHER TESTS: DISEASE / TYPE TEST / DISEASE / TYPE TEST / DISEASE / TYPE TEST

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

MODIFIED ACCREDITED AREA (TB)

17. FARM ORIGIN
Owner's name (Last name, first name, or business name)
Owner's street address
Owner's town/town, State code (FIPS code or reverse) & zip code

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

26 head of mixed horses for slaughter only. These horses have been inspected on the above date and found fit for travel. These animals have resided in the United States or Canada since birth as best as can be determined. 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. All horses are identified by an Official USDA Equine Slaughter backtag. During the preceding twenty-one (21) days, the animals in this shipment have not been in the States of Texas or New Mexico. Brand Inspection #1206180.

Owner's name: Bar S Feedlot
Owner's street address: 1 Benjamin Road
Owner's town/town, State code: Shelby, MT 59474

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	V E	DATE F	V G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DATE M	DATE N	DATE O
USDA...					Neck Tag #...									
4063 Pal	A	F	QT		742									
4064 Pal	A	N	QT		743									
4065 Chestn	A	F	QT		744									
4066 Bay	A	F	QT		745									
4067 Chestn	A	F	QT		746									
4068 Black	A	N	QT		747									
4069 Chestn	A	F	QT		748									
4070 Dunn	A	F	QT		749									
4071 Chestn	A	F	QT		750									

These animals were, 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.

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: 1-12-11

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, - please print): C. Hardee Clark, DVM

21. STATUS: [ ] 2 Federal [ ] 1 State [XX] 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 26 (Twenty-Six)

23. Signature of Endorsing Federal Veterinarian: A Beck DVM

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): Jim Baker DVM

25. SIGNATURE OF ISSUING VETERINARIAN: C. Hardee Clark

VS FORM 17-140 (MAR 98) Previous edition may be used.

PART 5 - ISSUING VETERINARIAN

This certificate is authorized by law (21 U.S.C. 112). While you are not required to respond, no health certificate can be validated unless the data requested is provided. FORM APPROVED - OMB NO. 0579-0020 and 0101

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): Bouvry Exports Ray #3 East SW17-9-25-W4 Fort MacLeod, Alberta

2. CERTIFICATE NO.: L028620

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 01/12/11

5. U.S. PORT OF EMBARKATION (City and State): Sweetgrass, MT

6. STATE CODE: 30

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): Bar S Feedlot, 1 Benjamin Rd.

8. CONSIGNOR'S CITY (or Town): Shelby

12. CONSIGNOR'S STATE: Montana

13. STATE CODE: 30

14. ZIP CODE: 59474

9. SEMEN ("X" if yes): [ ]

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [X] 2 - Truck [ ] 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address): Bouvry Exports SW17-9-25-W4 Fort MacLeod, Alberta

DESTINATION COUNTRY: Canada

ENTER CODE: CA

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

NEGATIVE TUBERCULIN READING: [ ] 48 HRS [ ] 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS: DISEASE / DISEASE / DISEASE; TYPE TEST / TYPE TEST / TYPE TEST

CERTIFIED BRUCELLOSIS FREE AREA

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 civilian: State code (FIPS code on reverse) & zip code

MODIFIED ACCREDITED AREA (TB)

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

Bar S Feedlot
1 Benjamin Road
Shelby, MT 59474

XX 24 head of mixed horses for slaughter only. These horses have been inspected on the above date and found fit for travel. These animals have resided in the United States or Canada since birth as best as can be determined. 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. All horses are identified by an Official USDA Equine Slaughter backtag. During the previous twenty-one (21) days, the animals in the shipment have not been in the States of Texas or New Mexico. Brand Inspection #1200181.

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
Brand...					Back Tag #...									
4089 Black	A	F	QT		768									
4090 Brown	A	F	QT		769									
4091 Bro/Wht	A	F	Paint		770									
4092 Bay	A	F	QT		771									
4093 Black	A	F	QT		772									
4094 Red/Wht	A	F	Paint		773									
4095 Bay	A	F	QT		774									
4096 Brown	A	F	QT		775									
4097 Bro/Wht	A	F	Paint		776									

These animals were, 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.

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: 1-12-11

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, - please print): C. Bardee Clark, DVM

21. STATUS: [ ] 2 Federal [ ] 1 State [X] 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): XX 24 (Twenty-Four)

23. Signature of Endorsing Federal Veterinarian: A. Bell DVM

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): Jim Baker DVM

25. SIGNATURE OF ISSUING VETERINARIAN: C. Bardee Clark

VS FORM 17-140 (MAR 98) Previous edition may be used.

PART 5 - ISSUING VETERINARIAN

The certificate is authorized by law 21 U.S.C. 112). While you are not required to respond, no health certificate can be validated unless the data requested is provided.

FORM APPROVED - OMB NO. 0579-0020 and 0107

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): Bouvry Exports Bay #3 East SW17-9-25-W4 Fort MacLeod, Alberta

2. CERTIFICATE NO.: L028617

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 01/11/11

5. U.S. PORT OF EMBARKATION (City and State): Sweetgrass, MT

6. STATE CODE: 30

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): Bar S Feedlot, 1 Benjamin Rd.

8. CONSIGNOR'S CITY (or Town): Shelby

12. CONSIGNOR'S STATE: Montana

13. STATE CODE: 30

14. ZIP CODE: 59474

9. SEMEN ("X" if yes): [ ]

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [X] 2 - Truck [ ] 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address): Bouvry Exports SW17-9-25-W4 Fort MacLeod, Alberta

DESTINATION COUNTRY: Canada

ENTER CODE: CA

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

NEGATIVE TUBERCULIN READING: [ ] 48 HRS [ ] 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS: DISEASE / TYPE TEST / DISEASE / TYPE TEST / DISEASE / TYPE TEST

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

MODIFIED ACCREDITED AREA (TB)

CERTIFIED BRUCELLOSIS FREE AREA

17. FARM ORIGIN
Owner's name (Last name, first initial, or business name)
Owner's street address
Owner's city/town, State code (FIPS code on reverse) & zip code

Bar S Feedlot
1 Benjamin Road
Shelby, MT 59474

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	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DATE M	DATE N	DATE O
27 Head of mixed horses for slaughter only. These horses have been inspected on the above date and found fit for travel. These animals have resided in the United States or Canada since birth as best as can be determined. 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. All horses are identified by an Official USDA Equine Slaughter backtag. During the previous twenty-one (21) days, the animals in this shipment have not been in the States of Texas or New Mexico. Brand Inspection #1240178														
Back Tag #....														
4015 Grayx	A	N	QT		145									
4016 Dunn	A	N	QT		146									
4017 Bay	A	F	QT		147									
4018 Black	A	F	QT		148									
4019 Chestn	A	F	QT		149									
4020 Chestn	A	F	QT		150									
4021 Chestn	A	F	QT		151									
4022 Chestn	A	N	QT		701									
4023 Buck	A	F	QT		702									

These animals were, to the best of my knowledge and belief, the issuing veterinarian, not exposed to any communicable disease within 30 days preceding the date of inspection.

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: 1-11-11

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, - please print): C. Bardee Clark, DVM

21. STATUS: [ ] 2 Federal [ ] 1 State [X] 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 27 (Twenty-Seven)

23. Signature of Endorsing Federal Veterinarian: A Bake DVM

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): Jim Baker DVM

25. SIGNATURE OF ISSUING VETERINARIAN

VS FORM 17-140 (MAR 98) Previous edition may be used.

PART A. ISSUING VETERINARIAN

This certificate is authorized by law 21 U.S.C. 112). While you are not required to respond, no health certificate can be validated unless the data requested is provided.

FORM APPROVED - OMB NO. 0579-0020 and 0101

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): Bouvry Exports Rwf3 East SW17-9-25-W4 Fort MacLeod, Alberta

2. CERTIFICATE NO.: L028616

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: Jan 10,2011

5. U.S. PORT OF EMBARKATION (City and State): Sweetgrass, MT

6. STATE CODE: 30

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): Bar S Feedlot, 1 Benjamin Rd.

8. CONSIGNOR'S CITY (or Town): Shelby

12. CONSIGNOR'S STATE: Montana

13. STATE CODE: 30

14. ZIP CODE: 59474

9. SEMEN ("X" if yes): [ ]

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [X] 2 - Truck [ ] 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address): Bouvry Exports SW17-9-25-W4 Fort MacLeod, Alberta

DESTINATION COUNTRY: CANADA

ENTER CODE: CA

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

NEGATIVE TUBERCULIN READING: [ ] 48 HRS [ ] 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

CERTIFIED BRUCELLOSIS FREE AREA

NEGATIVE RESULTS OF OTHER TESTS

DISEASE	DISEASE	DISEASE
TYPE TEST	TYPE TEST	TYPE TEST
DATE M	DATE N	DATE O

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

Bar S Feedlot
1 Benjamin Road
Shelby, MT 59474

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	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DATE M	DATE N	DATE O
25 Head of Mixed Horses for slaughter only. These horses have been inspected on the above date and found fit for travel. These animals have resided in the United States or Canada since birth as best as can be determined. The exporter has been advised that any deterioration in health or physical condition of the animals may render animals unfit for transport & May result in the shipment to be refused entry to Canada. All horses are identified by an official USDA Equine slaughter backtag. During the previous Twenty-one (21) days, the animals in this shipment have not been in the States of Texas or New Mexico. Brand Inspection #L028616													
USGC...													
8990 Chestn	A	F	QT										
8991 Red/wht	A	F	Paint										
8992 Red/wht	A	F	Paint										
8993 Chestn	A	F	QT										
8994 Dunn	A	N	QT										
8995 Bay	A	F	QT										
8996 Chstn	A	F	QT										
8997 Chestn	A	N	QT										
8998 Blk/wht	A	N	Paint										
8999 Pal	A	N	QT										

town

These animals were, 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.

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: 1-10-11

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, - please print): C. Hardee Clark DVM

21. STATUS: [ ] 2 Federal [ ] 1 State [X] 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 25 (twenty five)

23. Signature of Endorsing Federal Veterinarian: DVM

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): Jim Becker DVM

25. SIGNATURE OF ISSUING VETERINARIAN

VS FORM 17-140 (MAR 98) Previous edition may be used.

PART 5 - ISSUING VETERINARIAN

The certificate is authorized by law 21 U.S.C. 112). While you are not required to respond, no health certificate can be validated unless the data requested is provided. FORM APPROVED - OMB NO. 0579-0020 and 0101 72

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): Bouvry Exports, Hwy #3 East, Sw17-9-25-W4 Fort MacLeod, Alberta

2. CERTIFICATE NO.: L028615

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 1-10-11

5. U.S. PORT OF EMBARKATION (City and State): Sweetgrass, MT

6. STATE CODE: 30

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): Bar S Feedlot, 1 Benjamin Road

8. CONSIGNOR'S CITY (or Town): Shelby

12. CONSIGNOR'S STATE: Montana

13. STATE CODE

14. ZIP CODE

9. SEMEN ("X" if yes): [ ]

10. NO. DOSES OF SEMEN

11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [X] 2 - Truck [ ] 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address): Bouvry Exports, SW17-9-25-W4 Fort MacLeod, Alberta

DESTINATION COUNTRY: Canada

ENTER CODE: CA

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

NEGATIVE TUBERCULIN READING: [ ] 48 HRS [ ] 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

CERTIFIED BRUCELLOSIS FREE AREA

NEGATIVE RESULTS OF OTHER TESTS: DISEASE / TYPE TEST / DATE; DISEASE / TYPE TEST / DATE; DISEASE / TYPE TEST / DATE

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

MODIFIED ACCREDITED AREA (TB)

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

Bar S Feedlot
1 Benjamin Road
Shelby, MT 59474

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

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	Y E	DATE F	Y G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DATE M	DATE N	DATE O
26 head of mixed horses for slaughter only. These horses have been inspected on the above date and found fit for travel. These animals have resided in the United States or Canada since birth as best as can be determined. 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. All horses are identified by an official USDA Equine Slaughter backtag. During the previous twenty-one (21) days, the animals in this shipment have not been in the states of Texas or New Mexico.														
USDC...					Back Tag...							Brand Inspection#1260176		
8964 Blk/W	A	M	Paint		62									
8965 Blk/W	A	M	Paint		63									
8966 Gray	A	F	QT		64									
8967 Chestn	A	F	QT		65									
8968 Buckskin	A	F	QT		66									
8969 Chestn	A	M	QT		67									
8970 Bay	A	F	QT		68									
8971 Chestn	A	UN	QT		70									
8972 Chestn	A	UN	QT		71									
8973 Gray	A	F	QT		73									

These animals were, to the best of my knowledge and belief of the issuing veterinarian, not exposed to any communicable disease within 60 days preceding the date of inspection.

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: 1-10-11

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, - please print): C. Hardee Clark, DVM

21. STATUS: [ ] 2 Federal [ ] 1 State [X] 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (include nos. from all attached VS Forms 17-140A): 26 (Twenty-six)

23. Signature of Endorsing Federal Veterinarian: J. Becker DVM

24. NAME OF ENDORSING FEDERAL VET. (Type, print, or stamp): Jim Becker DVM

25. SIGNATURE OF ISSUING VETERINARIAN

VS FORM 17-140 (MAR 98) Previous edition may be used.

PART 5 - ISSUING VETERINARIAN

The certificate is authorized by law 21 U.S.C. 112). While you are not required to respond, no health certificate can be validated unless the data requested is provided. FORM APPROVED - OMB NO. 0579-0020 and 0101

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): Bouvry Exports Hwy #3 East SW17-9-25-W4 Fort MacLeod, Alberta

2. CERTIFICATE NO.: L028633

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 01/26/11

5. U.S. PORT OF EMBARKATION (City and State): Sweetgrass, MT

6. STATE CODE: 30

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): Bar S Feedlot, 1 Benjamin Rd.

8. CONSIGNOR'S CITY (or Town): Shelby

12. CONSIGNOR'S STATE: Montana

13. STATE CODE: 30

14. ZIP CODE: 59474

9. SEMEN ("X" if yes): [ ]

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [X] 2 - Truck [ ] 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address): Bouvry Exports SW17-9-25-W4 Fort MacLeod, Alberta

DESTINATION COUNTRY: Canada

ENTER CODE: CA

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

NEGATIVE TUBERCULIN READING: [ ] 48 HRS [ ] 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS: DISEASE / TYPE TEST / DATE

DISEASE / TYPE TEST / DATE

DISEASE / TYPE TEST / DATE

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

MODIFIED ACCREDITED AREA (TB)

CERTIFIED BRUCELLOSIS FREE AREA

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

Bar S Feedlot
1 Benjamin Road
Shelby, MT 59474

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

26 head of mixed horses for slaughter only. These horses have been inspected on the above date and found fit for travel. These animals have resided in the United States or Canada since birth as best as can be determined. 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. All horses are identified by an Official USDA Equine Slaughter backtag. During the previous twenty-one (21) days, the animals in this shipment have not been in the States of Texas or New Mexico. Brand Inspection #12400191.

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
USDA...					Back Tag #...									
4353 Black	A	M	QT		826									
4354 Chestn	A	F	QT		827									
4355 Chestn	A	F	QT		828									
4356 Bay	A	F	QT		829									
4357 Chestn	A	M	QT		830									
4358 Grey	A	F	QT		831									
4359 Brown	A	F	QT		832									
4360 Red/Wht	A	M	Paint		833									
4361 Back/Sht	A	M	Paint		834									

These animals were, 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.

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: 1-26-11

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, please print): C. Hardee Clark, DVM

21. STATUS: [ ] 2 Federal [ ] 1 State [X] 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 26 (Twenty-Six)

23. Signature of Endorsing Federal Veterinarian: J. Becker DVM

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): Jim Becker DVM

25. SIGNATURE OF ISSUING VETERINARIAN

VS FORM 17-140 (MAR 98) Previous edition may be used.

PART 5 - ISSUING VETERINARIAN

This certificate is authorized by law 21 U.S.C. 112). While you are not required to respond, no health certificate can be validated unless the data requested is provided. FORM APPROVED - OMB NO. 0579-0020 and 0101

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): Bouvry Exports Hwy #3 East SW17-9-25-W4 Fort MacLeod, Alberta

2. CERTIFICATE NO.: L028634

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 01/26/11

5. U.S. PORT OF EMBARKATION (City and State): Sweetgrass, MT

6. STATE CODE: 30

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): Bar 8 Feedlot, 1 Benjamin Rd.

8. CONSIGNOR'S CITY (or Town): Shelby

12. CONSIGNOR'S STATE: Montana

13. STATE CODE: 30

14. ZIP CODE: 59474

9. SEMEN (X if yes): [ ]

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [X] 2 - Truck [ ] 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address): Bouvry Exports SW17-9-25-W4 Fort MacLeod, Alberta

DESTINATION COUNTRY: Canada

ENTER CODE: CA

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

NEGATIVE TUBERCULIN READING: [ ] 48 HRS [ ] 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

DISEASE	DISEASE	DISEASE
TYPE TEST	TYPE TEST	TYPE TEST

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

MODIFIED ACCREDITED AREA (TB)

CERTIFIED BRUCELLOSIS FREE AREA

17. FARM ORIGIN
Owner's name (Last name, first initials, or business name)
Owner's street address
Owner's shipper: State code (FIPS code on reverse) & zip code

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

25 Head of mixed horses for slaughter only. These horses have been inspected on the above date and found fit for travel. These animals have resided in the United States or Canada since birth as best as can be determined. 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. All horses are identified by an Official USDA Equine Slaughter backtag. During the previous twenty-one (21) days, the animals in this shipment have not been in the States of Texas or New Mexico. Brand Inspection #11600192

Bar 8 Feedlot
1 Benjamin Road
Shelby, MT 59474

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
USDA...					Neck Tag #...									
4379 Buck	A	F	QT		852									
4380 Buck	A	F	QT		853									
4381 Chestn	A	F	QT		854									
4382 Chestn	A	F	QT		855									
4383 Pal	A	F	QT		856									
4384 Brown	A	F	QT		857									
4385 Bay	A	F	QT		858									
4386 Chestn	A	N	QT		859									
4387 Chestn	A	N	QT		860									

These animals were, 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.

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: 1-26-11

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, - please print): C. Hardee Clark, DVM

21. STATUS: [ ] 2 Federal [ ] 1 State [XX] 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 25 (Twenty-Five)

23. Signature of Endorsing Federal Veterinarian: Jim Beiker DVM

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): Jim Beiker DVM

25. SIGNATURE OF ISSUING VETERINARIAN

VS FORM 17-140 (MAR 98) Previous edition may be used.

PART 5 - ISSUING VETERINARIAN

The certificate is authorized by law 21 U.S.C. 112). While you are not required to respond, no health certificate can be validated unless the data requested is provided. FORM APPROVED - OMB NO. 0579-0020 and 0101

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): Bouvry Exports Hwy #3 East SW17-9-25-W4 Fort MacLeod, Alberta

2. CERTIFICATE NO.: L028632

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 01/25/11

5. U.S. PORT OF EMBARKATION (City and State): Sweetgrass, MT

6. STATE CODE: 30

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): Bar S Feedlot, 1 Benjamin Rd.

8. CONSIGNOR'S CITY (or Town): Shelby

12. CONSIGNOR'S STATE: Montana

13. STATE CODE: 30

14. ZIP CODE: 59474

9. SEMEN ("X" if yes): [ ]

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [X] 2 - Truck [ ] 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address): Bouvry Exports SW17-9-25-W4 Fort MacLeod, Alberta

DESTINATION COUNTRY: Canada

ENTER CODE: CA

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

NEGATIVE TUBERCULIN READING: [ ] 48 HRS [ ] 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

CERTIFIED BRUCELLOSIS FREE AREA

NEGATIVE RESULTS OF OTHER TESTS: DISEASE / TYPE TEST / DATE

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

Bar S Feedlot
1 Benjamin Road
Shelby, MT 59474

MODIFIED ACCREDITED AREA (TB)

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

27 Head of mixed horses for slaughter only. These horses have been inspected on the above date and found fit for travel. These animals have resided in the United States or Canada since birth or best as can be determined. 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. All horses are identified by an official USDA Equine Slaughter backtag. During the previous twenty-one (21) days, the animals in this shipment have not been in the States of Texas or New Mexico. Brand Inspection #1200190.

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
OBGH...					Neck Tag #...									
4326 Chestn	A	M	QT		800									
4327 Bay	A	F	QT		801									
4328 Chestn	A	F	QT		802									
4329 Wht/Blk	A	M	Appy		803									
4330 Chestn	A	F	QT		804									
4331 Chestn	A	M	QT		805									
4332 Grey	A	F	QT		806									
4333 Brown	A	F	QT		807									
4334 Chestn	A	M	QT		808									

These animals were, 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.

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: 1-25-11

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, - please print): C. Hardee Clark, DVM

21. STATUS: [ ] 2 Federal [ ] 1 State [X] 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 27 (Twenty-Seven)

23. Signature of Endorsing Federal Veterinarian: J. Becker DVM

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): Jim Becker DVM

25. SIGNATURE OF ISSUING VETERINARIAN

VS FORM 17-140 (MAR 98) Previous edition may be used.

PART 5 - ISSUING VETERINARIAN

The certificate is authorized by law 21 U.S.C. 112). While you are not required to respond, no health certificate can be validated unless the data requested is provided. FORM APPROVED - OMB NO. 0579-0020 and 0101

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): Bouvry Exports Hwy #3 East Sw17-9-25-W4 Fort MacLeod, Alberta

2. CERTIFICATE NO.: L028703

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 02/17/11

5. U.S. PORT OF EMBARKATION (City and State): Sweetgrass, MT

6. STATE CODE: 30

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): Bar S Feedlot, 1 Benjamin Rd.

8. CONSIGNOR'S CITY (or Town): Shelby

12. CONSIGNOR'S STATE: Montana

13. STATE CODE: 30

14. ZIP CODE: 59474

9. SEMEN ("X" if yes): [ ]

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [X] 2 - Truck [ ] 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address): Bouvry Exports SW17-9-25-W4 Fort MacLeod, Alberta

DESTINATION COUNTRY: Canada

ENTER CODE: CA

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

NEGATIVE TUBERCULIN READING: [ ] 48 HRS [ ] 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

CERTIFIED BRUCELLOSIS FREE AREA

NEGATIVE RESULTS OF OTHER TESTS: DISEASE / TYPE TEST / DISEASE / TYPE TEST / DISEASE / TYPE TEST

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

MODIFIED ACCREDITED AREA (TB)

17. FARM ORIGIN
Owner's name (Last name, first initial, or business name)
Owner's street address
Owner's city/town, State code / FFS code on reverse / Zip code

Bar S Feedlot
1 Benjamin Road
Shelby, MT 59474

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	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DATE M	DATE N	DATE O
25 Head of wheat horses for slaughter only. These horses have been inspected on the above date and found fit for travel. These animals have resided in the United States or Canada since birth as best as can be determined. 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. All horses are identified by an Official USDA Equine Slaughter backtag. During the previous twenty-one (21) days, the animals in this shipment have not been in the States of Texas or New Mexico. Brand Inspection #12500210.														
USDA...					Neck Tag #...									
7154 Pal	A	M	QT		181									
7155 Bay	A	M	QT		182									
7156 Chestn	A	F	QT		183									
7157 Bay	A	M	Draft		184									
7158 Red Roan	A	F	QT		185									
7159 Brown	A	M	QT		186									
7160 Brn/Wht	A	F	Paint		187									
7161 Chestn	A	M	QT		188									
7162 Chestn	A	M	QT		189									

These animals were, 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.

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: 2-17-11

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, - please print): C. Hardee Clark, DVM

21. STATUS: [ ] 2 Federal [ ] 1 State [X] 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 25 (Twenty-Five)

23. Signature of Endorsing Federal Veterinarian: [signature] DVM

24. NAME OF ENDORSING FEDERAL VET. (Type, print, or stamp): Jim Brokr DVM

25. SIGNATURE OF ISSUING VETERINARIAN: [signature]

VS FORM 17-140 (MAR 98) Previous edition may be used.

PART 5 - ISSUING VETERINARIAN

The certificate is authorized by law 21 U.S.C. 112). While you are not required to respond, no health certificate can be validated unless the data requested is provided.

FORM APPROVED - OMB NO. 0579-0020 and 0101

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): Bouvry Exports Bay #3 East SW17-9-25-W4 Fort MacLeod, Alberta

2. CERTIFICATE NO.: L028702

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 02/14/11

5. U.S. PORT OF EMBARKATION (City and State): Sweetgrass, MT

6. STATE CODE: 30

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): Bar S Feedlot, 1 Benjamin Rd.

8. CONSIGNOR'S CITY (or Town): Shelby

12. CONSIGNOR'S STATE: Montana

13. STATE CODE: 30

14. ZIP CODE: 59474

9. SEMEN (X if yes): [ ]

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [X] 2 - Truck [ ] 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address): Bouvry Exports SW17-9-25-W4 Fort MacLeod, Alberta

DESTINATION COUNTRY: Canada

ENTER CODE: CA

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

NEGATIVE TUBERCULIN READING: [ ] 48 HRS [ ] 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

CERTIFIED BRUCELLOSIS FREE AREA

NEGATIVE RESULTS OF OTHER TESTS: DISEASE / TYPE TEST / DISEASE / TYPE TEST / DISEASE / TYPE TEST

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

MODIFIED ACCREDITED AREA (TB)

17. FARM ORIGIN
Owner's name (Last name, first initial, or business name)
Owner's street address
Owner's city/town, State, country (FIPS code on reverse) & zip code

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	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DATE M	DATE N	DATE O
37 Head of mixed horses for slaughter only. These horses have been inspected on the above date and found fit for travel. These animals have resided in the United States or Canada since birth as best as can be determined. 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. All horses are identified by an Official USDA Equine Slaughter backtag. During the previous twenty-one (21) days, the animals in this shipment have not been in the States of Texas or New Mexico. Brand Inspection #12600209.														
Bar S Feedlot 1 Benjamin Road Shelby, MT 59474														
These animals were, 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.	USDA...				Neck Tag #...									
	7127 Bay	A	F	QT	105									
	7128 Bay	A	F	QT	106									
	7129 Buck	A	F	QT	108									
	7130 Bay	A	F	QT	108									
	7131 Bay	A	F	QT	507									
	7132 Chestn	A	N	QT	503									
	7133 Bay	A	N	QT	593									
	7134 Bay	A	N	QT	110									
	7135 Grey	A	N	QT	111									

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: 2-14-11

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, - please print): C. Hardan Clark, DVM

21. STATUS: [ ] 2 Federal [ ] 1 State [X] 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 27 (Twenty-Seven)

23. Signature of Endorsing Federal Veterinarian: A. Baker DVM

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): Jim Baker DVM

25. SIGNATURE OF ISSUING VETERINARIAN

VS FORM 17-140 (MAR 98) Previous edition may be used.

PART 5 - ISSUING VETERINARIAN

The certificate is authorized by law 21 U.S.C. 112). While you are not required to respond, no health certificate can be validated unless the data requested is provided. FORM APPROVED - OMB NO. 0579-0020 and 0101 72

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): Bouvry Exports Hwy #3 East SW17-9-25-W4 Fort MacLeod, Alberta

2. CERTIFICATE NO.: L028701

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 02/11/11

5. U.S. PORT OF EMBARKATION (City and State): Sweetgrass, MT

6. STATE CODE: 30

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): Bar S Feedlot, 1 Benjamin Rd.

8. CONSIGNOR'S CITY (or Town): Shelby

12. CONSIGNOR'S STATE: Montana

13. STATE CODE: 30

14. ZIP CODE: 59474

9. SEMEN ("X" if yes): [ ]

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [X] 2 - Truck [ ] 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address): Bouvry Exports SW17-9-25-W4 Fort MacLeod, Alberta

DESTINATION COUNTRY: Canada

ENTER CODE: CA

15. SPECIES ("X" one - use VS Form 17-6 for Poultry): [ ] 01 BOVINE [ ] 02 PORCINE [ ] 03 OVINE [ ] 04 CAPRINE [X] 05 EQUINE [ ] 06 OTHER WILDLIFE - MAMMAL [ ] 09 OTHER (Specify)

NEGATIVE TUBERCULIN READING: [ ] 48 HRS [ ] 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

CERTIFIED BRUCELLOSIS FREE AREA

NEGATIVE RESULTS OF OTHER TESTS: DISEASE / TYPE TEST / DISEASE / TYPE TEST / DISEASE / TYPE TEST

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

MODIFIED ACCREDITED AREA (TB)

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

Bar S Feedlot
1 Benjamin Road
Shelby, MT 59474

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

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	Y E	DATE F	Y G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DATE M	DATE N	DATE O
27 Head of mixed horses for slaughter only. These horses have been inspected on the above date and found fit for travel. These animals have resided in the United States or Canada since birth as best as can be determined. 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. All horses are identified by an Official USDA Equine Slaughter backtag. During the previous twenty-one (21) days, the animals in this shipment have not been in the States of Texas or New Mexico. Brand Inspection #12606208.														
USCC...							Back Tag #....							
7100 Chestn	A	F	Pony	2										
7101 Brn/Wht	A	M	Paint	5										
7102 Red/Wht	A	F	Paint	6										
7103 Buck/Wht	A	F	Paint	17										
7104 Chestn	A	F	QT	47										
7105 Red/Wht	A	F	Paint	90										
7106 Brn/Wht	A	F	Paint	91										
7107 Blk/Wht	A	F	Paint	92										
7108 Blk/Wht	A	F	Paint	96										

These animals were, 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.

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: 2-11-11

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, - please print): C. Hardee Clark, DVM

21. STATUS: [ ] 2 Federal [ ] 1 State [X] 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include not, from all attached VS Forms 17-140A): 27 (Twenty-Seven)

23. Signature of Endorsing Federal Veterinarian: A. Becker DVM

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): Jim Becker DVM

25. SIGNATURE OF ISSUING VETERINARIAN: C. Hardee Clark

VS FORM 17-140 (MAR 98) Previous edition may be used.

PART 5 - ISSUING VETERINARIAN

The certificate is authorized by law 21.U.S.C. 112). While you are not required to respond, no health certificate can be validated unless the data requested is provided. FORM APPROVED - OMB NO. 0579-0020 and 0101

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): Bouvry Exports Hwy #3 East SW17-9-25-W4 Fort MacLeod, Alberta

2. CERTIFICATE NO.: L028650

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 02/11/11

5. U.S. PORT OF EMBARKATION (City and State): Sweetgrass, MT

6. STATE CODE: 30

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): Bar S Feedlot, 1 Benjamin Rd.

8. CONSIGNOR'S CITY (or Town): Shelby

12. CONSIGNOR'S STATE: Montana

13. STATE CODE: 30

14. ZIP CODE: 59474

9. SEMEN ("X" if yes): [ ]

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [X] 2 - Truck [ ] 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address): Bouvry Exports SW17-9-25-W4 Fort MacLeod, Alberta

DESTINATION COUNTRY: Canada

ENTER CODE: CA

15. SPECIES ("X" one - use VS Form 17-6 for Poultry): [ ] 01 BOVINE [ ] 02 PORCINE [ ] 03 OVINE [ ] 04 CAPRINE [X] 05 EQUINE [ ] 06 OTHER WILDLIFE - MAMMAL [ ] 09 OTHER (Specify)

NEGATIVE TUBERCULIN READING: [ ] 48 HRS [ ] 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS: DISEASE / DISEASE / DISEASE

CERTIFIED BRUCELLOSIS FREE AREA

TYPE TEST / TYPE TEST / TYPE TEST

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

MODIFIED ACCREDITED AREA (TB)

17. FARM ORIGIN
Owner's name (Last name, first initial, or business name)
Owner's street address
Owner's city/town, State, zip (ZIPS code on receipt) & site code

Bar S Feedlot
1 Benjamin Road
Shelby, MT 59474

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

27 head of mixed horses for slaughter only. These horses have been inspected on the above date and found fit for travel. These animals have resided in the United States or Canada since birth as best as can be determined. 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. All horses are identified by an Official USDA Equine Slaughter backtag. During the previous twenty-one (21) days, the animals in this shipment have not been in the States of Texas or New Mexico. Brand Inspection #12800207.

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
USDA...					Neck Tag #...									
7073 Brn/Red	A	F	Paint		738									
7074 Bay	A	F	QT		739									
7075 Brn/Wht	A	N	Paint		740									
7076 Brown	A	F	QT		741									
7077 Chestn	A	F	QT		742									
7078 Blu Roan	A	F	QT		743									
7079 Brn/Wht	A	N	Paint		744									
7080 Bay	A	N	QT		309									
7081 Red Roan	A	F	QT		745									

"as were, 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."

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: 2-11-11

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, - please print): C. Hardee Clark, DVM

21. STATUS: [ ] 2 Federal [ ] 1 State [X] 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 27 (Twenty-Seven)

23. Signature of Endorsing Federal Veterinarian: J. Becker DVM

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): Jim Becker DVM

25. SIGNATURE OF ISSUING VETERINARIAN

VS FORM 17-140 (MAR 98) Previous edition may be used.

PART 5 - ISSUING VETERINARIAN

The certificate is authorized by law 21 U.S.C. 112). While you are not required to respond, no health certificate can be validated unless the data requested is provided.

FORM APPROVED - OMB NO. 0579-0020 and 0101

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): Bouvry Exports, Hwy #3 East, SW17-9-25-W4 Fort MacLeod, Alberta

2. CERTIFICATE NO.: L028638

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 1/28/11

5. U.S. PORT OF EMBARKATION (City and State): Sweetgrass, MT

6. STATE CODE: 30

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): Bar S Feedlot, 1 Benjamin Road

8. CONSIGNOR'S CITY (or Town): Shelby

12. CONSIGNOR'S STATE: Montana

13. STATE CODE: 30

14. ZIP CODE: 59474

9. SEMEN ("X" if yes): [ ]

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [XX] 2 - Truck [ ] 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address): Bouvry Exports, SW17-9-25-W4 Fort MacLeod, Alberta

DESTINATION COUNTRY: Canada

ENTER CODE: CA

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

NEGATIVE TUBERCULIN READING: [ ] 48 HRS [ ] 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

DISEASE	DISEASE	DISEASE
TYPE TEST	TYPE TEST	TYPE TEST
DATE M	DATE N	DATE O

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

MODIFIED ACCREDITED AREA (TB)

CERTIFIED BRUCELLOSIS FREE AREA

17. FARM ORIGIN
Owner's name (Last name, mo/middle, or business name)
Owner's street address
Owner's city/town, State code / FFS code on reverse) & zip code

Bar S Feedlot
1 Benjamin Road
Shelby, MT 59474

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

25 head offsized horses for slaughter, only. These horses have been inspected on the above date and found fit for travel. These animals have resided in the United States or Canada since birth as best as can be determined. The exporter has been advised that any deterioration in health or physical condition of the animals subsequent to this inspection may result in the shipment to be refused entry to Canada. All horses are identified by an official USDA Equine Slaughter Backtag. During the previous twenty-one (21 days, the animals in this shipment have not been in the state of Texas or New Mexico.

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	Y E	DATE F	Y G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DATE M	DATE N	DATE O
USDA...					Neck Tag...						Brand Inspection #12600196			
6782 Bay	A	F	QH		31									
6783 Brn/W	A	F	Appy		32									
6784 Blk/W	A	N	Paint		33									
6785 Blk/W	A	N	Paint		34									
6786 Buckskin	A	N	QH		35									
6787 Cruella	A	N	QH		36									
6788 Dun	A	F	QH		37									
6789 Blk/W	A	N	Paint		38									
6790 Brn/W	A	N	Appy		39									
6791 Blk/W	A	F	Paint		40									

These animals were, to the best of my knowledge and belief of the issuing veterinarian, not exposed to any communicable disease within 60 days preceding the date of inspection.

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: 1-28-11

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, - please print): C. Hardee Clark, DVM

21. STATUS: [ ] 2 Federal [ ] 1 State [X] 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 25 (Twenty-Five)

23. Signature of Endorsing Federal Veterinarian: J. Becker DVM

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): Jim Becker DVM

25. SIGNATURE OF ISSUING VETERINARIAN

VS FORM 17-140 (MAR 98) Previous edition may be used.

PART 5 - ISSUING VETERINARIAN

This certificate is authorized by law 21 U.S.C. 112). While you are not required to respond, no health certificate can be validated unless the data requested is provided. FORM APPROVED - OMB NO. 0579-0020 and 0101 72

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): Bouvry Exports Hwy #3 East SW17-9-25-W4 Fort MacLeod, Alberta

2. CERTIFICATE NO.: L028637

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 01/28/11

5. U.S. PORT OF EMBARKATION (City and State): Sweetgrass, MT

6. STATE CODE: 30

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): Bar S Feedlot, 1 Benjamin Rd.

8. CONSIGNOR'S CITY (or Town): Shelby

12. CONSIGNOR'S STATE: Montana

13. STATE CODE: 30

14. ZIP CODE: 59474

9. SEMEN ("X" if yes): [ ]

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [X] 2 - Truck [ ] 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address): Bouvry Exports SW17-9-25-W4 Fort MacLeod, Alberta

DESTINATION COUNTRY: EB Canada

ENTER CODE: CA

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

NEGATIVE TUBERCULIN READING: [ ] 48 HRS [ ] 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

DISEASE	DISEASE	DISEASE
TYPE TEST	TYPE TEST	TYPE TEST
DATE M	DATE N	DATE O

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

MODIFIED ACCREDITED AREA (TB)

CERTIFIED BRUCELLOSIS FREE AREA

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

Bar S Feedlot
1 Benjamin Road
Shelby, MT 59474

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

26 Head of mixed horses for slaughter only. These horses have been inspected on the above date and found fit for travel. These animals have resided in the United States or Canada since birth as best as can be determined. 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. All horses are identified by an official USDA Equine Slaughter backtag. During the previous twenty-one (21) days, the animals in this shipment have not been in the States of Texas or New Mexico. Brand Inspection #12680195.

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
USDA...					Neck Tag #...									
6756 White	A	F	QT		2									
6757 Cheste	A	F	QT		3									
6758 Brn/Wht	A	N	Paint		4									
6759 Cheste	A	N	QT		5									
6760 Brn/Wht	A	N	Paint		6									
6761 Red/Wht	A	N	Paint		7									
6762 Brown	A	F	QT		8									
6763 Cheste	A	N	QT		9									
6764 Brn/Wht	A	N	Paint		10									

These animals were, 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.

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: 1-28-11

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, - please print): C. Harden Clark, DVM

21. STATUS: [ ] 2 Federal [ ] 1 State [X] 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 26 (Twenty-Six)

23. Signature of Endorsing Federal Veterinarian: J. Bell DVM

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): Jim Bell DVM

25. SIGNATURE OF ISSUING VETERINARIAN

VS FORM 17-140 (MAR 98) Previous edition may be used.

PART 5 - ISSUING VETERINARIAN

The certificate is authorized by law 21 U.S.C. 112). While you are not required to respond, no health certificate can be validated unless the data requested is provided. FORM APPROVED - OMB NO. 0579-0020 and 0101

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): Bouvry Exports Hwy #3 East SW17-9-25-W4 Fort MacLeod, Alberta

2. CERTIFICATE NO.: L028635

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 01/27/11

5. U.S. PORT OF EMBARKATION (City and State): Sweetgrass, MT

6. STATE CODE: 30

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): Bar S Feedlot, 1 Benjamin Rd.

8. CONSIGNOR'S CITY (or Town): Shelby

12. CONSIGNOR'S STATE: Montana

13. STATE CODE: 30

14. ZIP CODE: 59474

9. SEMEN ("X" if yes): [ ]

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [X] 2 - Truck [ ] 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address): Bouvry Exports SW17-9-25-W4 Fort MacLeod, Alberta

DESTINATION COUNTRY: Canada

ENTER CODE: CA

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

NEGATIVE TUBERCULIN READING: [ ] 48 HRS [ ] 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS: DISEASE / TYPE TEST / DATE

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

17. FARM ORIGIN
Owner's name (Last name, first initial, or business name)
Owner's street address
Owner's city/town, State code (FIPS code on reverse) & zip code

Bar S Feedlot
1 Benjamin Road
Shelby, MT 59474

MODIFIED ACCREDITED AREA (TB)

CERTIFIED BRUCELLOSIS FREE AREA

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

25 Head of mixed horses for slaughter only. These horses have been inspected on the above date and found fit for travel. These animals have resided in the United States or Canada since birth as best as can be determined. 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. All horses are identified by an Official USDA Equine Slaughter backtag. During the previous twenty-one (21) days, the animals in this shipment have not been in the States of Texas or New Mexico. Brand Inspection #1Z606193.

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	T/E	DATE F	T/G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DATE M	DATE N	DATE O
USDC...					Back Tag #...									
6704 Wht/Blk	A	M	Appy		782									
6705 Grullo	A	F	QT		793									
6706 Black	A	F	QT		877									
6707 Brn/Wht	A	F	Paint		878									
6708 Brn/Wht	A	F	Paint		879									
6709 Grey	A	F	QT		880									
6710 Brn/Wht	A	F	Paint		881									
6711 Red Roan	A	F	QT		882									
6712 Chestn	A	M	QT		883									

These animals were, to the best of the knowledge and belief of the issuing veterinarian, not exposed to any communicable disease within 30 days preceding the date of inspection.

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: 1-27-11

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, - please print): C. Hardee Clark, DVM

21. STATUS: [ ] 2 Federal [ ] 1 State [X] 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 25 (Twenty-Five)

23. Signature of Endorsing Federal Veterinarian: J. Becker DVM

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): Jim Becker DVM

25. SIGNATURE OF ISSUING VETERINARIAN

VS FORM 17-140 (MAR 98) Previous edition may be used.

PART 5 - ISSUING VETERINARIAN

...is authorized by law 21 U.S.C. 112). While you are not required to respond, no health certificate can be validated unless the data requested is provided. FORM APPROVED - OMB NO. 0579-0020 and 0101 72

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): Bouvry Exports, Hwy #3 East, SW17-9-25-W2 Fort MacLeod, Alberta

2. CERTIFICATE NO.: L028636

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 01/27/11

5. U.S. PORT OF EMBARKATION (City and State): Sweetgrass, MT

6. STATE CODE: 30

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): Bar S Feedlot, 1 Benjamin Rd.

8. CONSIGNOR'S CITY (or Town): Shelby

12. CONSIGNOR'S STATE: Montana

13. STATE CODE: 30

14. ZIP CODE: 59474

9. SEMEN ("X" if yes): [ ]

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [X] 2 - Truck [ ] 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address): Bouvry Exports SW17-9-25-W4 Fort MacLeod, Alberta

DESTINATION COUNTRY: Canada

ENTER CODE: CA

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

NEGATIVE TUBERCULIN READING: [ ] 48 HRS [ ] 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS: DISEASE / TYPE TEST / DATE

CERTIFIED BRUCELLOSIS FREE AREA

MODIFIED ACCREDITED AREA (TB)

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

Bar S Feedlot
1 Benjamin Road
Shelby, MT 59474

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	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE / TYPE TEST / DATE M	DISEASE / TYPE TEST / DATE N	DISEASE / TYPE TEST / DATE O
26 Head of mixed horses for slaughter only. These horses have been inspected on the above date and found fit for travel. These animals have resided in the United States or Canada since birth as best as can be determined. The exporter has been advised that any determination 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. All horses are identified by an Official USDA Equine Slaughter backtag. During the previous twenty-one (21) days, the animals in this shipment have not been in the States of Texas or New Mexico. Brand Inspection #12600138.														
USDA...					Neck Tag #...									
6730 Brown	A	F	QT		181									
6731 Chestn	A	N	QT		182									
6732 Bay	A	N	QT		183									
6733 Bay	A	F	QT		184									
6734 Wht/Blk	A	N	Appy		185									
6735 Buck	A	N	~~Appy~~QT		186									
6736 Brn/Wht	A	N	Paint		187									
6737 Bay	A	N	QT		188									
6738 Chestn	A	N	QT		189									

These animals were, 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.

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: 1-27-11

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, - please print): C. Hardee Clark, DVM

21. STATUS: [ ] 2 Federal [ ] 1 State [X] 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 26 (Twenty-Six)

23. Signature of Endorsing Federal Veterinarian: J. Becker DVM

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): Jim Becker DVM

25. SIGNATURE OF ISSUING VETERINARIAN: [signature]

VS FORM 17-140 (MAR 98) Previous edition may be used.

PART 5. ISSUING VETERINARIAN

The certificate is authorized by law 21 U.S.C. 112). While you are not required to respond, no health certificate can be validated unless the data requested is provided. FORM APPROVED - OMB NO. 0579-0020 and 0101

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): Bouvry Exports, Hwy #3 East, SW17-9-25-W4 Fort MacLeod, Alberta

2. CERTIFICATE NO.: L028713

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 2/28/11

5. U.S. PORT OF EMBARKATION (City and State): Sweetgrass, MT

6. STATE CODE: 30

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): Bar S Feedlot, 1 Benjamin Road

8. CONSIGNOR'S CITY (or Town): Shelby

12. CONSIGNOR'S STATE: Montana

13. STATE CODE: 30

14. ZIP CODE: 59474

9. SEMEN ("X" if yes): [ ]

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [X] 2 - Truck [ ] 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address): Bouvry Exports, SW17-9-25-W4 Fort MacLeod, Alberta

DESTINATION COUNTRY: Canada

ENTER CODE: CA

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

NEGATIVE TUBERCULIN READING: [ ] 48 HRS [ ] 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

CERTIFIED BRUCELLOSIS FREE AREA

NEGATIVE RESULTS OF OTHER TESTS: DISEASE / TYPE TEST / DATE

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

MODIFIED ACCREDITED AREA (TB)

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

Bar S Feedlot
1 Benjamin Road
Shelby, MT 59474

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

28 Head of mixed horses for slaughter only. These horses have been inspected on the above date and found fit for travel. These animals have resided in the United States or Canada since birth as best as can be determined. 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. All horses are identified by an Official USDA Equine Slaughter backtag. During the previous twenty-one (21) days, the animals in this shipment have not been in the States of Texas or New Mexico. Brand Inspection #12600217.

These animals were, 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.

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	Y E	DATE F	Y G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE / TYPE TEST / DATE M	DISEASE / TYPE TEST / DATE N	DISEASE / TYPE TEST / DATE O
USDA...					Neck Tag #...									
7336 Chestn	A	M	QT		66									
7337 White	A	F	QT		67									
7338 Bay	A	F	QT		69									
7339 Dun	A	F	QT		70									
7340 Grey	A	F	QT		71									
7341 Blk/Wht	A	M	Paint		73									
7342 Chestn	A	M	QT		74									
7343 Bay	A	M	QT		75									
7344 Pal	A	F	QT		76									

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: 2-28-11

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial,- please print): C. Hardee Clark, DVM

21. STATUS: [ ] 2 Federal [ ] 1 State [X] 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 28 (Twenty-Eight)

23. Signature of Endorsing Federal Veterinarian: A. Bel DVM

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): Jim Baker DVM

25. SIGNATURE OF ISSUING VETERINARIAN: C. Hardee Clark

VS FORM 17-140 (MAR 98) Previous edition may be used.

PART 5 - ISSUING VETERINARIAN

The certificate is authorized by law 21 U.S.C. 112). While you are not required to respond, no health certificate can be validated unless the data requested is provided. FORM APPROVED - OMB NO. 0579-0020 and 0101

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): Bouvry Exports SW17-9-25-W4, Hwy 3 East Fort MacLeod, Alberta

2. CERTIFICATE NO.: L028710

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 02/24/11

5. U.S. PORT OF EMBARKATION (City and State): Sweetgrass, MT

6. STATE CODE: 30

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): Bar S Feedlot, 1 Benjamin Rd.

8. CONSIGNOR'S CITY (or Town): Shelby

12. CONSIGNOR'S STATE: Montana

13. STATE CODE: 30

14. ZIP CODE: 59474

9. SEMEN ("X" if yes): [ ]

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [X] 2 - Truck [ ] 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address): Bouvry Exports SW17-9-25-W4 Fort MacLeod, Alberta

DESTINATION COUNTRY: Canada

ENTER CODE: CA

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

NEGATIVE TUBERCULIN READING: [ ] 48 HRS [ ] 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

CERTIFIED BRUCELLOSIS FREE AREA

NEGATIVE RESULTS OF OTHER TESTS

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

MODIFIED ACCREDITED AREA (TB)

17. FARM ORIGIN
Owner's name (Last name, two initials, or business name)
Owner's street address
Owner's city/town, State code (FIPS code on reverse) & zip code

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

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	DISEASE / TYPE TEST / DATE M	DISEASE / TYPE TEST / DATE N	DISEASE / TYPE TEST / DATE O
26 Head of mixed horses for slaughter only. These horses have been inspected on the above date and found fit for travel. These animals have resided in the United States or Canada since birth as best as can be determined. 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. All horses are identified by an Official USDA Equine Slaughter backtag. During the previous twenty-one (21) days, the animals in this shipment have not been in the States of Texas or New Mexico. Brand Inspection #12000214.													
USGG...					Neck Tag #...								
7257 Bay	A	M	QT		2								
7258 Chestn	A	F	QT		3								
7259 Grey	A	F	QT		4								
7260 Chestn	A	F	QT		5								
7261 Chestn	A	F	QT		6								
7262 Chestn	A	F	QT		7								
7263 Bay	A	F	QT		8								
7264 Chestn	A	F	QT		9								
7265 Red/Wht	A	N	Paint		10								

Bar S Feedlot
1 Benjamin Road
Shelby, MT 59474

These animals were, 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.

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

23. Signature of Endorsing Federal Veterinarian: Jim Becker DVM

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: 2-24-11

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, - please print): C. Hardee Clark, DVM

21. STATUS: [ ] 2 Federal [ ] 1 State [X] 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 26 (Twenty-Six)

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): Jim Becker DVM

25. SIGNATURE OF ISSUING VETERINARIAN

VS FORM 17-140 (MAR 98) Previous edition may be used.

PART 5 - ISSUING VETERINARIAN

The certificate is authorized by law 21 U.S.C. 112). While you are not required to respond, no health certificate can be validated unless the data requested is provided. FORM APPROVED - OMB NO. 0579-0020 and 0101

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): Bouvry Exports Bay #3 East SW17-9-25-W4 Fort MacLeod, Alberta

2. CERTIFICATE NO.: L028711

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 02/24/11

5. U.S. PORT OF EMBARKATION (City and State): Sweetgrass, MT

6. STATE CODE: 30

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): Bar S Feedlot, 1 Benjamin Rd.

8. CONSIGNOR'S CITY (or Town): Shelby

12. CONSIGNOR'S STATE: Montana

13. STATE CODE: 30

14. ZIP CODE: 59474

9. SEMEN ("X" if yes): [ ]

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [X] 2 - Truck [ ] 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address): Bouvry Exports SW17-9-25-W4 Fort MacLeod, Alberta

DESTINATION COUNTRY: Canada

ENTER CODE: CA

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

NEGATIVE TUBERCULIN READING: [ ] 48 HRS [ ] 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

CERTIFIED BRUCELLOSIS FREE AREA

NEGATIVE RESULTS OF OTHER TESTS

DISEASE	DISEASE	DISEASE
TYPE TEST	TYPE TEST	TYPE TEST
DATE M	DATE N	DATE O

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

17. FARM ORIGIN
Owner's name (last name, first name, middle initial, or business name)
Owner's street address
Owner's city/town, state, zip (FIPS code on reverse) & zip code

Bar S Feedlot
1 Benjamin Road
Shelby, MT 59474

MODIFIED ACCREDITED AREA (TB)

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

26 head of mixed horses for slaughter only. These horses have been inspected on the above date and found fit for travel. These animals have resided in the United States or Canada since birth as best as can be determined. The exporter has been advised that any deterioration in health or physicis condition of the animals that may render animals unfit for transport may result in the shipment to be refused entry to Canada. All horses are identified by an Official USDA Equine Slaughter backtag. During the previous twenty-one (21) days, the animals in this shipment have not been in the States of Texas or New Mexico. Brand Inspection #12660215.

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	YE	DATE F	VG	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DATE M	DATE N	DATE O
USGG...					Neck Tag #...									
7283 Gry/Wht	A	F	Appy		33									
7284 Bay	A	F	QT		34									
7285 Brown	A	F	QT		35									
7286 Red Roan	A	F	QT		36									
7287 Grey	A	F	QT		37									
7288 Black	A	F	Draft		38									
7289 Pal	A	F	QT		39									
7290 Bay	A	N	QT		40									
7291 Black	A	N	QT		41									

These animals were, 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.

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: 2-24-11

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, please print): G. Hardee Clark, DVM

21. STATUS: [ ] 2 Federal [ ] 1 State [X] 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 26 (Twenty-Six)

23. Signature of Endorsing Federal Veterinarian: Jim Barker DVM

24. NAME OF ENDORSING FEDERAL VET. (Type, print, or stamp): Jim Barker DVM

25. SIGNATURE OF ISSUING VETERINARIAN

VS FORM 17-140 (MAR 98) Previous edition may be used.

PART 5 - ISSUING VETERINARIAN

The certificate is authorized by law 21 U.S.C. 112). While you are not required to respond, no health certificate can be validated unless the data requested is provided. FORM APPROVED - OMB NO. 0579-0020 and 0101

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): Bouvry Exports Hwy #3 East SW17-9-25-W4 Fort MacLeod, AB

2. CERTIFICATE NO.: L028706

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 02/23/11

5. U.S. PORT OF EMBARKATION (City and State): Sweetgrass, MT

6. STATE CODE: 30

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): Bar S Feedlot, 1 Benjamin Rd.

8. CONSIGNOR'S CITY (or Town): Shelby

12. CONSIGNOR'S STATE: Montana

13. STATE CODE: 30

14. ZIP CODE: 59474

9. SEMEN ("X" if yes): [ ]

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [X] 2 - Truck [ ] 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address): Bouvry Exports SW17-9-25-W4 Fort MacLeod, Alberta

DESTINATION COUNTRY: Canada

ENTER CODE: CA

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

NEGATIVE TUBERCULIN READING: [ ] 48 HRS [ ] 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

CERTIFIED BRUCELLOSIS FREE AREA

NEGATIVE RESULTS OF OTHER TESTS: DISEASE / TYPE TEST / DATE

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

MODIFIED ACCREDITED AREA (TB)

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

Bar S Feedlot
1 Benjamin Road
Shelby, MT 59474

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

26 Head of mixed horses for slaughter only. These horses have been inspected on the above date and found fit for travel. These animals have resided in the United States or Canada since birth as best as can be determined. 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. All horses are identified by an Official USDA Equine Slaughter backtag. During the previous twenty-one (21) days, the animals in this shipment have not been in the States of Texas or New Mexico. Brand Inspection #12600213.

USGG...

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
7231 Brn/Wht	A	F	Appy		770									
7232 Chestn	A	N	QT		771									
7233 Chestn	A	F	QT		772									
7234 Brn/Wht	A	F	Paint		773									
7235 Chestn	A	F	QT		774									
7236 Red/Wht	A	F	Paint		775									
7237 Chestn	A	F	QT		776									
7238 Red/Wht	A	F	Paint		777									
7239 Chestn	A	XN	QT		778									

These animals were 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.

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: 2-23-11

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, - please print): C. Hardee Clark, DVM

21. STATUS: [ ] 2 Federal [ ] 1 State [X] 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 26 (Twenty-Six)

23. Signature of Endorsing Federal Veterinarian: J. Bel DVM

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): Jim Baker DVM

25. SIGNATURE OF ISSUING VETERINARIAN

VS FORM 17-140 (MAR 98) Previous edition may be used.

PART E - ISSUING VETERINARIAN

The certificate is authorized by law 21 U.S.C. 112). While you are not required to respond, no health certificate can be validated unless the data requested is provided. FORM APPROVED - OMB NO. 0579-0020 and 0101

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): Bouvry Exports Hwy #3 East SW17-9-25-W4 Fort MacLeod, Alberta

2. CERTIFICATE NO.: L028705

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 02/22/11

5. U.S. PORT OF EMBARKATION (City and State): Sweetgrass, MT

6. STATE CODE: 30

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): Bar S Feedlot, 1 Benjamin Rd.

8. CONSIGNOR'S CITY (or Town): Shelby

12. CONSIGNOR'S STATE: Montana

13. STATE CODE: 30

14. ZIP CODE: 59474

9. SEMEN ("X" if yes): [ ]

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [X] 2 - Truck [ ] 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address): Bouvry Exports SW17-9-25-W4 Fort MacLeod, Alberta

DESTINATION COUNTRY: Canada

ENTER CODE: CA

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

NEGATIVE TUBERCULIN READING: [ ] 48 HRS [ ] 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS: DISEASE / TYPE TEST / DISEASE / TYPE TEST / DISEASE / TYPE TEST

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

17. FARM ORIGIN
Owner's name (Last name, two initials, or business name)
Owner's street address
Owner's city/town, State code (FIPS code on reverse) & zip code

Bar S Feedlot
1 Benjamin Road
Shelby, MT 59474

MODIFIED ACCREDITED AREA (TB)

CERTIFIED BRUCELLOSIS FREE AREA

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

27 Head of mixed horses for slaughter only. These horses have been inspected on the above date and found fit for travel. These animals have resided in the United States or Canada since birth as best as can be determined. 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. All horses are identified by an Official USDA Equine Slaughter backtag. During the previous twenty-one (21) days, the animals in this shipment have not been in the States of Texas or New Mexico. Brand Inspection #12600211.

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
USGG...					Neck Tag #...									
7204 Chestn	A	F	QT		701									
7205 Chestn	A	F	QT		702									
7206 Bay	A	F	QT		703									
7207 Chestn	A	F	QT		704									
7208 Blk/Wht	A	F	Paint		705									
7209 Chestn	A	N	QT		706									
7210 Bay	A	F	QT		707									
7211 Chestn	A	N	QT		708									
7212 Red Roan	A	F	QT		709									

These animals were, 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.

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: 2-22-11

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, - please print): C. Hardee Clark, DVM

21. STATUS: [ ] 2 Federal [ ] 1 State [X] 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 27 (Twenty-Seven)

23. Signature of Endorsing Federal Veterinarian: DVM

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): Jim Becker DVM

25. SIGNATURE OF ISSUING VETERINARIAN

VS FORM 17-140 (MAR 98) Previous edition may be used.

PART 5 - ISSUING VETERINARIAN

...you are not required to respond, no health certificate can be validated unless the data requested is provided. FORM APPROVED - OMB NO. 0579-0020 and 0101

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): Bouvry Exports Hwy #3 East SW17-9-25-W4 Fort MacLeod, Alberta

2. CERTIFICATE NO.: L028704

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 02/18/11

5. U.S. PORT OF EMBARKATION (City and State): Sweetgrass, MT

6. STATE CODE: 30

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): Bar S Feedlot, 1 Benjamin Rd.

8. CONSIGNOR'S CITY (or Town): Shelby

12. CONSIGNOR'S STATE: Montana

13. STATE CODE: 30

14. ZIP CODE: 59474

9. SEMEN ("X" if yes): [ ]

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [X] 2 - Truck [ ] 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address): Bouvry Exports SW17-9-25-W4 Fort MacLeod, Alberta

DESTINATION COUNTRY: Canada

ENTER CODE: CA

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

NEGATIVE TUBERCULIN READING: [ ] 48 HRS [ ] 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

CERTIFIED BRUCELLOSIS FREE AREA

NEGATIVE RESULTS OF OTHER TESTS: DISEASE / TYPE TEST / DISEASE / TYPE TEST / DISEASE / TYPE TEST

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

MODIFIED ACCREDITED AREA (TB)

17. FARM ORIGIN
Owner's name (Last name, two initials, or business name)
Owner's street address
Owner's city/town, State code (FIPS code on reverse) & zip code

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

Bar S Feedlot
1 Benjamin Road
Shelby, MT 59474

25 Head of mixed horses for slaughter only. These horses have been inspected on the above date and found fit for travel. These animals have resided in the United States or Canada since birth as best as can be determined. 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 entrty to Canada. All horses are identified by an Official USDA Equine Slaughter backtag. During the previous twenty-one (21) days, the animals in this shipment have not been in the States of Texas or New Mexico. Brand Inspection #12600211.

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
USDA...					Neck Tag #...									
7179 Chestn	A	N	QT		123									
7180 Bay	A	F	QT		124									
7181 Chestn	A	F	QT		125									
7182 Chestn	A	F	QT		126									
7183 Chestn	A	N	QT		127									
7184 Black	A	F	QT		128									
7185 Chestn	A	M	QT		129									
7186 Brown	A	F	QT		130									
7187 Chestn	A	F	QT		131									

These animals were, 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.

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: 2-18-11

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, - please print): C. Hardee Clark, DVM

21. STATUS: [ ] 2 Federal [ ] 1 State [X] 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 25 (Twenty-Five)

23. Signature of Endorsing Federal Veterinarian: J. Bel DVM

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): Jim Bel DVM

25. SIGNATURE OF ISSUING VETERINARIAN

VS FORM 17-140 (MAR 98) Previous edition may be used.

PART 5 - ISSUING VETERINARIAN

This certificate is authorized by law 21 U.S.C. 112). While you are not required to respond, no health certificate can be validated unless the data requested is provided. FORM APPROVED - OMB NO. 0579-0020 and 0101

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): Bouvry Exports Hwy #3 East SW17-9-25-W4 Fort MacLeod, Alberta

2. CERTIFICATE NO.: L028649

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 02/10/11

5. U.S. PORT OF EMBARKATION (City and State): Sweetgrass, MT

6. STATE CODE: 30

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): Bar S Feedlot, 1 Benjamin Rd.

8. CONSIGNOR'S CITY (or Town): Shelby

12. CONSIGNOR'S STATE: Montana

13. STATE CODE: 30

14. ZIP CODE: 59474

9. SEMEN ("X" if yes): [ ]

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [X] 2 - Truck [ ] 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address): Bouvry Exports SW17-9-25-W4 Fort MacLeod, Alberta

DESTINATION COUNTRY: Canada

ENTER CODE: CA

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

NEGATIVE TUBERCULIN READING: [ ] 48 HRS [ ] 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

CERTIFIED BRUCELLOSIS FREE AREA

NEGATIVE RESULTS OF OTHER TESTS: DISEASE / TYPE TEST; DISEASE / TYPE TEST; DISEASE / TYPE TEST

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

17. FARM ORIGIN
Owner's name (Last name, two initials, or business name)
Owner's street address
Owner's city/town, State code (FIPS code on reverse) & zip code

MODIFIED ACCREDITED AREA (TB)

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

Bar S Feedlot
1 Benjamin Road
Shelby, MT 59474

27 Head of mixed horses for slaughter only. These horses have been inspected on the above date and found fit for travel. These animals have resided in the United States or Canada since birth as best as can be determined. 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. All horses are identified by an Official USDA Equine Slaughter backtag. During the previous twenty-one (21) days, the animals in this shipment have not been in the States of Texas or New Mexico. Brand Inspection #12600206.

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
USGG...					Neck Tag #...									
7046 Pal	A	F	QT		126									
7047 Pal	A	F	QT		175									
7048 Buck	A	F	QT		179									
7049 Chestn	A	N	QT		307									
7050 Grey	A	F	QT		508									
7051 Blk/Wht	A	F	Paint		521									
7052 Bay	A	N	QT		529									
7053 Brn/Wht	A	F	Paint		576									
7054 Bay	A	N	QT		579									

These animals were, 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.

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: 2-10-11

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, - please print): C. Hardee Clark, DVM

21. STATUS: [ ] 2 Federal [ ] 1 State [X] 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 27 (Twenty-Seven)

23. Signature of Endorsing Federal Veterinarian: A. Beker DVM

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): Jim Becker DVM

25. SIGNATURE OF ISSUING VETERINARIAN

...by 21 U.S.C. 112). While you are not required to respond, no health certificate can be validated unless the data requested is provided. FORM APPROVED - OMB NO. 0579-0020 and 0101

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): Bouvry Exports Ray #3 East SW17-9-25-W4 Fort MacLeod, Alberta

2. CERTIFICATE NO.: L028648

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 2-10-11

5. U.S. PORT OF EMBARKATION (City and State): Sweetgrass, MT

6. STATE CODE: 30

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): Ear S Feedlot, 1 Benjamin Rd.

8. CONSIGNOR'S CITY (or Town): Shelby

12. CONSIGNOR'S STATE: Montana

13. STATE CODE: 30

14. ZIP CODE: 59474

9. SEMEN (X" if yes): [ ]

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [X] 2 - Truck [ ] 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address): Bouvry Exports SW17-9-25-W4 Fort MacLeod, Alberta

DESTINATION COUNTRY: Canada

ENTER CODE: CA

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

NEGATIVE TUBERCULIN READING: [ ] 48 HRS [ ] 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS: DISEASE / TYPE TEST; DISEASE / TYPE TEST; DISEASE / TYPE TEST

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

17. FARM ORIGIN
Owner's name (Last name, two initials, or business name)
Owner's street address
Owner's city/town, State code (FIPS code on reverse) & zip code

MODIFIED ACCREDITED AREA (TB)

CERTIFIED BRUCELLOSIS FREE AREA

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

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	X E	DATE F	X G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DATE M	DATE N	DATE O
27 Head of mixed horses for slaughter only. These horses have been inspected on the above date and found fit for travel. These animals have resided in the United States or Canada since birth as best we can be determined. 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. All horses are identified by an Official USDA Equine Slaughter backtag. During the previous twenty-one days, the animals in this shipment have not been in the States of Texas or New Mexico. Brand Inspection #12600205.													
USGG...					Neck Tag #...								
7018 Chestn	A	N	QT		31								
7019 Chestn	A	F	QT		89								
7020 Bra/Wht	A	N	Paint		999								
7021 Bra/Wht	A	F	Appy		88								
7022 Chestn	A	N	QT		948								
7023 Black	A	F	QT		962								
7024 Chestn	A	F	QT		967								
7025 Bay	A	N	QT		979								

Ear S Feedlot
1 Benjamin Road
Shelby, MT 59474

These animals were, 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.

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: 2-10-11

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, - please print): C. Hardee Clark, DVM

21. STATUS: [ ] 2 Federal [ ] 1 State [X] 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 27 (Twenty-Seven)

23. Signature of Endorsing Federal Veterinarian: DVM

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): Jim Becker DVM

25. SIGNATURE OF ISSUING VETERINARIAN

VS FORM 17-140 (MAR 98) Previous edition may be used.

The certificate is authorized by law 21 U.S.C. 112). While you are not required to respond, no health certificate can be validated unless the data requested is provided. FORM APPROVED - OMB NO. 0579-0020 and 0101

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): Bouvry Exports Hwy #3 East SW17-9-25-W4 Fort MacLeod, Alberta

2. CERTIFICATE NO.: L028647

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 02/09/11

5. U.S. PORT OF EMBARKATION (City and State): Sweetgrass, MT

6. STATE CODE: 30

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): Bar S Feedlot, 1 Benjamin Rd.

8. CONSIGNOR'S CITY (or Town): Shelby

12. CONSIGNOR'S STATE: Montana

13. STATE CODE: 30

14. ZIP CODE: 59474

9. SEMEN ("X" if yes): [ ]

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [X] 2 - Truck [ ] 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address): Bouvry Exports SW17-9-25-W4 Fort MacLeod, Alberta

DESTINATION COUNTRY: Canada

ENTER CODE: CA

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

NEGATIVE TUBERCULIN READING: [ ] 48 HRS [ ] 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

CERTIFIED BRUCELLOSIS FREE AREA

MODIFIED ACCREDITED AREA (TB)

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

Bar S Feedlot
1 Benjamin Road
Shelby, MT 59474

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

23 Head of mixed horses for slaughter only. These horses have been inspected on the above date and found fit for travel. These animals have resided in the United States or Canada since birth as best as can be determined. 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. All horses are identified by an Official USDA Equine Slaughter backtag. During the previous twenty-one (21) days, the animals in this shipment have not been in the States of Texas or New Mexico. Brand Inspection #12600204.

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	DISEASE / TYPE TEST / DATE M	DISEASE / TYPE TEST / DATE N	DISEASE / TYPE TEST / DATE O
USGG...					Neck Tag #...									
6995 Chestn	Ches	Nut	QT		775									
6996 Bay	A	N	QT		776									
6997 Red Roan	A	F	QT		777									
6998 Grey	A	F	QT		778									
6999 Blk/Wht	A	F	Paint		779									
7000 Blk/Wht	A	N	Paint		780									
7001 Red Roan	A	N	QT		781									
7002 Grey	A	F	QT		783									
7003 Brn/Wht	A	F	Paint		784									

These animals were, 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.

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: 2-9-11

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, - please print): C. Hardee Clark, DVM

21. STATUS: [ ] 2 Federal [ ] 1 State [X] 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include hos. from all attached VS Forms 17-140A): 23 (Twenty-Three)

23. Signature of Endorsing Federal Veterinarian: DVM

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): Jim Baker DVM

25. SIGNATURE OF ISSUING VETERINARIAN

VS FORM 17-140 (MAR 98) Previous edition may be used.

PART 5 - ISSUING VETERINARIAN

The certificate is authorized by law 21 U.S.C. 112). While you are not required to respond, no health certificate can be validated unless the data requested is provided.

FORM APPROVED - OMB NO. 0579-0020 and 0101

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): Bouvry Exports Hwy #3 East SW17-9-25-W4 Fort MacLeod, Alberta

2. CERTIFICATE NO.: L028646

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 02/09/11

5. U.S. PORT OF EMBARKATION (City and State): Sweetgrass, MT

6. STATE CODE: 30

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): Bar S Feedlot, 1 Benjamin Rd.

8. CONSIGNOR'S CITY (or Town): Shelby

12. CONSIGNOR'S STATE: Montana

13. STATE CODE: 30

14. ZIP CODE: 59474

9. SEMEN ("X" if yes): [ ]

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [X] 2 - Truck [ ] 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address): Bouvry Exports SW17-9-25-W4 Fort MacLeod, Alberta

DESTINATION COUNTRY: Canada

ENTER CODE: CA

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

NEGATIVE TUBERCULIN READING: [ ] 48 HRS [ ] 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

CERTIFIED BRUCELLOSIS FREE AREA

NEGATIVE RESULTS OF OTHER TESTS

DISEASE	DISEASE	DISEASE
TYPE TEST	TYPE TEST	TYPE TEST

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

17. FARM ORIGIN
Owner's name (Last name, two initials, or business name)
Owner's street address
Owner's city/town, State code (FIPS code on reverse) & zip code

Bar S Feedlot
1 Benjamin Road
Shelby, MT 59474

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	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DATE M	DATE N	DATE O
24 Head of mixed horses for slaughter only. These horses have been inspected on the above date and found fit for travel. These animals have resided in the United States or Canada since birth as best as can be determined. 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. All horses are identified by an Official USDA Equine Slaughter backtag. During the previous twenty-one (21) days, the animals in this shipment have not been in the States of Texas or New Mexico. Brand Inspection #12600203.														
USDA...					Neck Tag #...									
6970 Chestn	A	F	QT		147									
6971 Chestn	A	F	QT		148									
6972 Buckskin	A	F	QT		149									
6973 Chestn	A	F	QT		150									
6974 Chestn	A	N	QT		151									
6975 Bay	A	N	QT		701									
6976 Chestn	A	N	QT		702									
6977 Grey	A	N	QT		703									
6978 Grey	A	F	QT		704									

These animals were, 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.

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: 2-9-11

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, - please print): C. Hardee Clark, DVM

21. STATUS: [ ] 2 Federal [ ] 1 State [X] 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 24 (Twenty-Four)

23. Signature of Endorsing Federal Veterinarian: A. Becker DVM

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): Jim Becker DVM

25. SIGNATURE OF ISSUING VETERINARIAN: [signature]

VS FORM 17-140 (MAR 98) Previous edition may be used.

PART 5 - ISSUING VETERINARIAN

The certificate is authorized by law 21 U.S.C. 112). While you are not required to respond, no health certificate can be validated unless the data requested is provided. FORM APPROVED - OMB NO. 0579-0020 and 0101

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): Bouvry Exports Bay #3 East SW17-9-25-W4 Fort MacLeod, Alberta

2. CERTIFICATE NO.: L028645

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 02/08/11

5. U.S. PORT OF EMBARKATION (City and State): Sweetgrass, MT

6. STATE CODE: 30

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): Bar S Feedlot, 1 Benjamin Rd.

8. CONSIGNOR'S CITY (or Town): Shelby

12. CONSIGNOR'S STATE: Montana

13. STATE CODE: 30

14. ZIP CODE: 59474

9. SEMEN ("X" if yes): [ ]

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [X] 2 - Truck [ ] 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address): Bouvry Exports SW17-9-25-W4 Fort MacLeod, Alberta

DESTINATION COUNTRY: Canada

ENTER CODE: CA

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

NEGATIVE TUBERCULIN READING: [ ] 48 HRS [ ] 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

CERTIFIED BRUCELLOSIS FREE AREA

NEGATIVE RESULTS OF OTHER TESTS

DISEASE	DISEASE	DISEASE
TYPE TEST	TYPE TEST	TYPE TEST
DATE M	DATE N	DATE O

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

Bar S Feedlot
1 Benjamin Road
Shelby, MT 59474

MODIFIED ACCREDITED AREA (TB)

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

25 Head of mixed horses and 1 mule for slaughter only. These horses have been inspected on the above date and found fit for travel. These animals have resided in the United States or Canada since birth as best as can be determined. 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. All horses are identified by an Official USDA Equine Slaughter backtag. During the previous twenty-one (21) days, the animals in this shipment have not been in the States of Texas or New Mexico. Brand Inspection #12600202.

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
USDC...					Neck Tag #...									
6944 Bay	A	M	QT		92									
6945 Buck	A	F	Pony		93									
6946 Brn/Wht	A	F	Pony		94									
6947 Red/Wht	A	N	Paint		95									
6948 Black	A	N	QT		123									
6949 Chestn	A	F	QT		124									
6950 Black	A	N	QT		125									
6951 Brown	A	F	QT		126									
6952 Bay	A	F	QT		127									

These animals were, to the best of the knowledge and belief of the issuing veterinarian, not exposed to any communicable disease within 30 days preceding the date of inspection.

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: 2-8-11

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, - please print): C. Hardee Clark, DVM

21. STATUS: [ ] 2 Federal [ ] 1 State [X] 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 26 (Twenty-Six)

23. Signature of Endorsing Federal Veterinarian: A. Barker DVM

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): Jim Barker DVM

25. SIGNATURE OF ISSUING VETERINARIAN: C. Hardee Clark

VS FORM 17-140 (MAR 98) Previous edition may be used.

PART 5 - ISSUING VETERINARIAN

The certificate is authorized by law 21 U.S.C. 112). While you are not required to respond, no health certificate can be validated unless the data requested is provided. FORM APPROVED - OMB NO. 0579-0020 and 0101 72

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): Bovry Exports Hwy #3 East SW17-9-25-W4 Fort MacLeod, Alberta

2. CERTIFICATE NO.: L028644

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 02/07/11

5. U.S. PORT OF EMBARKATION (City and State): Sweetgrass, MT

6. STATE CODE: 30

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): Bar S Feedlot, 1 Benjamin Rd.

8. CONSIGNOR'S CITY (or Town): Shelby

12. CONSIGNOR'S STATE: Montana

13. STATE CODE:

14. ZIP CODE:

9. SEMEN ("X" if yes): [ ]

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [X] 2 - Truck [ ] 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address): Bouvry Exports SW17-9-25-W4 Fort MacLeod, Alberta

DESTINATION COUNTRY: Canada

ENTER CODE: CA

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

NEGATIVE TUBERCULIN READING: [ ] 48 HRS [ ] 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS: DISEASE / TYPE TEST / DISEASE / TYPE TEST / DISEASE / TYPE TEST

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

MODIFIED ACCREDITED AREA (TB)

CERTIFIED BRUCELLOSIS FREE AREA

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

Bar S Feedlot
1 Benjamin Road
Shelby, MT 59474

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	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DATE M	DATE N	DATE O
29 Head of mixed horses for slaughter only. These horses have been inspected on the above date and found fit for travel. These animals have resided in the United States or Canada since birth as best as can be determined. 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. All horses are identified by an Official USDA Equine Slaughter backtag. During the previous twenty-one (21) days, the animals in this shipment have not been in the States of Texas or New Mexico. Brand Inspection #1260201.													
USGG...					Neck Tag #...								
6914 Chestn	A	F	QT		143								
6915 Brn/Wht	A	F	Paint		144								
6916 Chestn	F	QT	QT		156								
6917 Grey	A	F	QT		154								
6918 Chestn	A	F	QT		155								
6919 Bay	A	N	QT		156								
6920 Bay	A	F	QT		157								
6921 Chestn	A	F	QT		158								
6922 Brn/Wht	A	N	Paint		159								

These animals were, 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.

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: 2-7-11

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, - please print): C. Hardee Clark, DVM

21. STATUS: [ ] 1 State [ ] 2 Federal [X] 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 29 (Twenty-Nine)

23. Signature of Endorsing Federal Veterinarian: DVM

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

25. SIGNATURE OF ISSUING VETERINARIAN

VS FORM 17-140 (MAR 98) Previous edition may be used.

PART 5 - ISSUING VETERINARIAN

[illegible] While you are not required to respond, no health certificate can be validated unless the data requested is provided. FORM APPROVED - OMB NO. 0579-0020 and 0101

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): Bouvry Exports, Hwy #3 East, SW17-9-25-W4 Fort MacLeod, Alberta

2. CERTIFICATE NO.: L028643

3. PAGE NO.: 1 OF [illegible]

4. DATE ISSUED: 2/4/11

5. U.S. PORT OF EMBARKATION (City and State): Sweetgrass, MT

6. STATE CODE: 30

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): Bar S Feedlot, 1 Benjamin Road

8. CONSIGNOR'S CITY (or Town): Shelby

12. CONSIGNOR'S STATE: Montana

13. STATE CODE: 30

14. ZIP CODE: 59474

9. SEMEN ("X" if yes): [ ]

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [X] 2 - Truck [ ] 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address): Bouvry Exports, SW17-9-25-W4 Fort MacLeod, Alberta

DESTINATION COUNTRY: Canada

ENTER CODE: CA

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

NEGATIVE TUBERCULIN READING: [ ] 48 HRS [ ] 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS: DISEASE / TYPE TEST / DISEASE / TYPE TEST / DISEASE / TYPE TEST

CERTIFIED BRUCELLOSIS FREE AREA

MODIFIED ACCREDITED AREA (TB)

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

Bar S Feedlot
1 Benjamin Road
Shelby, MT 59474

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

26 Head of mixed horses for slaughter only. These horses have been inspected on the above date and found fit for travel. These animals have resided in the United States or Canada since birth as best as can be determined. The exporter has been advised that any deterioration in healthcare physical condition of the animals that may render animals unfit for transport may result in the shipment to be refused entry to Canada. All horses are identified by an official USDA Equine Slaughter backtag. During the previous twenty-one (21) days, the animals in this shipment have not been in the state of Texas or New Mexico.

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
USDA...					Neck Tag...							Brand Inspection #12500200		
6887 Palomino	A	F	QH		17									
6888Waddi Roan	A	F	QH		47									
6889 Bru	A	F	QH		105									
6890 Cheatn	A	N	QH		106									
6891 Dun	A	F	QH		109									
6892 Red/Wht	A	N	Appy		110									
6893 Grey	A	F	QT		111									
6894 Blk/Wht	A	N	Paint		113									
6895 Pal	A	F	QT		114									
6896 Bay	A	F	QT		116									

These animals were, 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.

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: 2-4-11

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, - please print): C. Hardee Clark, DVM

21. STATUS: [ ] 2 Federal [ ] 1 State [X] 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 26 (Twenty-Six)

23. Signature of Endorsing Federal Veterinarian: J. B. Becker DVM

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): J. B. Becker DVM

25. SIGNATURE OF ISSUING VETERINARIAN

VS FORM 17-140 (MAR 98) Previous edition may be used.

PART 5 - ISSUING VETERINARIAN

The certificate is authorized by law 21 U.S.C. 112). While you are not required to respond, no health certificate can be validated unless the data requested is provided. FORM APPROVED - OMB NO. 0579-0020 and 0101

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): Bouvry Exports Buy #3 East SW17-9-25-W4 Fort MacLeod, Alberta

2. CERTIFICATE NO.: L028642

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 02/04/11

5. U.S. PORT OF EMBARKATION (City and State): Sweetgrass, MT

6. STATE CODE: 30

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): Bar S Feedlot, 1 Benjamin Rd.

8. CONSIGNOR'S CITY (or Town): Shelby

12. CONSIGNOR'S STATE: Montana

13. STATE CODE: 30

14. ZIP CODE: 59474

9. SEMEN ("X" if yes): [ ]

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [X] 2 - Truck [ ] 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address): BauvSyFExports SW17-9-25-W4 Fort MacLeod, Alberta

DESTINATION COUNTRY: Canada

ENTER CODE: CA

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

NEGATIVE TUBERCULIN READING: [ ] 48 HRS [ ] 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

CERTIFIED BRUCELLOSIS FREE AREA

NEGATIVE RESULTS OF OTHER TESTS: DISEASE / TYPE TEST; DISEASE / TYPE TEST; DISEASE / TYPE TEST

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

17. FARM ORIGIN
Owner's name (Last name, two initials, or business name)
Owner's street address
Owner's city/town, State code (FIPS code on reverse) & zip code

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	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DATE M	DATE N	DATE O
27 Head of mixed horses for slaughter only. These horses have been inspected on the above date and found fit for travel. These animals have resided in the United States or Canada since birth as best as can be determined. 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. All horses are identified by an Official USDA Equine Slaughter backtag. During the previous twenty-one (21) days, the animals in this shipment have not been in the States of Texas or New Mexico. Brand Inspection #12600199.													
USDA...					Neck Tag #...								
6860 Bay	A	F	QT		1000								
6861 Wht. Brn	A	F	Paint		173								
6862 Bay	A	F	QT		167								
6863 Chestn	A	F	QT		931								
6864 Red Roan	A	F	QT		933								
6865 Chestn	A	M	QT		95								
6866 Dunn	A	M	QT		993								
6867 Dunn	A	F	QT		920								
6868 Bay	A	F	QT		940								

Bar S Feedlot
1 Benjamin Road
Shelby, MT 59474

These animals were, 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.

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: 2-4-11

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, - please print): C. Hardee Clark, DVM

21. STATUS: [ ] 2 Federal [ ] 1 State [X] 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 27 (Twenty-Seven)

23. Signature of Endorsing Federal Veterinarian: J. Becker DVM

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): Jim Becker DVM

25. SIGNATURE OF ISSUING VETERINARIAN

VS FORM 17-140 (MAR 98) Previous edition may be used.

PART 5 - ISSUING VETERINARIAN

The certificate is authorized by law 21 U.S.C. 112). While you are not required to respond, no health certificate can be validated unless the data requested is provided. FORM APPROVED - OMB NO. 0579-0020 and 0101

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): Bouvry Exports, Hwy #3 East, SW17-9-25-W4 Fort MacLeod, Alberta

2. CERTIFICATE NO.: L028728

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 3/10/11

5. U.S. PORT OF EMBARKATION (City and State): Sweetgrass, MT

6. STATE CODE: 30

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): Bar S Feedlot, 1 Benjamin Road

8. CONSIGNOR'S CITY (or Town): Shelby

12. CONSIGNOR'S STATE: Montana

13. STATE CODE: 30

14. ZIP CODE: 59474

9. SEMEN ("X" if yes): [ ]

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [X] 2 - Truck [ ] 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address): Bouvry Exports, SW17-9-25-W4 Fort MacLeod, Alberta

DESTINATION COUNTRY: Canada

ENTER CODE: CA

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

NEGATIVE TUBERCULIN READING: [ ] 48 HRS [ ] 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

CERTIFIED BRUCELLOSIS FREE AREA

NEGATIVE RESULTS OF OTHER TESTS: DISEASE / TYPE TEST / DISEASE / TYPE TEST / DISEASE / TYPE TEST

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

MODIFIED ACCREDITED AREA (TB)

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

Bar S Feedlot
1 Benjamin Road
Shelby, MT 59474

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

26 Head of mixed horses for slaughter only. These horses have been inspected on the above date and found fit for travel. These animals have resided in the United States or Canada since birth as best as can be determined. 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.All horse are identified by an official USDA Equine Slaughter backtag. During the previous twenty-one (21) days, the animals in this shipment have not been in the state of Texas or New Mexico.

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	✓ E	DATE F	✓ G	DATE R	VAC I	1/25 J	1/50 K	1/100 L	DATE M	DATE N	DATE O
USDA...					Neck TAg...							Brand Inspection #1260235		
2328 White	A	F	QH		528									
2329 Brn/W	A	F	Paint		706									
2330 Blue Roan	A	F	QH		707									
2331 Brn	A	N	QH		708									
2332 Bay	A	F	QH		709									
2333 Grey	A	M	QH		710									
2334 Chestn	A	F	QH		711									
2335 Chestn	A	F	QH		713									
2336 Chestn	A	F	QH		714									
2337 Chestn	A	F	QH		715									

These animals were, 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.

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: 3-10-11

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, - please print): C. Hardee Clark, DVM

21. STATUS: [ ] 2 Federal [ ] 1 State [X] 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 26 (Twenty-Six)

23. Signature of Endorsing Federal Veterinarian: J. Bell DVM

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): Jim Bell DVM

25. SIGNATURE OF ISSUING VETERINARIAN

VS FORM 17-140 (MAR 98) Previous edition may be used.

PART 5 - ISSUING VETERINARIAN

The certificate is authorized by law 21 U.S.C. 112). While you are not required to respo... no health certificate can be validated unless the data requested is provided. FORM APPROVED - OMB NO. 0579-0020 and 0101

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): Bouvry Exports Hwy #3 East SW17-9-25-W4 Fort MacLeod, Alberta

2. CERTIFICATE NO.: L028727

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 03/10/11

5. U.S. PORT OF EMBARKATION (City and State): Sweetgrass, MT

6. STATE CODE: 30

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): Bar S Feedlot, 1 Benjamin Rd.

8. CONSIGNOR'S CITY (or Town): Shelby

12. CONSIGNOR'S STATE: Montana

13. STATE CODE: 30

14. ZIP CODE: 59474

9. SEMEN ("X" if yes): [ ]

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [X] 2 - Truck [ ] 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address): Bouvry Exports SW17-9-25-W4 Fort MacLeod, Alberta

DESTINATION COUNTRY: Canada

ENTER CODE: CA

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

NEGATIVE TUBERCULIN READING: [ ] 48 HRS [ ] 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

CERTIFIED BRUCELLOSIS FREE AREA

NEGATIVE RESULTS OF OTHER TESTS: DISEASE / TYPE TEST / DATE; DISEASE / TYPE TEST / DATE; DISEASE / TYPE TEST / DATE

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

Bar S Feedlot
1 Benjamin Road
Shelby, MT 59474

MODIFIED ACCREDITED AREA (TB)

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

27 Head of mixed horses for slaughter only. These horses have been inspected on the above date and found fit for travel. These animals have resided in the United States or Canada since birth as best as can be determined. 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. All horses are identified by an Official USDA Equine Slaughter backtag. During the previous twenty-one (21) days, the animals in this shipment have not been in the States of Texas or New Mexico. Brand Inspection #1260234.

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
USCH...					Neck Tag #...									
2301 Red/Wht	A	N	Paint		767									
2302 Pal	A	F	QT		768									
2303 Black	A	F	QT		769									
2304 App/Wht	A	N	Appy		770									
2305 Blk/Wht	A	F	Paint		771									
2306 Chestn	A	N	QT		772									
2307 Dun	A	N	QT		773									
2308 Chestn	A	N	QT		774									
2309 Yel/Wht	A	N	Paint		775									

These animals were, 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.

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: 3-10-11

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, - please print): C. Hardee Clark, DVM

21. STATUS: [ ] 2 Federal [ ] 1 State [X] 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 27 (Twenty-Seven)

23. Signature of Endorsing Federal Veterinarian: A. Beckett DVM

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): Jim Beckett DVM

25. SIGNATURE OF ISSUING VETERINARIAN

VS FORM 17-140 (MAR 98) Previous edition may be used.

PART 5 - ISSUING VETERINARIAN

The certificate is authorized by law 21 U.S.C. 112). While you are not required to respond, no health certificate can be validated unless the data requested is provided. FORM APPROVED - OMB NO. 0579-0020 and 0101 TC

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): Bouvry Exports Hwy #3 East SW17-9-25-W4 Fort MacLeod, Alberta

2. CERTIFICATE NO.: L028725

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 03/09/11

5. U.S. PORT OF EMBARKATION (City and State): Sweetgrass, MT

6. STATE CODE: 30

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): Bar S Feedlot, 1 Benjamin Rd.

8. CONSIGNOR'S CITY (or Town): Shelby

12. CONSIGNOR'S STATE: Montana

13. STATE CODE: 30

14. ZIP CODE: 59474

9. SEMEN ("X" if yes): [ ]

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [X] 2 - Truck [ ] 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address): Bouvry Exports SW17-9-25-W4 Fort MacLeod, Alberta

DESTINATION COUNTRY: Canada

ENTER CODE: CA

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

NEGATIVE TUBERCULIN READING: [ ] 48 HRS [ ] 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS: DISEASE / TYPE TEST / DISEASE / TYPE TEST / DISEASE / TYPE TEST

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

17. FARM ORIGIN
Owner's name (Last name, two initials, or business name)
Owner's street address
Owner's city/town, State code (FIPS code on reverse) & zip code

Bar S Feedlot
1 Benjamin Road
Shelby, MT 59474

MODIFIED ACCREDITED AREA (TB)

CERTIFIED BRUCELLOSIS FREE AREA

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

29 Head of mixed horses for slaughter only. These horses have been inspected on the above date and found fit for travel. These animals have resided in the United States or Canada since birth as best as can be determined. 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. All horses are identified by an Official USDA Equine Slaughter backtag. During the previous twenty-one (21) days, the animals in this shipment have not been in the States of Texas or New Mexico. Brand Inspection #1260232.

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
USGH...					Neck Tag #...									
2272 Ra/Wht	A	F	Appy		544									
2273 Grey	A	N	QT		541									
2274 Chestn	A	F	QT		701									
2275 Chestn	A	F	QT		742									
2276 Brn/Wht	A	N	Paint		702									
2277 Chestn	A	N	QT		703									
2278 Blk/Wht	A	M	Paint		704									
2279 Brown	A	N	QT		705									
2280 Chestn	A	N	QT		738									

These animals were, 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.

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: 3-8-11

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, - please print): C. Hardee Clark, DVM

21. STATUS: [ ] 2 Federal [ ] 1 State [X] 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 29 (Twenty-Nine)

23. Signature of Endorsing Federal Veterinarian: DVM

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): T. Beck DVM

25. SIGNATURE OF ISSUING VETERINARIAN

VS FORM 17-140 (MAR 98) Previous edition may be used.

PART 5 - ISSUING VETERINARIAN

The certificate is authorized by law 21 U.S.C. 112). While you are not required to respond, no health certificate can be validated unless the data requested is provided. FORM APPROVED - OMB NO. 0579-0020 and 0101

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): Bouvry Exports Hwy #3 East SW17-9-25-W4 Fort MacLeod, Alberta

2. CERTIFICATE NO.: L028726

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 03/09/11

5. U.S. PORT OF EMBARKATION (City and State): Sweetgrass, MT

6. STATE CODE: 30

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): Bar S Feedlot, 1 Benjamin Rd.

8. CONSIGNOR'S CITY (or Town): Shelby

12. CONSIGNOR'S STATE: Montana

13. STATE CODE: 30

14. ZIP CODE: 59474

9. SEMEN ("X" if yes): [ ]

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [X] 2 - Truck [ ] 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address): Bouvry Exports SW17-9-25-W4 Fort MacLeod, Alberta

DESTINATION COUNTRY: Canada

ENTER CODE: CA

15. SPECIES ("X" one - use VS Form 17-6 for Poultry): [ ] 01 BOVINE [ ] 02 PORCINE [ ] 03 OVINE [ ] 04 CAPRINE [X] 05 EQUINE [ ] 06 OTHER WILDLIFE - MAMMAL [ ] 09 OTHER (Specify)

NEGATIVE TUBERCULIN READING: [ ] 48 HRS [ ] 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

CERTIFIED BRUCELLOSIS FREE AREA

NEGATIVE RESULTS OF OTHER TESTS: DISEASE / TYPE TEST; DISEASE / TYPE TEST; DISEASE / TYPE TEST

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

MODIFIED ACCREDITED AREA (TB)

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

Bar S Feedlot
1 Benjamin Road
Shelby, MT 59474

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	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DATE M	DATE N	DATE O
27 Head of mixed horses for slaughter only. These horses have been inspected on the above date and found fit for travel. These animals have resided in the United States or Canada since birth as best as can be determined. 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 tobe refused entry to Canada. All horses are identified by an Official USDA equine Slaughter backtag. During the previous twenty-one (21) days, the animals in this shipment have not been in the States of Texas or New Mexico. Brand Inspection #1260233.														
USCH...					Neck Tag #...									
2245 Bay	A	M	QT		121									
2246 Blk/Wht	A	N	Paint		122									
2247 Pal	A	F	QT		144									
2248 Grey	A	N	QT		149									
2249 Chestn	A	F	QT		151									
2250 Pal	A	N	QT		153									
2251 Chestn	A	F	QT		154									
2252 Chestn	A	N	QT		175									
2253 Bay	A	F	QT		179									

These animals were, 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.

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: 3-9-11

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, please print): C. Hardee Clark, DVM

21. STATUS: [ ] 2 Federal [ ] 1 State [X] 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 27 (Twenty-Seven)

23. Signature of Endorsing Federal Veterinarian: DVM

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

25. SIGNATURE OF ISSUING VETERINARIAN

VS FORM 17-140 (MAR 98) Previous edition may be used.

PART 5 - ISSUING VETERINARIAN

The certificate is authorized by law 21 U.S.C. 112). While you are not required to respond, no health certificate can be validated unless the data requested is provided. FORM APPROVED - OMB NO. 0579-0020 and 0101

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): Bouvry Exports Bay #3 East SW17-9-25-W4 Fort MacLeod, Alberta

2. CERTIFICATE NO.: L028723

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 03/08/11

5. U.S. PORT OF EMBARKATION (City and State): Sweetgrass, MT

6. STATE CODE: 30

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): Bar S Feedlot, 1 Benjamin Rd.

8. CONSIGNOR'S CITY (or Town): Shelby

12. CONSIGNOR'S STATE: Montana

13. STATE CODE: 30

14. ZIP CODE: 59474

9. SEMEN ("X" if yes): [ ]

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [X] 2 - Truck [ ] 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address): Bouvry Exports SW17-9-25-W4 Fort MacLeod, Alberta

DESTINATION COUNTRY: Canada

ENTER CODE: CA

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

NEGATIVE TUBERCULIN READING: [ ] 48 HRS [ ] 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

DISEASE	DISEASE	DISEASE
TYPE TEST	TYPE TEST	TYPE TEST
DATE M	DATE N	DATE O

CERTIFIED BRUCELLOSIS FREE AREA

MODIFIED ACCREDITED AREA (TB)

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

Bar S Feedlot
1 Benjamin Road
Shelby, MT 59474

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

28 Head of mixed horses for slaughter only. These horses have been inspected on the above date and found fit for travel. These animals have resided in the United States or Canada since birth as best as can be determined. 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. All horses have identified by an Official USDA Equine Slaughter backtag. During the previous twenty-one (21) days, the animals in this shipment have not been in the States of Texas or New Mexico. Brand Inspection #1260230.

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	Y E	DATE F	Y G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DATE M	DATE N	DATE O
USGH...				Neck Tag #....										
2192 Dun	A	M	QT	94										
2193 Chestn	A	N	QT	95										
2194 Chestn	A	N	QT	96										
2195 Chestn	A	N	QT	97										
2196 Grey	A	F	TB	598										
2197 Grey	A	N	QT	600										
2198 Buck	A	N	QT	98										
2199 Bay	A	N	QT	99										
2200 Buck	A	N	QT	101										

These animals were, 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.

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: 3-8-11

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, - please print): C. Hardee Clark, DVM

21. STATUS: [ ] 2 Federal [ ] 1 State [X] 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 28 (Twenty-Eight)

23. Signature of Endorsing Federal Veterinarian: J. Baker DVM

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): Jim Baker DVM

25. SIGNATURE OF ISSUING VETERINARIAN

VS FORM 17-140 (MAR 98) Previous edition may be used.

PART 5 - ISSUING VETERINARIAN

The certificate is authorized by law 21 U.S.C. 112). While you are not required to respond, no health certificate can be validated unless the data requested is provided. FORM APPROVED - OMB NO. 0579-0020 and 0101

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): Bouvry Exports Hwy #3 East SW17-9-25-W4 Fort MacLeod, Alberta

2. CERTIFICATE NO.: L028724

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 03/08/11

5. U.S. PORT OF EMBARKATION (City and State): Sweetgrass, MT

6. STATE CODE: 30

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): Bar S Feedlot, 1 Benjamin Rd.

8. CONSIGNOR'S CITY (or Town): Shelby

12. CONSIGNOR'S STATE: Montana

13. STATE CODE: 30

14. ZIP CODE: 59474

9. SEMEN ("X" if yes): [ ]

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [X] 2 - Truck [ ] 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address): Bouvry Exports SW17-9-25-W4 Fort MacLeod, Alberta

DESTINATION COUNTRY: Canada

ENTER CODE: CA

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

NEGATIVE TUBERCULIN READING: [ ] 48 HRS [ ] 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS: DISEASE / TYPE TEST / DISEASE / TYPE TEST / DISEASE / TYPE TEST

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

MODIFIED ACCREDITED AREA (TB)

CERTIFIED BRUCELLOSIS FREE AREA

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:

Bar S Feedlot
1 Benjamin Road
Shelby, MT 59474

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

25 Head of mixed horses for slaughter only. These horses have been inspected on the above date and found fit for travel. These animals have resided in the United States or Canada since birth as best as can be determined. 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. All horses are identified by an Official USDA Equine Slaughter backtag. During the previous twenty-one (21) days, the animals in this shipment have not been in the States of Texas or New Mexico. Brand Inspection #1260231.

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	Y E	DATE F	Y G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DATE M	DATE N	DATE O
USGH...					Neck Tag #...									
2220 Bay	A	M	QT		2									
2221 Buck	A	F	QT		5									
2222 Chestn	A	N	QT		6									
2223 Chestn	A	F	QT		8									
2224 Pal	A	F	QT		105									
2225 Pal	A	F	QT		106									
2226 Chestn	A	N	QT		108									
2227 Brown	A	F	QT		109									
2228 Pal	A	N	QT		110									

These animals were, 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.

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: 3-8-11

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, - please print): C. Barden Clark, DVM

21. STATUS: [ ] 2 Federal [ ] 1 State [X] 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 25 (Twenty-Five)

23. Signature of Endorsing Federal Veterinarian: J. Baker DVM

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): Jim Baker DVM

25. SIGNATURE OF ISSUING VETERINARIAN

VS FORM 17-140 (MAR 98) Previous edition may be used.

PART 5 - ISSUING VETERINARIAN

The certificate is authorized by law 21 U.S.C. 112). While you are not required to respond, no health certificate can be validated unless the data requested is provided. FORM APPROVED - OMB NO. 0579-0020 and 0101

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): Bouvry Exports Hwy #3 East SW17-9-25-W4 Fort MacLeod, Alberta

2. CERTIFICATE NO.: L028721

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 03/07/11

5. U.S. PORT OF EMBARKATION (City and State): Sweetgrass, MT

6. STATE CODE: 30

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): Bar S Feedlot, 1 Benjamin Rd.

8. CONSIGNOR'S CITY (or Town): Shelby

12. CONSIGNOR'S STATE: Montana

13. STATE CODE: 30

14. ZIP CODE: 59474

9. SEMEN ("X" if yes): [ ]

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [X] 2 - Truck [ ] 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address): Bouvry Exports SW17-9-25-W4 Fort MacLeod, Alberta

DESTINATION COUNTRY: Canada

ENTER CODE: CA

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

NEGATIVE TUBERCULIN READING: [ ] 48 HRS [ ] 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

CERTIFIED BRUCELLOSIS FREE AREA

NEGATIVE RESULTS OF OTHER TESTS

DISEASE	DISEASE	DISEASE
TYPE TEST	TYPE TEST	TYPE TEST
DATE M	DATE N	DATE O

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

MODIFIED ACCREDITED AREA (TB)

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

Bar S Feedlot
1 Benjamin Road
Shelby, MT 59474

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

27 Head of mixed horses for slaughter only. These horses have been inspected on the above date and found fit for travel. These animals have resided in the United States or Canada since birth as best as can be determined. 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. All horses are identified by an Official USDA Equine Slaughter backtag. During the previous twenty-one (21) days, the animals in this shipment have not been in the States of Texas or New Mexico. Brand Inspection #1260228.

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
USGH...					Neck Tag #...									
2113 Black	A	M	QT		520									
2114 Bay	A	M	TB		522									
2115 Chestn	A	F	QT		540									
2116 Chestn	A	F	QT		539									
2117 Bay	A	F	QT		515									
2118 Black	A	F	QT		586									
2119 Chestn	A	F	QT		542									
2120 Bay	A	F	QT		528									
2121 Dun	A	F	QT		527									

These animals were, 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.

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: 3-7-11

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, - please print): C. Hardee Clark, DVM

21. STATUS: [ ] 2 Federal [ ] 1 State [X] 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 27 (Twenty-Seven)

23. Signature of Endorsing Federal Veterinarian: J. Becker DVM

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): Jim Becker DVM

25. SIGNATURE OF ISSUING VETERINARIAN: [signature]

VS FORM 17-140 (MAR 98) Previous edition may be used.

PART 5- ISSUING VETERINARIAN

This certificate is authorized by law (21 U.S.C. 112). While you are not required to respond, no health certificate can be validated unless the data requested is provided. FORM APPROVED - OMB NO. 0579-0020 and 0101

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): Bouvry Exports Hwy #3 East SW17-9-25-W4 Fort MacLeod, Alberta

2. CERTIFICATE NO.: L028722

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 03/07/11

5. U.S. PORT OF EMBARKATION (City and State): Sweetgrass, MT

6. STATE CODE: 30

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): Bar S Feedlot, 1 Benjamin Rd.

8. CONSIGNOR'S CITY (or Town): Shelby

12. CONSIGNOR'S STATE: Montana

13. STATE CODE: 30

14. ZIP CODE: 59474

9. SEMEN ("X" if yes): [ ]

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [X] 2 - Truck [ ] 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address): Bouvry Exports SW17-9-25-W4 Fort MacLeod, Alberta

DESTINATION COUNTRY: Canada

ENTER CODE: CA

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

NEGATIVE TUBERCULIN READING: [ ] 48 HRS [ ] 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS: DISEASE / TYPE TEST; DISEASE / TYPE TEST; DISEASE / TYPE TEST

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

MODIFIED ACCREDITED AREA (TB)

CERTIFIED BRUCELLOSIS FREE AREA

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

Bar S Feedlot
1 Benjamin Road
Shelby, MT 59474

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

26 Head of mixed horses for slaughter only. These horses have been inspected on the above date and found fit for travel. These animals have resided in the United States or Canada since birth as best as can be determined. 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. All horses are identified by an Official USDA Equine Slaughter backtag. During the previous twenty-one (21) days, the animals in this shipment have not been in the States of Texas or New Mexico. Brand inspection #1260229.

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	Y E	DATE F	Y G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DATE M	DATE N	DATE O
USDA...					Neck Tag #...									
2140 Red Roan	A	F	QT		84									
2141 Red Roan	A	F	QT		65									
2142 Brn/Wht X	A	N	Appy		66									
~~2143 Pal~~	~~A~~	~~M~~	~~QT~~		~~67~~									
2144 Buck	A	N	QT		69									
2145 Bay	A	F	QT		530									
2146 Red/Wht	A	F	Appy		70									
2147 Red/Wht	A	N	Paint		71									
2148 Bay	A	F	QH		73									

These animals were, 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. JB

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: 3-7-11

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, - please print): C. Hardee Clark, DVM

21. STATUS: [ ] 2 Federal [ ] 1 State [X] 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 25 JB ~~26 (Twenty-Six)~~

23. Signature of Endorsing Federal Veterinarian: J. Becker DVM

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): Jim Becker DVM

25. SIGNATURE OF ISSUING VETERINARIAN: C. Hardee Clark

VS FORM 17-140 (MAR 98) Previous edition may be used.

PART 5 - ISSUING VETERINARIAN

The certificate is authorized by law 21 U.S.C. 112). While you are not required to respond, no health certificate can be validated unless the data requested is provided. FORM APPROVED - OMB NO. 0579-0020 and 0101

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): Bouvry Exports, SW17-9-25-W4, Hwy #3 East Fort MacLeod, Alberta

2. CERTIFICATE NO.: L028719

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 3/4/11

5. U.S. PORT OF EMBARKATION (City and State): Sweetgrass, MT

6. STATE CODE: 30

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): Bar S Feedlot, 1 Benjamin Road

8. CONSIGNOR'S CITY (or Town): Shelby

12. CONSIGNOR'S STATE: Montana

13. STATE CODE: 30

14. ZIP CODE: 59474

9. SEMEN ("X" if yes): [ ]

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [X] 2 - Truck [ ] 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address): Bouvry Exports, SW17-9-25-W4 Fort MacLeod, Alberta

DESTINATION COUNTRY: Canada

ENTER CODE: CA

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

NEGATIVE TUBERCULIN READING: [ ] 48 HRS [ ] 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

DISEASE	DISEASE	DISEASE
TYPE TEST	TYPE TEST	TYPE TEST
DATE	DATE	DATE

CERTIFIED BRUCELLOSIS FREE AREA

MODIFIED ACCREDITED AREA (TB)

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

Bar S Feedlot
1 Benjamin Road
Shelby, MT 59474

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	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DATE M	DATE N	DATE O
26 Head of mixed horses for slaughter only. These horses have been inspected on the above date and found fit for travel. These animals have resided in the United States or Canada since birth as best as can be determined. 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. All horses are identified by an official USDA Equine Slaughter backtag. During the previous twenty-one (21) days, the animals in this shipment have not been in the state of Texas or New Mexico.														
USGS...					Neck Tag...							Brand Inspection #1260225		
2087 Grey	A	F	QH		2									
2088 Bay	A	M	QH		3									
2089 Bay	A	M	QH		4									
2090 Red/W	A	M	Paint		5									
2091 Blk	A	M	QH		6									
2092 Bay	A	M	QH		7									
2093 Bay	A	F	QH		8									
2094 Bay	A	F	QH		9									
2095 Brn	A	F	QH		10									
2096 Chestn	A	F	QH		11									

These animals were, 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.

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: 3-4-11

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, - please print): C. Hardee Clark, DVM

21. STATUS: [ ] 2 Federal [ ] 1 State [XX] 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 26 (Twenty-Six)

23. Signature of Endorsing Federal Veterinarian: J. Becker DVM

24. NAME OF ENDORSING FEDERAL VET. (Type, print, or stamp): Jim Becker DVM

25. SIGNATURE OF ISSUING VETERINARIAN

VS FORM 17-140 (MAR 98) Previous edition may be used.

PART 5 - ISSUING VETERINARIAN

The certificate is authorized by law 21 U.S.C. 112). While you are not required to respond, no health certificate can be validated unless the data requested is provided. FORM APPROVED - OMB NO. 0579-0020 and 0101

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): Bouvry Exports Hwy #3 East SW17-9-25-W4 Fort MacLeod, Alberta

2. CERTIFICATE NO.: L028720

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 03/04/11

5. U.S. PORT OF EMBARKATION (City and State): Sweetgrass, MT

6. STATE CODE: 30

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): Bar S Feedlot, 1 Benjamin Rd.

8. CONSIGNOR'S CITY (or Town): Shelby

12. CONSIGNOR'S STATE: Montana

13. STATE CODE: 30

14. ZIP CODE: 59474

9. SEMEN ("X" if yes): [ ]

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [X] 2 - Truck [ ] 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address): Bouvry Exports SW17-9-25-W4 Fort MacLeod, Alberta

DESTINATION COUNTRY: Canada

ENTER CODE: CA

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

NEGATIVE TUBERCULIN READING: [ ] 48 HRS [ ] 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

CERTIFIED BRUCELLOSIS FREE AREA

NEGATIVE RESULTS OF OTHER TESTS: DISEASE / TYPE TEST / DATE; DISEASE / TYPE TEST / DATE; DISEASE / TYPE TEST / DATE

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

MODIFIED ACCREDITED AREA (TB)

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

Bar S Feedlot
1 Benjamin Road
Shelby, MT 59474

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

26 Head of mixed horses for slaughter only. These horses have been inspected on the above date and found fit for travel. These animals have resided in the United States or Canada since birth as best as can be determined. 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. All horses are identified by an Official USDA Equine Slaughter backtag. During the previous twenty-one (21) days, the animals in this shipment have not been in the States of Texas or New Mexico. Brand Inspection /#1260227.

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
USGH...					Neck Tag #...									
2150 Black	A	F	QT		31									
2151 Pal	A	N	QT		33									
2152 Buck	A	F	QT		34									
2153 Black	A	F	QT		35									
2154 Bay	A	F	QT		36									
2155 Black	A	F	QT		37									
2156 Chestn	A	N	QT		38									
2157 Blk/Wht	A	F	Appy		39									
2158 Chestn	A	F	Paint		40									

These animals were, 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.

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: 3-4-11

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, - please print): C. Hardee Clark, DVM

21. STATUS: [ ] 2 Federal [ ] 1 State [X] 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 26 (Twenty-Six)

23. Signature of Endorsing Federal Veterinarian: DVM

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): Jim Becker DVM

25. SIGNATURE OF ISSUING VETERINARIAN

VS FORM 17-140 (MAR 98) Previous edition may be used.

PART 5 - ISSUING VETERINARIAN

The certificate is authorized by law 21 U.S.C. 112). While you are not required to respond, no health certificate can be validated unless the data requested is provided. FORM APPROVED - OMB NO. 0579-0020 and 0101

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): Bouvry Exports Hwy #3 East SW17-9-25-W4 Fort MacLeod, Alberta

2. CERTIFICATE NO.: L028717

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 03/03/11

5. U.S. PORT OF EMBARKATION (City and State): Sweetgrass, MT

6. STATE CODE: 30

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): Bar S Feedlot, 1 Benjamin Rd.

8. CONSIGNOR'S CITY (or Town): Shelby

12. CONSIGNOR'S STATE: Montana

13. STATE CODE: 30

14. ZIP CODE: 59474

9. SEMEN ("X" if yes): [ ]

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [X] 2 - Truck [ ] 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address): Bouvry Exports SW17-9-25-W4 Fort MacLeod, Alberta

DESTINATION COUNTRY: Canada

ENTER CODE: CA

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

NEGATIVE TUBERCULIN READING: [ ] 48 HRS [ ] 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

CERTIFIED BRUCELLOSIS FREE AREA

NEGATIVE RESULTS OF OTHER TESTS: DISEASE / TYPE TEST / DATE

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

Bar S Feedlot
1 Benjamin Road
Shelby, MT 59474

MODIFIED ACCREDITED AREA (TB)

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

27 Head of mixed horses for slaughter only. These horses have been inspected on the above date and found fit for travel. These animals have resided in the United States or Canada since birth as best as can be determined. 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. All horses are identified by an Official USDA Equine Slaughter backtag. During the previous twenty-one (21) days, the animals in this shipment have not been in the States of Texas or New Mexico. Brand Inspection #1260224

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
USCH...					Neck Tag #...									
2034 Chestn	A	F	QT		823									
2035 Red Roan	A	F	QT		824									
2036 Grey/Wht	A	N	Paint		825									
2037 Brn/Wht	A	N	Paint		827									
2038 Brown	A	N	QT		828									
2039 Chestn	A	F	QT		829									
2040 Brn/Wht	A	F	Paint		830									
2041 Chestn	A	N	QT		831									
2042 Chestn	A	N	QT		832									

These animals were, 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.

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: 3-3-11

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, - please print): C. Hardee Clark, dVM

21. STATUS: [ ] 2 Federal [ ] 1 State [X] 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 27 (Twenty-Seven)

23. Signature of Endorsing Federal Veterinarian: A. Baker DVM

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): Jim Baker DVM

25. SIGNATURE OF ISSUING VETERINARIAN: C. Hardee Clark

FORM 17-140 (MAR 98) Previous edition may be used.

PART 5 - ISSUING VETERINARIAN

The certificate is authorized by law 21 U.S.C. 112). While you are not required to respond, no health certificate can be validated unless the data requested is provided. FORM APPROVED - OMB NO. 0579-0020 and 0101

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): Bouvry Exports Bay #3 East SW17-9-25-W4 Fort MacLeod, Alberta

2. CERTIFICATE NO.: L028718

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 03/03/11

5. U.S. PORT OF EMBARKATION (City and State): Sweetgrass, MT

6. STATE CODE: 30

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): Bar S Feedlot, 1 Benjamin Rd.

8. CONSIGNOR'S CITY (or Town): Shelby

12. CONSIGNOR'S STATE: Montana

13. STATE CODE: 30

14. ZIP CODE: 59474

9. SEMEN ("X" if yes): [ ]

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [X] 2 - Truck [ ] 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address): Bouvry Exports SW17-9-25-W4 Fort MacLeod, Alberta

DESTINATION COUNTRY: Canada

ENTER CODE: CA

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

NEGATIVE TUBERCULIN READING: [ ] 48 HRS [ ] 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

CERTIFIED BRUCELLOSIS FREE AREA

NEGATIVE RESULTS OF OTHER TESTS: DISEASE / TYPE TEST / DISEASE / TYPE TEST / DISEASE / TYPE TEST

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

MODIFIED ACCREDITED AREA (TB)

17. FARM ORIGIN
Owner's name (Last name, two initials, or business name)
Owner's street address
Owner's city/town, State code (FIPS code on reverse) & zip code

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

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
27 Head of mixed horses for slaughter only. These horses have been inspected on the above date and found fit for travel. These animals have resided in the United States or Canada since birth as best as can be determined. 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. All horses are identified by an Official USDA Equine Slaughter backtag. During the previous twenty-one (21) days, the animals in this shipment have not been in the States of Texas or New Mexico. Brand Inspection #1260825.													
USGH...					Neck Tag #...								
2033 Chestn	A	F	QT		74								
2064 Red/Wht	A	F	Paint		955								
2062 Chestn	A	M	QT		954								
2063 Chestn	A	M	QT		977								
2064 Bay	A	F	QT		986								
2065 Blk/Wht	A	F	Paint		989								
2066 Red/Wht	A	M	Paint		98								
2067 Chestn	A	F	QT		97								
2068 Back	A	F	QT		975								

Bar S Feedlot
1 Benjamin Road
Shelby, MT 59474

These animals were, 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.

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: 3-3-11

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, - please print): C. Hardee Clark, DVM

21. STATUS: [ ] 2 Federal [ ] 1 State [X] 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 27 (Twenty-Seven)

23. Signature of Endorsing Federal Veterinarian: A. Bertie DVM

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): Jim Berter DVM

25. SIGNATURE OF ISSUING VETERINARIAN: [signature]

VS FORM 17-140 (MAR 98) Previous edition may be used.

PART 5 - ISSUING VETERINARIAN

This certificate is authorized by law 21 U.S.C. 112). While you are not required to respond, no health certificate can be validated unless the data requested is provided. FORM APPROVED - OMB NO. 0579-0020 and 0101

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): Bouvry Exports Hwy #3 East SW17-9-25-W4 Fort MacLeod, Alberta

2. CERTIFICATE NO.: L028715

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 03/02/11

5. U.S. PORT OF EMBARKATION (City and State): Sweetgrass, MT

6. STATE CODE: 30

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): Bar S Feedlot, 1 Benjamin Rd.

8. CONSIGNOR'S CITY (or Town): Shelby

12. CONSIGNOR'S STATE: Montana

13. STATE CODE: 30

14. ZIP CODE: 59474

9. SEMEN ("X" if yes): [ ]

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [X] 2 - Truck [ ] 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address): Bouvry Exports SW17-9-25-W4 Fort MacLeod, Alberta

DESTINATION COUNTRY: Canada

ENTER CODE: CA

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

NEGATIVE TUBERCULIN READING: [ ] 48 HRS [ ] 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

CERTIFIED BRUCELLOSIS FREE AREA

NEGATIVE RESULTS OF OTHER TESTS: DISEASE / TYPE TEST / DATE

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

Bar S Feedlot
1 Benjamin Road
Shelby, MT 59474

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	Y E	DATE F	Y G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DATE M	DATE N	DATE O
26 Head of mixed horses for slaughter only. These horses have been inspected on the above date and found fit for travel. These animals have resided in the United States or Canada since birth as best as can be determined. 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. All horses are identified by an Official USDA Equine Slaughter backtag. During the previous twenty-one (21) days, the animals in this shipment have not been in the States of Texas or New Mexico. Brand Inspection #12600219.													
USCD...					Neck Tag #...								
1096 Chestn	A	F	Draft		115								
1097 Bay	A	F	QT		158								
1098 Chestn	A	F	QT		159								
1099 Chestn	A	F	QT		160								
1100 Chestn	AX	F	QT		161								
USCG...													
7386 Bay	A	H	QT		162								
7387 Chestn	A	F	QT		163								
7388 Brn/Wht	A	F	Paint		164								

These animals were, 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.

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: 3-2-11

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial,- please print): C. Harden Clark, DVM

21. STATUS: [ ] 2 Federal [ ] 1 State [X] 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include not. from all attached VS Forms 17-140A): 26 (Twenty-Six)

23. Signature of Endorsing Federal Veterinarian: Jim Becker DVM

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): Jim Becker DVM

25. SIGNATURE OF ISSUING VETERINARIAN

VS FORM 17-140 (MAR 98) Previous edition may be used.

PART 5 - ISSUING VETERINARIAN

The certificate is authorized by law 21 U.S.C. 112). While you are not required to respond, no health certificate can be validated unless the data requested is provided. FORM APPROVED - OMB NO. 0579-0020 and 0101

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): Bouvry Exports Hwy #3 East SW17-9-25-W4 Fort MacLeod, Alberta

2. CERTIFICATE NO.: L028716

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 03/02/11

5. U.S. PORT OF EMBARKATION (City and State): Sweetgrass, MT

6. STATE CODE: 30

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): Bar S Feedlot, 1 Benjamin Rd.

8. CONSIGNOR'S CITY (or Town): Shelby

12. CONSIGNOR'S STATE: Montana

13. STATE CODE: 30

14. ZIP CODE: 59474

9. SEMEN ("X" if yes): [ ]

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [X] 2 - Truck [ ] 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address): Bouvry Exports SW17-9-25-W4 Fort MacLeod, Alberta

DESTINATION COUNTRY: Canada

ENTER CODE: CA

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

NEGATIVE TUBERCULIN READING: [ ] 48 HRS [ ] 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

CERTIFIED BRUCELLOSIS FREE AREA

NEGATIVE RESULTS OF OTHER TESTS

DISEASE	DISEASE	DISEASE
TYPE TEST	TYPE TEST	TYPE TEST
DATE M	DATE N	DATE O

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

Bar S Feedlot
1 Benjamin Road
Shelby, MT 59474

MODIFIED ACCREDITED AREA (TB)

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

26 Head of mixed horses for slaughter only. These horses have been inspected on the above date and found fit for travel. These animals have resided in the United States or Canada since birth as best as can be determined. 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. All horses are identified by an Official USDA Equine Slaughter Necktag. During the previous twenty-one (21) days, the animals in this shipment have not been in the States of Texas or New Mexico. Brand Inspection #12600220.

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
USCH...					Neck Tag #...									
2007 Buck	A	F	QT		796									
2008 Bay	A	F	QT		797									
2009 Bay	A	M	QT		798									
2010 Black	A	F	QT		799									
2011 Brown	A	F	QT		800									
2012 Bay	A	F	QT		801									
2013 Grey/Wht	A	M	Paint		802									
2014 White	A	F	QT		803									
2015 Buck	A	F	QT		804									

These animals were, 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.

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: 3-2-11

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, - please print): C. Hardee Clark, DVM

21. STATUS: [ ] 2 Federal [ ] 1 State [X] 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 26 (Twenty-Six)

23. Signature of Endorsing Federal Veterinarian: A Beck DVM

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): Jim Becker DVM

25. SIGNATURE OF ISSUING VETERINARIAN

VS FORM 17-140 (MAR 98) Previous edition may be used.

The certificate is authorized by law 21 U.S.C. 112). While you are not required to respond, no health certificate can be validated unless the data requested is provided. FORM APPROVED - OMB NO. 0579-0020 and 0101

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): Bouvry Exports Hwy #3 East SW17-9-25-W4 Fort MacLeod, Alberta

2. CERTIFICATE NO.: L028714

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 03/01/11

5. U.S. PORT OF EMBARKATION (City and State): Sweetgrass, MT

6. STATE CODE: 30

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): Bar S Feedlot, 1 Benjamin Rd.

8. CONSIGNOR'S CITY (or Town): Shelby

12. CONSIGNOR'S STATE: Montana

13. STATE CODE: M 30

14. ZIP CODE: 59474

9. SEMEN ("X" if yes): [ ]

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [X] 2 - Truck [ ] 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address): Bouvry Exports SW17-9-25-W4 Fort MacLeod, Alberta

DESTINATION COUNTRY: Canada

ENTER CODE: CA

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

NEGATIVE TUBERCULIN READING: [ ] 48 HRS [ ] 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

CERTIFIED BRUCELLOSIS FREE AREA

NEGATIVE RESULTS OF OTHER TESTS

DISEASE	DISEASE	DISEASE
TYPE TEST	TYPE TEST	TYPE TEST
DATE M	DATE N	DATE O

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

MODIFIED ACCREDITED AREA (TB)

17. FARM ORIGIN
Owner's name (Last name, two initials, or business name)
Owner's street address
Owner's city/town, State code (FIPS code on reverse) & zip code

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

22 Head of mixed horses for slaughter only. These horses have been inspected on the above date and found fit for travel. These animals have resided in the United States or Canada since birth as best as can be determined. 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. All horses are identified by an Official USDA Equine Slaughter backtag. During the previous twenty-one (21) days, the animals in this shipment have not been in the States of Texas or New Mexico. Brand Inspection #12600218.

Bar S Feedlot
1 Benjamin Road
Shelby, MT 59474

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
USGG...					Neck Tag #...									
7364 Grey	A	F	QT		118									
7365 Chestn	A	F	QT		119									
7366 Red Roan	A	F	QT		120									
7367 Buck	A	F	QT		121									
7368 Chestn	A	F	QT		122									
7369 Bay	A	N	QT		127									
7370 Black	A	F	Draft		128									
7371 Brown	A	N	QT		129									
7372 Chestn	A	N	Draft		130									

These animals were, 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.

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

A. Baker DVM

23. Signature of Endorsing Federal Veterinarian

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: 3-1-11

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, - please print): C. Hardee Clark, DVM

21. STATUS: [ ] 2 Federal [ ] 1 State [X] 3 Accredited

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

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): Jim Baker DVM

25. SIGNATURE OF ISSUING VETERINARIAN

VS FORM 17-140 (MAR 98) Previous edition may be used.

PART 5 - ISSUING VETERINARIAN

The certificate is authorized by law 21 U.S.C. 112). While you are not required to respond, no health certificate can be validated unless the data requested is provided. FORM APPROVED - OMB NO. 0579-0020 and 0101 2

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): Bouvry Exports Hwy #3 East SW17-9-25-W4 Fort MacLeod, Alberta

2. CERTIFICATE NO.: L028738

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 03/17/11

5. U.S. PORT OF EMBARKATION (City and State): Sweetgrass, MT

6. STATE CODE: 30

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): Bar S Feedlot, 1 Benjamin Rd.

8. CONSIGNOR'S CITY (or Town): Shelby

12. CONSIGNOR'S STATE: Montana

13. STATE CODE: 30

14. ZIP CODE: 59474

9. SEMEN ("X" if yes): [ ]

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [X] 2 - Truck [ ] 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address): Bouvry Exports SW17-9-25-W4 Fort MacLeod, Alberta

DESTINATION COUNTRY: Canada

ENTER CODE: CA

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

NEGATIVE TUBERCULIN READING: [ ] 48 HRS [ ] 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

CERTIFIED BRUCELLOSIS FREE AREA

NEGATIVE RESULTS OF OTHER TESTS: DISEASE / TYPE TEST / DISEASE / TYPE TEST / DISEASE / TYPE TEST

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

17. FARM ORIGIN
Owner's name (Last name, two initials, or business name)
Owner's street address
Owner's city/town, State code (FIPS code on reverse) & zip code

Bar S Feedlot
1 Benjamin Road
Shelby, MT 59474

MODIFIED ACCREDITED AREA (TB)

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

26 Head of mixed horses for slaughter only. These horses have been inspected on the above date and found fit for travel. These animals have resided in the United States or Canada since birth as best as can be determined. 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. All horses are identified by an Official USDA Equine Slaughter backtag. During the previous twenty-one (21) days, the animals in this shipment have not been in the States of TExas or New Mexico. Brand Inspection #1260243.

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
USGH...					Neck Tag #...									
2540 Pal	A	F	QT		33									
2541 Red Roan	A	F	QT		34									
2542 Bay	A	F	QT		35									
2543 Pal	A	F	QT		36									
2544 Red/Wht	A	N	Paint		37									
2545 Chestn	A	F	QT		38									
2546 Buck	A	F	QT		39									
2547 Brown	A	F	QT		40									
2548 Chestn	A	N	QT		41									

These animals were, 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.

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: 3-17-11

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, - please print): C. Bardee Clark, dVM

21. STATUS: [ ] 2 Federal [ ] 1 State [X] 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen). (Include nos. from all attached VS Forms 17-140A): 26 (Twenty-Six)

23. Signature of Endorsing Federal Veterinarian: A. B. [illegible] DVM

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): Jim S. Ko DVM

25. SIGNATURE OF ISSUING VETERINARIAN: [illegible]

VS FORM 17-140 (MAR 98) Previous edition may be used.

PART 5 - ISSUING VETERINARIAN

The certificate is authorized by law 21 U.S.C. 112). While you are not required to respond, no health certificate can be validated unless the data requested is provided. FORM APPROVED - OMB NO. 0579-0020 and 0101

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): Bouvry Exports Hay #3 East SW17-9-25-W4 Fort MacLeod, Alberta

2. CERTIFICATE NO.: L028739

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 03/17/11

5. U.S. PORT OF EMBARKATION (City and State): Sweetgrass, MT

6. STATE CODE: 30

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): Bar S Feedlot, 1 Benjamin Rd.

8. CONSIGNOR'S CITY (or Town): Shelby

12. CONSIGNOR'S STATE: Montana

13. STATE CODE: 30

14. ZIP CODE: 59474

9. SEMEN ("X" if yes): [ ]

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [X] 2 - Truck [ ] 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address): Bouvry Exports SW17-9-25-W4 Fort MacLeod, Alberta

DESTINATION COUNTRY: Canada

ENTER CODE: CA

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

NEGATIVE TUBERCULIN READING: [ ] 48 HRS [ ] 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS: DISEASE / TYPE TEST | DISEASE / TYPE TEST | DISEASE / TYPE TEST

CERTIFIED BRUCELLOSIS FREE AREA

MODIFIED ACCREDITED AREA (TB)

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

Bar S Feedlot
1 Benjamin Road
Shelby, MT 59474

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

26 Head of mixed horses for slaughter only. These horses have been inspected on the above date and found fit for travel. These animals have resided in the United States or Canada since birth as best as can be determined. 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. All horses are identified by an Official USDA Equine Slaughter backtag. During the previous twenty-one (21) days, the animals in this shipment have not been in the States of Texas or New Mexico. Brand Inspection #1260244.

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
UNCH...														
2566 Bay	A	M	QT		69									
2567 Black	A	F	QT		70									
2568 Chestn	A	M	Draft		71									
2569 Bay	A	F	QT		73									
2570 Pal	A	F	QT		74									
2571 Buck	A	F	QT		75									
2572 Grey	A	F	QT		76									
2573 Bay	A	M	QT		77									
2574 Black	A	F	QT		78									

These animals were, 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.

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: 3-17-11

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, - please print): C. Hardee Clark, DVM

21. STATUS: [ ] 2 Federal [ ] 1 State [X] 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 26 (Twenty-Six)

23. Signature of Endorsing Federal Veterinarian: DVM

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): Jim Becker DVM

25. SIGNATURE OF ISSUING VETERINARIAN

VS FORM 17-140 (MAR 98) Previous edition may be used.

PART 5 - ISSUING VETERINARIAN

The certificate is authorized by law 21 U.S.C. 112). While you are not required to respond, no health certificate can be validated unless the data requested is provided. FORM APPROVED - OMB NO. 0579-0020 and 0101

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): Bouvry Exports Hwy #3 East SW17-9-25-W4 Fort MacLeod, Alberta

2. CERTIFICATE NO.: L028736

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 03/16/11

5. U.S. PORT OF EMBARKATION (City and State): Sweetgrass, MT

6. STATE CODE: 30

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): Bar S Feedlot, 1 Benjamin Rd.

8. CONSIGNOR'S CITY (or Town): Shelby

12. CONSIGNOR'S STATE: Montana

13. STATE CODE: 30

14. ZIP CODE: 59474

9. SEMEN ("X" if yes): [ ]

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [X] 2 - Truck [ ] 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address): Bouvry Exports SW17-9-25-W4 Fort MacLeod, Alberta

DESTINATION COUNTRY: Canada

ENTER CODE: CA

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

NEGATIVE TUBERCULIN READING: [ ] 48 HRS [ ] 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS: DISEASE / TYPE TEST / DISEASE / TYPE TEST / DISEASE / TYPE TEST

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

MODIFIED ACCREDITED AREA (TB)

CERTIFIED BRUCELLOSIS FREE AREA

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

Bar S Feedlot
1 Benjamin Road
Shelby, MT 59474

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

26 Head of mixed horses for slaughter only. These horses have been inspected on the above date and found fit for travel. These animals have resided in the United States or Canada since birth as best as can be determined. 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. All horses are identified by an Official USDA Equine Slaughter backtag. During the previous twenty-one (21) days, the animals in this shipment have not been in the States of Texas or New Mexico. Brand Inspection #1260241.

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	Y E	DATE F	Y G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DATE M	DATE N	DATE O
USDA...					Neck Tag #...									
2488 Buck	A	F	QT		132									
2489 Cheats	A	F	QT		148									
2490 Brown	A	F	QT		153									
2491 Cheats	A	F	QT		154									
2492 Bay	A	F	QT		181									
2493 Buck	A	N	QT		182									
2494 Bay	A	F	QT		183									
2495 Buck	A	N	QT		184									
2496 Bra/Wht	A	F	Paint		185									

These animals were, 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.

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: 3-16-11

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, - please print): C. Hardee Clark, DVM

21. STATUS: [ ] 2 Federal [ ] 1 State [X] 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 26 (Twenty-Six)

23. Signature of Endorsing Federal Veterinarian: J. Becker DVM

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): Jim Becker DVM

25. SIGNATURE OF ISSUING VETERINARIAN

VS FORM 17-140 (MAR 98) Previous edition may be used.

PART 5 - ISSUING VETERINARIAN

The certificate is authorized by law 21 U.S.C. 112). While you are not required to respond, no health certificate can be validated unless the data requested is provided. FORM APPROVED - OMB NO. 0579-0020 and 0101

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): Bouvry Exports Hwy #3 East SW17-9-25-W4 Fort MacLeod, Alberta

2. CERTIFICATE NO.: L028737

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 03/16/11

5. U.S. PORT OF EMBARKATION (City and State): Sweetgrass, MT

6. STATE CODE: 30

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): Bar S Feedlot, 1 Benjamin Rd.

8. CONSIGNOR'S CITY (or Town): Shelby

12. CONSIGNOR'S STATE: Montana

13. STATE CODE: 30

14. ZIP CODE: 59474

9. SEMEN ("X" if yes): [ ]

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [X] 2 - Truck [ ] 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address): Bouvry Exports SW17-9-25-W4 Fort MacLeod, Alberta

DESTINATION COUNTRY: Canada

ENTER CODE: CA

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

NEGATIVE TUBERCULIN READING: [ ] 48 HRS [ ] 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

CERTIFIED BRUCELLOSIS FREE AREA

NEGATIVE RESULTS OF OTHER TESTS: DISEASE / TYPE TEST; DISEASE / TYPE TEST; DISEASE / TYPE TEST

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

MODIFIED ACCREDITED AREA (TB)

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

Bar S Feedlot
1 Benjamin Road
Shelby, MT 59474

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	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DATE M	DATE N	DATE O
26 Head of mixed horses for slaughter only. These horses have been inspected on the above dates and found fit for travel. These animals have resided in the United States or Canada since birth as best as can be determined. 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. All horses are identified by an Official USDA Equine Slaughter backtag. During the previous twenty-one (21) days, the animals in this shipment have not been in the States of Texas or New Mexico. Brand inspection #1260242.														
USDA...					Neck Tag #..									
2514 Ben/Wht	A	M	Appy		2									
2525 Cheatn	A	F	QT		5									
2516 Black	A	F	QT		6									
2517 Pal	A	M	QT		8									
2518 Cheatn	A	F	QT		32									
2519 Red/Wht	A	F	Paint		105									
2520 Brown	A	F	QT		106									
2521 Grey	A	F	QT		108									
2522 Bay	A	M	Arab		109									

These animals were, 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.

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: 3-16-11

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, please print): C. Hardee Clark, DVM

21. STATUS: [ ] 2 Federal [ ] 1 State [X] 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 26 (Twenty-Six)

23. Signature of Endorsing Federal Veterinarian: A. Baker DVM

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): Jim Baker DVM

25. SIGNATURE OF ISSUING VETERINARIAN: C. Hardee Clark

VS FORM 17-140 (MAR.98) Previous edition may be used.

PART 5 - ISSUING VETERINARIAN

The certificate is authorized by law 21 U.S.C. 112). While you are not required to respond, no health certificate can be validated unless the data requested is provided. FORM APPROVED - OMB NO. 0579-0020 and 0101

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): Bouvry Exports Hwy #3 East SW17-9-25-W4 Fort MacLeod, Alberta

2. CERTIFICATE NO.: L028734

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 03/15/11

5. U.S. PORT OF EMBARKATION (City and State): Sweetgrass, MT

6. STATE CODE: 30

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): Bar S Feedlot, 1 Benjamin Rd.

8. CONSIGNOR'S CITY (or Town): Shelby

12. CONSIGNOR'S STATE: Montana

13. STATE CODE: 30

14. ZIP CODE: 59474

9. SEMEN ("X" if yes): [ ]

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [X] 2 - Truck [ ] 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address): Bouvry Exports SW17-9-25-W4 Fort MacLeod, Alberta

DESTINATION COUNTRY: Canada

ENTER CODE: CA

15. SPECIES ("X" one - use VS Form 17-6 for Poultry): [ ] 01 BOVINE [ ] 02 PORCINE [ ] 03 OVINE [ ] 04 CAPRINE [X] 05 EQUINE [ ] 06 OTHER WILDLIFE - MAMMAL [ ] 09 OTHER (Specify)

NEGATIVE TUBERCULIN READING: [ ] 48 HRS [ ] 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

CERTIFIED BRUCELLOSIS FREE AREA

NEGATIVE RESULTS OF OTHER TESTS: DISEASE / TYPE TEST / DATE

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

MODIFIED ACCREDITED AREA (TB)

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

28 head of mixed horses for slaughter only. These horses have been inspected on the above date and found fit for travel. These animals have resided in the United States or Canada since birth as best as can be determined. 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. All horses are identified by an Official USDA Equine Slaughter backtag. During the previous twenty-one (21) days, the animals in this shipment have not been in the States of tExas or New Mexico. Brand Inspection #1260239.

Bar S Feedlot
1 Benjamin Road
Shelby, MT 59474

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
USCH...					Neck Tag #...									
2434 Red Roan	A	M	MT		124									
2435 Chestn	A	N	QT		38									
2436 Chestn	A	N	QT		33									
2437 Bay	A	F	QT		58									
2438 Bay	A	F	QT		49									
2439 Black	A	F	QT		48									
2440 Brn/Wht	A	F	Paint		18									
2441 Chestn	A	F	Draft		53									
2442 Brown	A	N	Draft		90									

These animals were, 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.

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: 3-15-11

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, - please print): C. Hardee Clark, DVM

21. STATUS: [ ] 2 Federal [ ] 1 State [X] 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 28 (Twenty-Eight)

23. Signature of Endorsing Federal Veterinarian: A. Becker DVM

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): Jim Becker DVM

25. SIGNATURE OF ISSUING VETERINARIAN: [signature]

VS FORM 17-140 (MAR 98) Previous edition may be used.

PART 5 - ISSUING VETERINARIAN

Items marked * are not required to respond, no health certificate can be validated unless the data requested is provided. FORM APPROVED - OMB NO. 0579-0020 and 0101

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): Bouvry Exports, Hwy #3 East, SW17-9-25-W4 Fort MacLeod, Alberta

2. CERTIFICATE NO.: L028735

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 3/15/11

5. U.S. PORT OF EMBARKATION (City and State): Sweatgrass, MT

6. STATE CODE: 30

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): Bar S Feedlot, 1 Benjamin Road

8. CONSIGNOR'S CITY (or Town): Shelby

12. CONSIGNOR'S STATE: Montana

13. STATE CODE: 30

14. ZIP CODE: 59474

9. SEMEN ("X" if yes): [ ]

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [X] 2 - Truck [ ] 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address): Bouvry Exports, SW17-9-25-W4 Fort MacLeod, Alberta

DESTINATION COUNTRY: Canada

ENTER CODE: CA

15. SPECIES ("X" one - use VS Form 17-6 for Poultry): [ ] 01 BOVINE [ ] 02 PORCINE [ ] 03 OVINE [ ] 04 CAPRINE [X] 05 EQUINE [ ] 06 OTHER WILDLIFE - MAMMAL [ ] 09 OTHER (Specify)

NEGATIVE TUBERCULIN READING: [ ] 48 HRS [ ] 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS: DISEASE / TYPE TEST / DISEASE / TYPE TEST / DISEASE / TYPE TEST

CERTIFIED BRUCELLOSIS FREE AREA

MODIFIED ACCREDITED AREA (TB)

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

Bar S Feedlot
1 Benjamin Road
Shelby, MT 59474

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

26 Head of mixed horses for slaughter only. These horses have been inspected on the above Date and found fit for travel. These animals have resided in the United STates or Canddd since birth as best as can be determined. The exporter has been advised that any deterioration in health or physical condition of the anddals that may render animals unfit for transport may result in the shipment to be refused entry to Canada. All horses are identified by an official USDA Equine Slaughter backtag. During the previous twenty-one (21) days, the animals in this shipment have not been in the state of Texas or New Mexico.

USGH... Neck Tag... Brand inspection #1260240

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
2462 Brn/W	A	F	Paint		94									
2463 Chestn	A	F	QH		95									
2464 Chestn	A	F	QH		96									
2465 Blue Roan	A	F	QH		97									
2466 Chestn	A	F	QH		98									
2467 Chestn	A	F	QH		99									
2468 Blk/W	A	F	Paint		101									
2469 Brn/W	A	F	Paint		102									
2470 Chestn	A	F	QH		103									
2471 Chestn	A	F	QH		104									

These animals were, 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.

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: 3-15-11

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, - please print): C. Hardee Clark, DVM

21. STATUS: [ ] 2 Federal [ ] 1 State [X] 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 26 (Twenty-Six)

23. Signature of Endorsing Federal Veterinarian: A. Becker DVM

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): Jim Becker DVM

25. SIGNATURE OF ISSUING VETERINARIAN

VS FORM 17-140 (MAR 98) Previous edition may be used.

PART 5 - ISSUING VETERINARIAN

The certificate is authorized by law 21 U.S.C. 112). While you are not required to respond, no health certificate can be validated unless the data requested is provided. FORM APPROVED - OMB NO. 0579-0020 and 0101 2

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): Bouvry Exports, Hwy #3 East, SW17-9-25-W4 Fort MacLeod, Alberta

2. CERTIFICATE NO.: L028733

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 3/14/11

5. U.S. PORT OF EMBARKATION (City and State): Sweetgrass, MT

6. STATE CODE: 30

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): Bar S Feedlot, 1 Benjamin Road

8. CONSIGNOR'S CITY (or Town): Shelby

12. CONSIGNOR'S STATE: Montana

13. STATE CODE: 30

14. ZIP CODE: 59474

9. SEMEN ("X" if yes): [ ]

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [X] 2 - Truck [ ] 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address): Bouvry Exports, SW17-9-25-W4 Fort MacLeod, Alberta

DESTINATION COUNTRY: Canada

ENTER CODE: CA

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

NEGATIVE TUBERCULIN READING: [ ] 48 HRS [ ] 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

CERTIFIED BRUCELLOSIS FREE AREA

NEGATIVE RESULTS OF OTHER TESTS

DISEASE	DISEASE	DISEASE
TYPE TEST	TYPE TEST	TYPE TEST

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

MODIFIED ACCREDITED AREA (TB)

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

Bar S Feedlot
1 Benjamin Road
Shelby, MT 59474

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	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DATE M	DATE N	DATE O
25 Head of mixed horses for slaughter only. These horses have been inspected on the above date and found fit for travel. These animals have resided in the United States or Canada since birth as best as can be determined. 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. All horses are identified by an official USDA Equine Slaughter backtag. During the previous twenty-one (21 days, the animals in this shipment have not been in the states of Texas or New Mexico.														
USGN...					Neck Tag...							Brand Inspection #1260238		
2409 Bay	A	F	QT		878									
2410 Chestn	A	F	QT		879									
2411 Bay	A	F	QT		880									
2412 Grey	A	F	QT		881									
2413 Buck	A	F	QT		882									
2414 Bay	A	F	QT		883									
2415 Pal	A	F	QT		884									
2416 Bay	A	F	QT		885									
2417 Chestn	A	F	QT		886									
2418 Chestn	A	F	QT		887									

These animals were, 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.

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: 3-14-11

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, - please print): C. Hardee Clark, DVM

21. STATUS: [ ] 2 Federal [ ] 1 State [X] 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 25 (Twenty-Five)

23. Signature of Endorsing Federal Veterinarian: J. Becker DVM

24. NAME OF ENDORSING FEDERAL VET. (Type, print, or stamp): Jim Becker DVM

25. SIGNATURE OF ISSUING VETERINARIAN

VS FORM 17-140 (MAR 98) Previous edition may be used.

PART 5 - ISSUING VETERINARIAN

The certificate is authorized by law 21 U.S.C. 112). While you are not required to respond, no health certificate can be validated unless the data requested is provided. FORM APPROVED - OMB NO. 0579-0020 and 0101 77

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): Bouvry Exports Hwy #3 East SW17-9-25-W4 Fort MacLeod, Alberta

2. CERTIFICATE NO.: L028730

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 03/11/11

5. U.S. PORT OF EMBARKATION (City and State): Sweetgrass, MT

6. STATE CODE: 30

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): Bar S Feedlot, 1 Benjamin Rd.

8. CONSIGNOR'S CITY (or Town): Shelby

12. CONSIGNOR'S STATE: Montana

13. STATE CODE: 30

14. ZIP CODE: 59474

9. SEMEN ("X" if yes): [ ]

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [X] 2 - Truck [ ] 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address): Bouvry Exports SW17-9-25-W4 Fort MacLeod, Alberta

DESTINATION COUNTRY: Canada

ENTER CODE: CA

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

NEGATIVE TUBERCULIN READING: [ ] 48 HRS [ ] 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

CERTIFIED BRUCELLOSIS FREE AREA

NEGATIVE RESULTS OF OTHER TESTS: DISEASE / TYPE TEST / DISEASE / TYPE TEST / DISEASE / TYPE TEST

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

MODIFIED ACCREDITED AREA (TB)

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

Bar S Feedlot
1 Benjamin Road
Shelby, MT 59474

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

25 Head of mixed horses for slaughter only. These horses have been inspected on the above date and found fit for travel. These animals have resided in the United States or Canada since birth as best as can be determined. 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. All horses are identified by an Official USDA equine Slaughter backtag. During the previous twenty-one (21) days, the animals in this shipment have not been in theStates of Texas or New Mexico. Brand Inspection #1260236.

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
USGH...					Neck Tag #...									
Bay (2384)	A	F	QT		851									
2385 Chestn	A	F	QT		852									
2386 Brown	A	N	Mule		853									
2387 Chestn	A	F	QT		854									
2388 Bay	A	F	QT		855									
2389 Chestn	A	F	QT		856									
2390 Liv/Chest	A	M	QT		857									
2391 Brown	A	N	QT		858									
2392 Chestn	A	F	QT		859									

These animals were, 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.

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: 3-11-11

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, - please print): C. Hardee Clark, DVM

21. STATUS: [ ] 2 Federal [ ] 1 State [X] 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 25 (Twenty-Five)

23. Signature of Endorsing Federal Veterinarian: J. Becker DVM

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): Jim Becker DVM

25. SIGNATURE OF ISSUING VETERINARIAN

VS FORM 17-140 (MAR 98) Previous edition may be used.

PART 5 - ISSUING VETERINARIAN

The certificate is authorized by law 21 U.S.C. 112). While you are not required to respond, no health certificate can be validated unless the data requested is provided. FORM APPROVED - OMB NO. 0579-0020 and 0101 72

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): Bouvry Exports Hwy #3 East SW17-9-25-W4 Fort MacLeod, Alberta

2. CERTIFICATE NO.: L028729

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 03/11/11

5. U.S. PORT OF EMBARKATION (City and State): Sweetgrass, MT

6. STATE CODE: 30

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): Bar S Feedlot, 1 Benjamin Rd.

8. CONSIGNOR'S CITY (or Town): Shelby

12. CONSIGNOR'S STATE: Montana

13. STATE CODE: 30

14. ZIP CODE: 59474

9. SEMEN ("X" if yes): [ ]

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [X] 2 - Truck [ ] 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address): Bouvry Exports SW17-9-25-W4 Fort MacLeod, Alberta

DESTINATION COUNTRY: Canada

ENTER CODE: CA

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

NEGATIVE TUBERCULIN READING: [ ] 48 HRS [ ] 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

CERTIFIED BRUCELLOSIS FREE AREA

NEGATIVE RESULTS OF OTHER TESTS

DISEASE	DISEASE	DISEASE
TYPE TEST	TYPE TEST	TYPE TEST
DATE M	DATE N	DATE O

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

Bar S Feedlot
1 Benjamin Road
Shelby, MT 59474

MODIFIED ACCREDITED AREA (TB)

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

30 Head of mixed horses for slaughter only. These horses have been inspected on the above date and found fit for travel. These animals have resided in the United States or Canda since birth as best as can be determined. The exporter has been advised that any deterioration in health or physical condition ofthe animals thatmay render animals unfit for transport may result in the shipment to be refused entry to Canada. All horses are identified by an Official USDA Equine Slaughter backtag. During the previous twenty-one (21) days, the animals in this shipment have not been in the States of Texas or New Mexico. Brand Inspection #1260236.

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
USDA...					Back Tag #...									
2354 Chestn	A	F	QT		100									
2355 Grey	A	M	QT		102									
2356 Chestn	A	M	QT		103									
2357 Bay	A	M	QT		104									
2358 Chestn	A	M	QT		107									
2359 Bay	A	F	QT		112									
2360 Chestn	A	F	QT		123									
2361 Bay	A	M	QT		124									
2362 Pal	A	F	QT		125									

These animals were, 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.

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: 3-11-11

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, - please print): C. Bardee Clark, DVM

21. STATUS: [ ] 2 Federal [ ] 1 State [X] 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 30 (Thirty)

23. Signature of Endorsing Federal Veterinarian: J. Becker DVM

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): Jim Becker DVM

25. SIGNATURE OF ISSUING VETERINARIAN

VS FORM 17-140 (MAR 98) Previous edition may be used.

PART 5 - ISSUING VETERINARIAN

The certificate is authorized by law 21 U.S.C. 112). While you are not required to respond, no health certificate can be validated unless the data requested is provided. FORM APPROVED - OMB NO. 0579-0020 and 0101

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): Bouvry Exports Hwy #3 East SW17-9-25-W4 Fort MacLeod, Alberta

2. CERTIFICATE NO.: L028765

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 03/30/11

5. U.S. PORT OF EMBARKATION (City and State): Sweetgrass, MT

6. STATE CODE: 30

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): Bar S Feedlot, 1 Benjamin Rd.

8. CONSIGNOR'S CITY (or Town): Shelby

12. CONSIGNOR'S STATE: Montana

13. STATE CODE: 30

14. ZIP CODE: 59474

9. SEMEN ("X" if yes): [ ]

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [X] 2 - Truck [ ] 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address): Bouvry Exports SW17-9-25-W4 Fort MacLeod, Alberta

DESTINATION COUNTRY: Canada

ENTER CODE: CA

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

NEGATIVE TUBERCULIN READING: [ ] 48 HRS [ ] 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

CERTIFIED BRUCELLOSIS FREE AREA

NEGATIVE RESULTS OF OTHER TESTS

DISEASE	DISEASE	DISEASE
TYPE TEST	TYPE TEST	TYPE TEST
DATE M	DATE N	DATE O

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

MODIFIED ACCREDITED AREA (TB)

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

Bar S Feedlot
1 Benjamin Road
Shelby, MT 59474

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

28 Head of mixed horses for slaughter only. These horses have been inspected on the above date and found fit for travel. These animals have resided in the United States or Canada since birth as best as can be determined. 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. All horses are identified by an Official USDA Equine Slaughter backtag. During the previous twenty-one (21) days, the animals in this shipment have not been in the States of Texas or New Mexico. Brand Inspection #1260263.

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
USGG...					Neck Tag #...						
8070 Pal	A	M	QT		35						
8071 Chestn	A	F	QT		95						
8072 Bkystn	A	Kheskony			34						
8073 Brown	A	N	TB		8						
8074 Buckskin	A	F	QT		96						
8075 Brn/Wht	A	F	Paint		98						
8076 Bay	A	N	QT		64						
8077 Chestn	A	F	QT		68						
8078 Chestn	A	F	Pony								

These animals were, 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.

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

A. Becker DVM

23. Signature of Endorsing Federal Veterinarian

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: 3-31-11

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial,- please print): C. Hardee Clark, DVM

21. STATUS: [ ] 2 Federal [ ] 1 State [X] 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 28 (Twenty-Eight)

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): Jim Becker DVM

25. SIGNATURE OF ISSUING VETERINARIAN

VS FORM 17-140 (MAR 98) Previous edition may be used.

PART 5 - ISSUING VETERINARIAN

The certificate is authorized by law 21 U.S.C. 112). While you are not required to respond, no health certificate can be validated unless the data requested is provided. FORM APPROVED - OMB NO. 0579-0020 and 0101

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): Bouvry Exports Hwy #3 East SW17-9-25-W4 Fort MacLeod, Alberta

2. CERTIFICATE NO.: L028761

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 03/31/11

5. U.S. PORT OF EMBARKATION (City and State): Sweetgrass, MT

6. STATE CODE: 30

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): Bar S Feedlot, 1 Benjamin St.

8. CONSIGNOR'S CITY (or Town): Shelby

12. CONSIGNOR'S STATE: Montana

13. STATE CODE: 30

14. ZIP CODE: 59474

9. SEMEN ("X" if yes): [ ]

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [X] 2 - Truck [ ] 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address): Bouvry Exports SW17-9-25-W4 Fort MacLeod, Alberta

DESTINATION COUNTRY: Canada

ENTER CODE: CA

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

NEGATIVE TUBERCULIN READING: [ ] 48 HRS [ ] 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS: DISEASE / TYPE TEST | DISEASE / TYPE TEST | DISEASE / TYPE TEST

CERTIFIED BRUCELLOSIS FREE AREA

MODIFIED ACCREDITED AREA (TB)

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

17. FARM ORIGIN
Owner's name (Last name, two initials, or business name)
Owner's street address
Owner's city/town, State code (FIPS code on reverse) & zip code

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

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
27 Head ofaixed horses for slaughter only. These horses have been inspected on the above date and found fit for travel. These animals have resided in the United States or Canada since birth as best as can be determined. 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. All horses are identified by an Official USDA Equine Slaughter backtag. During the previous twenty-one (21) days, the animals in this shipment have not been in the States of Texas or New Mexico. Brand Inspection #1260264.														
USCG...					Neck Tag #...									
8098 Gray	A	F	QT		104									
8099 Chestn	A	F	QT		105									
8100 Bay	A	N	QT		111									
8101 Chestn	A	F	QT		129									
8102 Brown	A	F	QT		141									
8103 Chestn	A	F	QT		143									
8104 Chestn	A	F	QT		144									
8105 Black	A	N	QT		145									
8106 Chestn	A	F	QT		146									

Bar S Feedlot
1 Benjamin Road
Shelby, MT 59474

These animals were, 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.

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: 3-31-11

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, - please print): C. Hardee Clark, DVM

21. STATUS: [ ] 2 Federal [ ] 1 State [X] 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 26JB

27. (Twenty-Seven)

23. Signature of Endorsing Federal Veterinarian: C. Hardee Clark DVM

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): Jim Bark DVM

25. SIGNATURE OF ISSUING VETERINARIAN

VS FORM 17-140 (MAR 98) Previous edition may be used.

The certificate is authorized by law 21 U.S.C. 112). While you are not required to respond, no health certificate can be validated unless the data requested is provided. FORM APPROVED - OMB NO. 0579-0020 and 0101

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): Bouvry Exports, Hwy #3 East, SW17-9-25-W4 Fort MacLeod, Alberta

2. CERTIFICATE NO.: L028762

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 3/31/11

5. U.S. PORT OF EMBARKATION (City and State): Sweetgrass, MT

6. STATE CODE: 30

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): Bar S Feedlot, 1 Benjamin Road

8. CONSIGNOR'S CITY (or Town): Shelby

12. CONSIGNOR'S STATE: Montana

13. STATE CODE: 30

14. ZIP CODE: 59474

9. SEMEN ("X" if yes): [ ]

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [X] 2 - Truck [ ] 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address): Bouvry Exports, SW17090250W4 Fort MacLeod, Alberta

DESTINATION COUNTRY: Canada

ENTER CODE: CA

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

NEGATIVE TUBERCULIN READING: [ ] 48 HRS [ ] 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS: DISEASE / TYPE TEST / DISEASE / TYPE TEST / DISEASE / TYPE TEST

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

MODIFIED ACCREDITED AREA (TB)

CERTIFIED BRUCELLOSIS FREE AREA

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

Bar S Feedlot
1 Benjamin Road
Shelby, MT 59474

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

27 Head of mixed horses for slaughter only. These horses have been inspected on the above date and found fit for travel. These animals have resided in the United STates or Canada since birth as best as can be determined. The exporter has been advised that any deterioration in health or physical conditions of the animals that may render animals unfit for transport may result in the shipment to be refused entry to Canada. All horses are identified by an official USDA Equine Slaughter backtag. Druring the previous twenty-one (21) days, the animals in this shipment have not been in the state of Texas or New Mexico.

USCG... Neck Tag... Brand Inspection #1260265

These animals were, 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.

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
8125 Buckskin	A	M	QH		2									
8126 Red Roan	A	F	QH		6									
8127 Brn	A	F	QH		8									
8128 Brn/W	A	F	Paint		94									
8129 Chestn	A	F	QH		95									
8130 Red Roan	A	F	QH		96									
8131 Grey	A	F	Draft		97									
8132 Red Roan	A	F	QH		98									
8133 Brn/W	A	M	Paint		99									
8134 Grey	A	F	QH		101									

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: 3-31-11

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, - please print): C. Hardee Clark, DVM

21. STATUS: [ ] 2 Federal [ ] 1 State [X] 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export of donated semen) (Include nos. from all attached VS Forms 17-140A): 27 (Twenty-Seven)

23. Signature of Endorsing Federal Veterinarian: J. Baker DVM

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): Jim Baker DVM

25. SIGNATURE OF ISSUING VETERINARIAN

VS FORM 17-140 (MAR 98) Previous edition may be used.

PART 5 - ISSUING VETERINARIAN

The certificate is authorized by law 21 U.S.C. 112). While you are not required to respond, no health certificate can be validated unless the data requested is provided. FORM APPROVED - OMB NO. 0579-0020 and 0101

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): Bouvry Exports Bay #3 East SW17-9-25-W4 Fort MacLeod, Alberta

2. CERTIFICATE NO.: L028757

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 03/30/11

5. U.S. PORT OF EMBARKATION (City and State): Sweetgrass, MT

6. STATE CODE: 30

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): Bar S Feedlot, 1 Benjamin Rd.

8. CONSIGNOR'S CITY (or Town): Shelby

12. CONSIGNOR'S STATE: Montana

13. STATE CODE: 30

14. ZIP CODE: 59474

9. SEMEN ("X" if yes): [ ]

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [X] 2 - Truck [ ] 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address): Bouvry Exports SW17-9-25-W4 Fort MacLeod, Alberta

DESTINATION COUNTRY: Canada

ENTER CODE: CA

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

NEGATIVE TUBERCULIN READING: [ ] 48 HRS [ ] 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

CERTIFIED BRUCELLOSIS FREE AREA

NEGATIVE RESULTS OF OTHER TESTS: DISEASE / TYPE TEST | DISEASE / TYPE TEST | DISEASE / TYPE TEST

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

MODIFIED ACCREDITED AREA (TB)

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

Bar S Feedlot
1 Benjamin Road
Shelby, MT 59474

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

26 Head of mixed horses for slaughter only. These horses have been inspected on the above date and found fit for travel. These animals have resided in the United States or Canada since birth as best as can be determined. 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. All horses are identified by an Official USDA Equine Slaughter backtag. During the previous twenty-one (21) days, the animals in this shipment have not been in the States of Texas or New Mexico. Brand Inspection #1260259.

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
USDA Tag#...					Neck Tag #...									
2963 Chestn	A	N	QT		821									
2964 Bay	A	F	QT		820									
2965 Pal	A	F	QT		834									
2966 Chestn	A	N	QT		831									
2967 Dun	A	F	QT		832									
2968 Red Roan	A	N	QT		833									
2969 Grey	A	F	QT		823									
2970 Bay	A	F	QT		825									
2971 Chestn	A	N	QT		828									

These animals were, 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.

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: 3-30-11

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, - please print): C. Hardee Clark, DVM

21. STATUS: [ ] 2 Federal [ ] 1 State [X] 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 26 (Twenty-Six)

23. Signature of Endorsing Federal Veterinarian: A Becker DVM

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): Jim Becker DVM

25. SIGNATURE OF ISSUING VETERINARIAN

VS FORM 17-140 (MAR 98) Previous edition may be used.

PART 5 - ISSUING VETERINARIAN

The certificate is authorized by law 21 U.S.C. 112). While you are not required to respond, no health certificate can be validated unless the data requested is provided. FORM APPROVED - OMB NO. 0579-0020 and 0101

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): Bouvry Exports Hwy #3 East SW17-9-25-W4 Fort MacLeod, Alberta

2. CERTIFICATE NO.: L028758

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 03/30/11

5. U.S. PORT OF EMBARKATION (City and State): Sweetgrass, MT

6. STATE CODE: 30

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): Bar S Feedlot, 1 Benjamin Rd.

8. CONSIGNOR'S CITY (or Town): Shelby

12. CONSIGNOR'S STATE: Montana

13. STATE CODE: 30

14. ZIP CODE: 59474

9. SEMEN ("X" if yes): [ ]

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [X] 2 - Truck [ ] 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address): Bouvry Exports SW17-9-25-W4 Fort MacLeod, Alberta

DESTINATION COUNTRY: Canada

ENTER CODE: CA

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

NEGATIVE TUBERCULIN READING: [ ] 48 HRS [ ] 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

CERTIFIED BRUCELLOSIS FREE AREA

NEGATIVE RESULTS OF OTHER TESTS: DISEASE / TYPE TEST / DISEASE / TYPE TEST / DISEASE / TYPE TEST

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

17. FARM ORIGIN
Owner's name (Last name, two initials, or business name)
Owner's street address
Owner's city/town, State code (FIPS code on reverse) & zip code

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	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DATE M	DATE N	DATE O
27 Head of mixed horses for slaughter only. These horses have been inspected on the above date and found fit for travel. These animals have resided in the United States or Canada since birth as best as can be determined. 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. All horses are identified by an Official USDA Equine Slaughter backtag. During the previous twenty-one (21) days, the animals in this shipment have not been in the States of Texas or New Mexico. Brand Inspection #1260260.													
Bar S Feedlot														
1 Benjamin Road														
Shelby, MT 59474														
USGH...					Neck Tag #...									
2989 Bay	A	F	QT		769									
2990 Bay	A	N	QT		770									
2991 Chestn	A	F	QT		771									
2992 Red Roan	A	N	Appy		772									
2993 Bay	A	F	QT		773									
2994 Chestn	A	N	QT		774									
2995 Chestn	A	N	QT		775									
2996 Chestn	A	N	QT		776									
2997 Chestn	A	F	QT		777									

These animals were, 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

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: 3-30-11

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, - please print): C. Hardee Clark, DVM

21. STATUS: [ ] 2 Federal [ ] 1 State [X] 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 27 (Twenty-Seven)

23. Signature of Endorsing Federal Veterinarian: J. B. K. DVM

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): Jim B. K. DVM

25. SIGNATURE OF ISSUING VETERINARIAN

You are not required to respond, no health certificate can be validated unless the data requested is provided. FORM APPROVED - OMB NO. 0579-0020 and 0101

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): Bouvry Exports Hwy #3 East SW17-9-25-W4 Fort MacLeod, Alberta

2. CERTIFICATE NO.: L028759

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 03/30/11

5. U.S. PORT OF EMBARKATION (City and State): Sweetgrass, MT

6. STATE CODE: 30

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): Bar S Feedlot, 1 Benjamin Rd.

8. CONSIGNOR'S CITY (or Town): Shelby

12. CONSIGNOR'S STATE: Montana

13. STATE CODE: 30

14. ZIP CODE: 59474

9. SEMEN ("X" if yes): [ ]

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [ ] 2 - Truck [X] 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address): Bouvry Exports SW17-9-25-W4 Fort MacLeod, Alberta

DESTINATION COUNTRY: Canada

ENTER CODE: CA

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

NEGATIVE TUBERCULIN READING: [ ] 48 HRS [ ] 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS: DISEASE / TYPE TEST; DISEASE / TYPE TEST; DISEASE / TYPE TEST

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

MODIFIED ACCREDITED AREA (TB)

CERTIFIED BRUCELLOSIS FREE AREA

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

Bar S Feedlot
1 Benjamin Road
Shelby, MT 59474

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	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DATE M	DATE N	DATE O
27 Head of mixed horses for slaughter only. These horses have been inspected on the above date and found fit for travel. These animals have resided in the United States or Canada since birth as best as can be determined. 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. All horses are identified by an Official USDA Equine Slaughter backtag. During the previous twenty-one (21) days, the animals in this shipment have not been in the States of Texas or New Mexico. Brand Inspection #1260261.														
USGG...					Neck Tag #...									
8016 Dun	A	N	QT		848									
8017 Dun	A	N	QT		850									
8018 Bay	A	N	QT		851									
8019 Bay	A	N	QT		852									
8020 Grey	A	F	QT		853									
8021 Bay	A	F	QT		854									
8022 Chestn	A	N	QT		855									
8023 Pal	A	F	QT		856									
8024 Brn/Wht	A	F	Paint		857									

These animals were, 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.

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: 3-30-11

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, - please print): C. Hardee Clark, DVM

21. STATUS: [ ] 2 Federal [ ] 1 State [X] 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 27 (Twenty-Seven)

23. Signature of Endorsing Federal Veterinarian: J. Becker DVM

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): Jim Becker DVM

25. SIGNATURE OF ISSUING VETERINARIAN

VS FORM 17-140 (MAR 98) Previous edition may be used.

PART 5 - ISSUING VETERINARIAN

...112). While you are not required to respond, no health certificate can be validated unless the data requested is provided. FORM APPROVED - OMB NO. 0579-0020 and 0101

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): Bouvry Exports Hwy #3 East SW17-9-25-W4 Fort MacLeod, Alberta

2. CERTIFICATE NO.: L028760

3. PAGE NO.: 1 OF 2

4. DATE ISSUED:

5. U.S. PORT OF EMBARKATION (City and State): Sweetgrass, MT

6. STATE CODE: 30

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): Bar S Feedlot, 1 Benjamin Rd.

8. CONSIGNOR'S CITY (or Town): Shelby

12. CONSIGNOR'S STATE: Montana

13. STATE CODE: 30

14. ZIP CODE: 59474

9. SEMEN ("X" if yes): [ ]

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [X] 2 - Truck [ ] 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address): Bouvry Exports SW17-9-25-W4

DESTINATION COUNTRY: Canada

ENTER CODE: CA

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

NEGATIVE TUBERCULIN READING: [ ] 48 HRS [ ] 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

CERTIFIED BRUCELLOSIS FREE AREA

NEGATIVE RESULTS OF OTHER TESTS: DISEASE / TYPE TEST / DISEASE / TYPE TEST / DISEASE / TYPE TEST

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

17. FARM ORIGIN
Owner's name (Last name, two initials, or business name)
Owner's street address
Owner's city/town, State code (FIPS code on reverse) & zip code

Bar S Feedlot
1 Benjamin Road
Shelby, MT 59474

MODIFIED ACCREDITED AREA (TB)

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

27 Head of mixed horses for slaughter only. These horses have been inspected on the above date and found fit for travel. These animals have resided in the United States or Canada since birth as best as can be determined. 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. All horses are identified by an Official USDA Equine Slaughter backtag. During the previous twenty-one (21) days, the animals in this shipment have not been in the States of Texas or New Mexico. Brand Inspection #1260261.

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	DISEASE / TYPE TEST / DATE M	DISEASE / TYPE TEST / DATE N	DISEASE / TYPE TEST / DATE O
USGE...					Neck Tag...									
8043 Brn/W	A	F	Paint		706									
8044 Bay	A	M	QH		707									
8045 Chestn	A	N	QH		708									
8046 Bay	A	F	QH		709									
8047 Chestn	A	N	QH		710									
8048 Blue Roan	A	N	QH		711									
8049 Bay	A	F	QH		713									
8050 Blk	A	F	QH		714									
8051 Grey	A	F	QH		715									

These animals were, 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.

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: 3-30-11

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, - please print): C. Hardee Clark, DVM

21. STATUS: [ ] 2 Federal [ ] 1 State [X] 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 27 (Twenty-Seven)

23. Signature of Endorsing Federal Veterinarian: J. Bailey DVM

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): J. Bailey DVM

25. SIGNATURE OF ISSUING VETERINARIAN

The certificate is authorized by law 21 U.S.C. 112). While you are not required to respond, no health certificate can be validated unless the data requested is provided. FORM APPROVED - OMB NO. 0579-0020 and 0101

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): Bouvry Exports Hwy #3 East SW17-9-25-W4 Fort MacLeod, Alberta

2. CERTIFICATE NO.: L028754

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 03/29/11

5. U.S. PORT OF EMBARKATION (City and State): Sweetgrass, MT

6. STATE CODE: 30

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): Bar S Feedlot, 1 Benjamin Rd.

8. CONSIGNOR'S CITY (or Town): Shelby

12. CONSIGNOR'S STATE: Montana

13. STATE CODE: 30

14. ZIP CODE: 59474

9. SEMEN ("X" if yes): [ ]

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [X] 2 - Truck [ ] 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address): Bouvry Exports SW17-9-25-W4 Fort MacLeod, Alberta

DESTINATION COUNTRY: Canada

ENTER CODE: CA

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

NEGATIVE TUBERCULIN READING: [ ] 48 HRS [ ] 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

CERTIFIED BRUCELLOSIS FREE AREA

NEGATIVE RESULTS OF OTHER TESTS: DISEASE / TYPE TEST / DISEASE / TYPE TEST / DISEASE / TYPE TEST

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

MODIFIED ACCREDITED AREA (TB)

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

Bar S Feedlot
1 Benjamin Road
Shelby, MT 59474

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

27 Head of mixed horses for slaughter only. These horses have been inspected on the above date and found fit for transl. These animals have resided in the United States or Canada since birth as best as can be determined. The exporter has been advised that any deteioration 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. All horses are identified by an Official USDA Equine Slaughter backtag. During the previous twenty-one (21) days, the animals in this shipment have not been in the States of tXxas or New Mexico. Brand Inspection #1260256.

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
USGH...					Neck Tag #...									
2883 Chestn	A	M	QT		124									
2884 Brown	A	F	QT		135									
2885 Tan/Wht	A	M	Paint		158									
2886 Bay	A	F	QT		162									
2887 Buckskin	A	F	QT		167									
2888 Chestn	A	M	QT		175									
2889 Black	A	F	QT		176									
2890 Bldckoan	A	F	QT		177									
2891 Chestn	A	F	QT		180									

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: 3-29-11

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, - please print): C. Hardee Clark, dVM

21. STATUS: [ ] 2 Federal [ ] 1 State [X] 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 27 (Twenty-Seven)

23. Signature of Endorsing Federal Veterinarian: DVM

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

25. SIGNATURE OF ISSUING VETERINARIAN

VS FORM 17-140 (MAR 98) Previous edition may be used.

PART 5.- ISSUING VETERINARIAN

The certificate is authorized by law 21 U.S.C. 112). While you are not required to respond, no health certificate can be validated unless the data requested is provided. FORM APPROVED - OMB NO. 0579-0020 and 0101

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): Bouvry Exports, Hwy #3 East, SW17-9-25-W4 Fort MacLeod, Alberta

2. CERTIFICATE NO.: L028755

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 3/29/11

5. U.S. PORT OF EMBARKATION (City and State): Sweetgrass, MT

6. STATE CODE: 30

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): Bar S Feedlot, 1 Benjamin Road

8. CONSIGNOR'S CITY (or Town): Shelby

12. CONSIGNOR'S STATE: Montana

13. STATE CODE: 30

14. ZIP CODE: 59474

9. SEMEN ("X" if yes): [ ]

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [X] 2 - Truck [ ] 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address): Bouvry Exports, SW17-9-25-W4 Fort MacLeod, Alberta

DESTINATION COUNTRY: Canada

ENTER CODE: CA

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

NEGATIVE TUBERCULIN READING: [ ] 48 HRS [ ] 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

CERTIFIED BRUCELLOSIS FREE AREA

NEGATIVE RESULTS OF OTHER TESTS

DISEASE	DISEASE	DISEASE
TYPE TEST	TYPE TEST	TYPE TEST
DATE M	DATE N	DATE O

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

Bar S Feedlot
1 Benjamin Road
Shelby, MT 59474

MODIFIED ACCREDITED AREA (TB)

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

5 Mules and 22 Head of mixed horses for slaughter only. These horses have been inspectdd on the above date and found fit for travel. These animals have resided in the United States or Canada since birth as best as can be determined. 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. All horses are identified by an Official USDA Equine Slaughter backtag. During the previous twenty-one (21) days, the animals in this shipment have not been in the States of Texas or New Mexico. Brand Inspection #1260257.

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
USDA...					Neck Tag f...									
2910 Chestn	A	F	QT		61									
2911 Bay	A	F	QT		70									
2912 Grey	A	F	QT		71									
2913 Chestn	A	F	QT		73									
2914 Bay	A	F	QT		74									
2915 Chestn	A	F	QT		75									
2916 Brown	A	N	Mule		76									
2917 Brown	A	N	Mule		77									
2918 Red roan	A	N	QT		78									

These animals were, 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.

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: 3-29-11

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, - please print): C. Hardee Clark, DVM

21. STATUS: [ ] 2 Federal [ ] 1 State [X] 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 27 (Twenty-Seven)

23. Signature of Endorsing Federal Veterinarian: J. Becker DVM

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): Jim Becker DVM

25. SIGNATURE OF ISSUING VETERINARIAN

VS FORM 17-140 (MAR 98) Previous edition may be used.

PART 5 - ISSUING VETERINARIAN

FORM APPROVED - OMB NO. 0579-0020 and 0101

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): Bouvry Exports, Hwy#3 East, SW17-9-25-W4 Fort MacLeod, Alberta

2. CERTIFICATE NO.: L028756

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 3/29/11

5. U.S. PORT OF EMBARKATION (City and State): Sweetgrass, MT 59474

6. STATE CODE: 30

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): Bar S Feedlot, 1 Benjamin Road

8. CONSIGNOR'S CITY (or Town): Shelby

12. CONSIGNOR'S STATE: Montana

13. STATE CODE: 30

14. ZIP CODE: 59474

9. SEMEN ("X" if yes): [ ]

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [X] 2 - Truck [ ] 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address): Bouvry Exports, SW17-9-25-W4 Fort MacLeod, Alberta

DESTINATION COUNTRY: Canada

ENTER CODE: CA

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

NEGATIVE TUBERCULIN READING: [ ] 48 HRS [ ] 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

CERTIFIED BRUCELLOSIS FREE AREA

NEGATIVE RESULTS OF OTHER TESTS: DISEASE / TYPE TEST / DISEASE / TYPE TEST / DISEASE / TYPE TEST

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

17. FARM ORIGIN
Owner's name (Last name, two initials, or business name)
Owner's street address
Owner's city/town, State code (FIPS code on reverse) & zip code

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

MODIFIED ACCREDITED AREA (TB)

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
Bar S Feedlot 1 Benjamin Road Shelby, MT 59474	26 Head of mixed horses for slaughter only. These horses have been inspected on the above date and found fit for travel. These animals have resided in the United States or Canada since birth as best as can be determined. 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. All horses are identified by an official USDA Equine Slaughter backtag. During the previous twentyOone (21) days, the animals in this shipment have not been in the state of Texas or New Mexico.													
	USCH...				Neck Tag...							Brand Inspection #1260258		
2937	Bay	A	F	QH	66									
2938	Chestn	A	N	QH	169									
2939	Bay	A	F	QH	302									
2940	Grey	A	F	QH	537									
2941	Bay	A	F	QH	542									
2942	Gheant	A	F	QH	800									
2943	Bay	A	F	QH	802									
2944	Chestn	A	N	QH	803									
2945	Chestn	A	N	QH	804									
2946	Chestn	A	F	QH	805									

These animals were, 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.

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: 3-29-11

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, - please print): C. Hardee Clark, DVM

21. STATUS: [ ] 2 Federal [ ] 1 State [X] 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 26 (Twenty-Six)

23. Signature of Endorsing Federal Veterinarian: A. Baker DVM

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): Jim Baker DVM

25. SIGNATURE OF ISSUING VETERINARIAN

VS FORM 17-140 (MAR 98) Previous edition may be used.

PART 5 - ISSUING VETERINARIAN

The certificate is authorized by law 21 U.S.C. 112). While you are not required to respond, no health certificate can be validated unless the data requested is provided. FORM APPROVED - OMB NO. 0579-0020 and 0101

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): Bouvry Exports, Hwy #3 East, SW17-9-25-W4 Fort MacLeod, Alberta

2. CERTIFICATE NO.: L028752

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 3/28/11

5. U.S. PORT OF EMBARKATION (City and State): Sweetgrass, MT

6. STATE CODE: 30

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): Bar S Feedlot, 1 Benjamin Road

8. CONSIGNOR'S CITY (or Town): Shelby

12. CONSIGNOR'S STATE: Montana

13. STATE CODE: 30

14. ZIP CODE: 59474

9. SEMEN ("X" if yes): [ ]

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [X] 2 - Truck [ ] 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address): Bouvry Exports, SW17-9-25-W4 Fort MacLeod, Alberta

DESTINATION COUNTRY: Canada

ENTER CODE: CA

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

NEGATIVE TUBERCULIN READING: [ ] 48 HRS [ ] 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

CERTIFIED BRUCELLOSIS FREE AREA

NEGATIVE RESULTS OF OTHER TESTS

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

MODIFIED ACCREDITED AREA (TB)

17. FARM ORIGIN
Owner's name (Last name, two initials, or business name)
Owner's street address
Owner's city/town, State code (FIPS code on reverse) & zip code

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

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	DISEASE / TYPE TEST / DATE M	DISEASE / TYPE TEST / DATE N	DISEASE / TYPE TEST / DATE O
Bar S Feedlot 1 Benjamin Road Shelby, MT:59474	27 Head of mixed horses for slaughter only. These horses have been inspected on the above date and found fit for travel . Thesesanimals have resided in the United Statesnor Canada since birth as best as can be determined. The exporter has been advised that any deterioration in health or physical condition of the animals that my render animals unfit for transport may result in the shipment to be refused entry to Canada. All horses are identified by an official USDA Equine Slaughter backtag. During the previous twenty-one (21) dayssp the animals in this shipment have not been in the state of Texas or New Mexico.													
	USGH...				Neck Tag...							Brand Inspection #1260254		
These animals were, 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.	2830 Bay	A	N	QH	31									
	2831 Red/W	A	N	Appy	33									
	2832 Chestn	A	N	QH	34									
	2833 Red/W	A	F	Appy	35									
	2834 Chestn	A	F	QH	36									
	2835 Bay	A	N	QH	37									
	2836 Chestn	A	F	QH	38									
	2837 Palomino	A	N	QH	39									
	2838 Bumkskin	A	F	QH	40									
	2839 Bay	A	N	QH	41									

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: 3-28-11

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, - please print): C. Hardee Clark, DVM

21. STATUS: [ ] 2 Federal [ ] 1 State [X] 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 27 (Twenty-Seven)

23. Signature of Endorsing Federal Veterinarian: A. Baker DVM

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): Jim Baker DVM

25. SIGNATURE OF ISSUING VETERINARIAN

VS FORM 17-140 (MAR 98) Previous edition may be used.

PART 5 - ISSUING VETERINARIAN

...authorized by law (21 U.S.C. 112). While you are not required to respond, no health certificate can be validated unless the data requested is provided. FORM APPROVED - OMB NO. 0579-0020 and 0101

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): Bouvry Exports, Hwy #3 East, SW17-9-25-W4 Fort MacLeod, Alberta

2. CERTIFICATE NO.: L028753

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 3/28/11

5. U.S. PORT OF EMBARKATION (City and State): Sweetgrass, MT

6. STATE CODE: 30

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): Bar S Feedlot 1 Benjamin Road

8. CONSIGNOR'S CITY (or Town): Shelby

12. CONSIGNOR'S STATE: Montana

13. STATE CODE: 30

14. ZIP CODE: 59474

9. SEMEN ("X" if yes): [ ]

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [X] 2 - Truck [ ] 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address): Bouvry Exports, SW17-9-25-W4 Fort MacLeod, Alberta

DESTINATION COUNTRY: Canada

ENTER CODE: CA

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

NEGATIVE TUBERCULIN READING: [ ] 48 HRS [ ] 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

CERTIFIED BRUCELLOSIS FREE AREA

NEGATIVE RESULTS OF OTHER TESTS

DISEASE	DISEASE	DISEASE
TYPE TEST	TYPE TEST	TYPE TEST
DATE	DATE	DATE

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

Bar S feedlot
[illegible]
1 Benjamin Road
Shelby, MT 59474

MODIFIED ACCREDITED AREA (TB)

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

26 Head of mixed horses for slaughter only. These horses have been inspected on the above date and found fit for travel. These animals have resided in the United States or Canada since birth as best as can be determined. 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. All horses are identified by an official USDA Equine Slaughter backtag. During the previous twenty-one (21) days, the animals in this shipment have not been in the states of Texas or New Mexico.
USCH... Neck Tag... Brand Inspection #1260255

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
2857 Brn/W	A	F	Paint		727									
2858 Brn/W	A	F	Paint		728									
2859 Chestn	A	F	QH		729									
2860 Chestn	A	F	QH		730									
2861 Chestn	A	F	QH		731									
2862 Chestn	A	F	QH		732									
2863 Bay	A	F	QH		733									
2864 Brn/W	A	F	Paint		734									
2865 Red Roan	A	F	QH		735									
2866 Chestn	A	F	QH		736									

...se animals were, 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.

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: 3-28-11

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, - please print): C. Hardee Clark, DVM

21. STATUS: [ ] 2 Federal [ ] 1 State [X] 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 26 (Twenty-Six)

23. Signature of Endorsing Federal Veterinarian: A. Becker DVM

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): Jim Becker DVM

25. SIGNATURE OF ISSUING VETERINARIAN

VS FORM 17-140 (MAR 98) Previous edition may be used.

PART 5 - ISSUING VETERINARIAN

You are not required to respond, no health certificate can be validated unless the data requested is provided. FORM APPROVED - OMB NO. 0579-0020 and 0101

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): Bowry Exports Bay #3 East Sw17-9-25-W4 Fort MacLeod, Alberta

2. CERTIFICATE NO.: L028751

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 03/25/11

5. U.S. PORT OF EMBARKATION (City and State): Sweetgrass, MT

6. STATE CODE: 30

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): Bar S Feedlot, 1 Benjamin Rd.

8. CONSIGNOR'S CITY (or Town): Shelby

12. CONSIGNOR'S STATE: Montana

13. STATE CODE: 30

14. ZIP CODE: 59474

9. SEMEN ("X" if yes): [ ]

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [X] 2 - Truck [ ] 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address)

DESTINATION COUNTRY

ENTER CODE

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

NEGATIVE TUBERCULIN 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 city/town, State code (FIPS code on reverse) & zip code

Bar S Feedlot
1 Benjamin Road
Shelby, MT 59474 (30)

MODIFIED ACCREDITED AREA (TB)

CERTIFIED BRUCELLOSIS FREE AREA

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

26 Head of mixed horses for slaughter only. These horses have been inspected on the above date and found fit for travel. These animals have resided in the United States or Canada since birth as best as can be determined. The exporter has been advisedd 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. All horses are identified by an Official USDA Equine Slaughter backtag. during the previous twenty-one (21) days, the animals in this shipment have not been in the States of Texas or New Mexico. Brand Inspection #1260253.

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	DISEASE / TYPE TEST / DATE M	DISEASE / TYPE TEST / DATE N	DISEASE / TYPE TEST / DATE O
USDA...				Neck Tag #...										
2804 Brown	A	F	QT	No										
2805 Brn/Wht	A	F	Paint	3										
2806 Bay	A	F	QT	4										
2807 Bay	A	F	QT	5										
2808 White	A	M	QT	6										
2809 Chestn	A	F	QT	7										
2810 Chestn	A	F	QT	8										
2812 Buck	A	F	QT	10										
2813 Bay	A	F	QT	11										

These animals were, 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.

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: 3-25-11

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, - please print): C. Hardee Clark, DVM

21. STATUS: [ ] 2 Federal [ ] 1 State [X] 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 26 (Twenty-Six)

23. Signature of Endorsing Federal Veterinarian: J. Becker DVM

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): Jim Becker DVM

25. SIGNATURE OF ISSUING VETERINARIAN

VS FORM 17-140 (MAR 98) Previous edition may be used.

PART 6 - ISSUING VETERINARIAN

The certificate is authorized by law 21 U.S.C. 112). While you are not required to respond, no health certificate can be validated unless the data requested is provided. FORM APPROVED - OMB NO. 0579-0020 and 0101

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): Bouvry Exports Hwy #3 East SW17-9-25-W4 Fort MacLeod, Alberta

2. CERTIFICATE NO.: L028746

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 03/24/11

5. U.S. PORT OF EMBARKATION (City and State): Sweetgrass, MT

6. STATE CODE: 30

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): Bar S Feedlot, 1 Benjamin Rd.

8. CONSIGNOR'S CITY (or Town): Shelby

12. CONSIGNOR'S STATE: Montana

13. STATE CODE: 30

14. ZIP CODE: 59474

9. SEMEN ("X" if yes): [ ]

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [X] 2 - Truck [ ] 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address): Bouvry Exports SW17-9-25-W4 Fort MacLeod, Alberta

DESTINATION COUNTRY: Canada

ENTER CODE: CA

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

NEGATIVE TUBERCULIN READING: [ ] 48 HRS [ ] 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS: DISEASE / TYPE TEST / DISEASE / TYPE TEST / DISEASE / TYPE TEST

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

17. FARM ORIGIN
Owner's name (Last name, two initials, or business name)
Owner's street address
Owner's city/town, State code (FIPS code on reverse) & zip code

Bar S Feedlot
1 Benjamin Road
Shelby, MT 59474

MODIFIED ACCREDITED AREA (TB)

CERTIFIED BRUCELLOSIS FREE AREA

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

27 Head of mixed horses for slaughter only. These horses have been inspected on the above date and found fit for travel. These animals have resided in the United States or Canada since birth as best as can be determined. 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. All horses are identified by an Official USDA Equine Slaughter backtag. During the previous twenty-one (21) days, the animals in this shipment have not been in the States of texas or New Mexico. Brand Inspection #1260251.

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
USCH...					Tag #...									
2751 Dun	A	F	QT		820									
2752 Black	A	F	QT		821									
2753 Chestn	A	F	QT		823									
2754 Chestn	A	F	QT		824									
2755 Chestn	A	N	Draft		825									
2756 Buck	A	N	QT		827									
2757 White	A	N	QT		828									
2758 Bay	A	F	QT		829									
2759 White	A	F	QT		830									

These animals were, 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.

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: 3-24-11

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, - please print): G. Hardee Clark, DVM

21. STATUS: [ ] 2 Federal [ ] 1 State [X] 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 27 (Twenty-Seven)

23. Signature of Endorsing Federal Veterinarian: J. Becker DVM

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): Jim Becker DVM

25. SIGNATURE OF ISSUING VETERINARIAN

VS FORM 17-140 (MAR 98) Previous edition may be used.

PART 6. - ISSUING VETERINARIAN

Items 1 - 26 are not required to respond, no health certificate can be validated unless the data requested is provided.

FORM APPROVED - OMB NO. 0579-0020 and 0101

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): Bouvry Exports Hwy #3 East SW17-9-25-W4 Fort MacLeod, Alberta

2. CERTIFICATE NO.: L028747

3. PAGE NO.: TL 1 OF 2

4. DATE ISSUED: 03/24/11

5. U.S. PORT OF EMBARKATION (City and State): Sweetgrass, MT

6. STATE CODE: 30

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): Bar S Feedlot, 1 Benjamin Rd.

8. CONSIGNOR'S CITY (or Town): Shelby

12. CONSIGNOR'S STATE: Montana

13. STATE CODE: 30

14. ZIP CODE: 59474

9. SEMEN ("X" if yes): [ ]

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [X] 2 - Truck [ ] 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address): Bouvry Exports SW17-9-25-W4 Fort MacLeod, Alberta

DESTINATION COUNTRY: Canada

ENTER CODE: CA

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

NEGATIVE TUBERCULIN READING: [ ] 48 HRS [ ] 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS: DISEASE / TYPE TEST / DATE

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

MODIFIED ACCREDITED AREA (TB)

CERTIFIED BRUCELLOSIS FREE AREA

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

Bar S Feedlot
1 Benjamin Road
Shelby, MT 59474

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

26 Head of mixed horses for slaughter only. These horses have been inspected on the above date and found fit for travel. These animals have resided in the United States or Canada since birth as best as can be determined. 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. All horses are identified by an Official USDA Equine Slaughter backtag. During the previous twenty-one (21) days, the animals in this shipment have not been in the States of Texas or New Mexico. Brand Inspection #1260252.

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	DISEASE / TYPE TEST / DATE M	DISEASE / TYPE TEST / DATE N	DISEASE / TYPE TEST / DATE O
USGH...					Neck Tag #...									
2778 Chestn	A	F	QT		139									
2779 Black	A	N	QT		140									
2780 Black	A	F	QT		141									
2781 Chestn	A	N	QT		142									
2782 Chestn	A	N	QT		143									
2783 Chestn	A	N	QT		144									
2784 Appy	A	N	QT		145									
2785	A	N	Paint		146									
2786 Appy	A		QT		147									

These animals were, 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.

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: 3-24-11

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, - please print): C. Hardee Clark, DVM

21. STATUS: [ ] 2 Federal [ ] 1 State [X] 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 26 (Twenty-Six)

23. Signature of Endorsing Federal Veterinarian: J. Baker DVM

24. NAME OF ENDORSING FEDERAL VET. (Type, print, or stamp): Jim Baker DVM

25. SIGNATURE OF ISSUING VETERINARIAN

VS FORM 17-140 (MAR 98) Previous edition may be used.

PART 5 - ISSUING VETERINARIAN

Notice: Under 21 U.S.C. 112, While you are not required to respond, no health certificate can be validated unless the data requested is provided. FORM APPROVED - OMB NO. 0579-0020 and 0101

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): Bouvry Exports, Hwy #3 East, SW17-9-25-W4 Fort MacLeod, Alberta

2. CERTIFICATE NO.: L028744

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 3/23/11

5. U.S. PORT OF EMBARKATION (City and State): Sweetgrass, MT

6. STATE CODE: 30

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): Bar S Feedlot, 1 Benjamin Road

8. CONSIGNOR'S CITY (or Town): Shelby

12. CONSIGNOR'S STATE: Montana

13. STATE CODE: 30

14. ZIP CODE: 59474

9. SEMEN ("X" if yes): [ ]

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [X] 2 - Truck [ ] 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address): Bouvry Exports, SW17-9-25-W4 Fort MacLeod, Alberta

DESTINATION COUNTRY: Canada

ENTER CODE: CA

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

NEGATIVE TUBERCULIN READING: [ ] 48 HRS [ ] 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

CERTIFIED BRUCELLOSIS FREE AREA

NEGATIVE RESULTS OF OTHER TESTS

DISEASE	DISEASE	DISEASE
TYPE TEST	TYPE TEST	TYPE TEST
DATE M	DATE N	DATE O

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

MODIFIED ACCREDITED AREA (TB)

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

Bar S Feedlot
1 Benjamin Road
Shelby, MT 59474

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

28 Head of mixed horses for slaughter only. These horses have been inspected on the above date and found fit for travel. These animals have resided in the United States or Canada since birth as best as can be determined. 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. All horses are identified by an official USDA Equine Slaughter backtag. During the previous twenty-one (21) days, the animals in this shipment have not been in the states of Texas or New Mexico.

USGH... Neck Tag... Brand Inspection#1260249

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
2697 Brn/W	A	F	Paint		769									
2698 Bay	A	F	QH		770									
2699 Chestn	A	N	QH		771									
2700 Bay	A	F	QH		772									
2701 Chestn	A	N	QH		773									
2702 Chestn	A	F	QH		774									
2703 Dun	A	N	QH		775									
2704 Bay	A	N	QH		776									
2705White	A	N	QH		777									
2706 Bay	A	N	QH		778									

These animals were, 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.

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: 3-23-11

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, - please print): C. Hardee Clark, DVM

21. STATUS: [ ] 2 Federal [ ] 1 State [XX] 3 Accredited.

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 28 (Twenty-Eight)

23. Signature of Endorsing Federal Veterinarian: DVM

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

25. SIGNATURE OF ISSUING VETERINARIAN

VS FORM 17-140 (MAR 98) Previous edition may be used.

PART 5 - ISSUING VETERINARIAN

The certificate is authorized by law 21 U.S.C. 112. While you are not required to respond, no health certificate can be validated unless the data requested is provided. FORM APPROVED - OMB NO. 0579-0020 and 0101

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): Bouvry Exports Bay #3 East SW17-9-25-W4 Fort MacLeod, Alberta

2. CERTIFICATE NO.: L028745

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 03/23/11

5. U.S. PORT OF EMBARKATION (City and State): Sweetgrass, MT

6. STATE CODE: 30

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): Bar S Feedlot, 1 Benjamin Rd.

8. CONSIGNOR'S CITY (or Town): Shelby

12. CONSIGNOR'S STATE: Montana

13. STATE CODE: 30

14. ZIP CODE: 59474

9. SEMEN ("X" if yes): [ ]

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [X] 2 - Truck [ ] 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address): Bouvry Exports SW17-9-25-W4 Fort MacLeod, Alberta

DESTINATION COUNTRY: Canada

ENTER CODE: CA

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

NEGATIVE TUBERCULIN READING: [ ] 48 HRS [ ] 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

CERTIFIED BRUCELLOSIS FREE AREA

NEGATIVE RESULTS OF OTHER TESTS: DISEASE / TYPE TEST; DISEASE / TYPE TEST; DISEASE / TYPE TEST

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

MODIFIED ACCREDITED AREA (TB)

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

Bar S Feedlot
1 Benjamin Road
Shelby, MT 59474

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

26 Head of mixed horses for slaughter only. These horses have been inspected on the above date and found fit for travel. These animals have resided in the United States or Canada since birth as best as can be determined. 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. All horses are identified by an Official USDA Equine Slaughter backtag. During the previous twenty-one (21) days, the animals in this shipment have not been in the States of Texas or New Mexico. Brand Inspection #1260250.

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
USGH...					Neck Tag #...									
2725 Bay	A	N	QT		850									
2726 Chestn	A	F	QT		851									
2727 Grey	AM	F	QT		852									
2728 Red Roan	A	F	QT		853									
2729 Black	A	F	QT		854									
2730 Bay	A	F	QT		855									
2731 Bay	A	F	QT		856									
2732 Chestn	A	M	QT		857									
2733 Bay	A	N	QT		858									

These animals were, 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.

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: 3-23-11

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, - please print): C. Hardee Clark, DVM

21. STATUS: [ ] 2 Federal [ ] 1 State [X] 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 26 (Twenty-Six)

23. Signature of Endorsing Federal Veterinarian: J. Becker DVM

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): Jim Becker DVM

25. SIGNATURE OF ISSUING VETERINARIAN

VS FORM 17-140 (MAR 98) Previous edition may be used.

PART 5 - ISSUING VETERINARIAN

PRIVACY ACT AND PAPERWORK REDUCTION ACT NOTICE: While you are not required to respond, no health certificate can be validated unless the data requested is provided. FORM APPROVED - OMB NO. 0579-0020 and 0101

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): Bouvry Exports, Hwy 63 East, SW 17-9-25-W4 Fort MacLeod, Alberta

2. CERTIFICATE NO.: L028743

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 3/22/11

5. U.S. PORT OF EMBARKATION (City and State): Sweetgrass, MT

6. STATE CODE: 30

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): Bar S Feedlot, 1 Benjamin Road

8. CONSIGNOR'S CITY (or Town): Shelby

12. CONSIGNOR'S STATE: Montana

13. STATE CODE: 30

14. ZIP CODE: 59474

9. SEMEN ("X" if yes): [ ]

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [X] 2 - Truck [ ] 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address): Bouvry Exports, SW17-9-25-W4 Fort MacLeod, Alberta

DESTINATION COUNTRY: Canada

ENTER CODE: CA

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

NEGATIVE TUBERCULIN READING: [ ] 48 HRS [ ] 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

CERTIFIED BRUCELLOSIS FREE AREA

NEGATIVE RESULTS OF OTHER TESTS: DISEASE / TYPE TEST; DISEASE / TYPE TEST; DISEASE / TYPE TEST

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

MODIFIED ACCREDITED AREA (TB)

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

Bar S Feedlot
1 Benjamin Road
Shelby, MT 59474

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

26 Head of mixed horses for slaughter only. These horses have been inspected on the above date and found fit for travel. The animals have resided in the United States or Canada since birth as best as can be determined. 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. All horses are identified by an official USDA Equine Slaughter backtag. During the previous twenty-one (21) days the animals in this shipment have not been in the state of Texas or New Mexico.

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
USDA...					Neck Tag...							Brand Inspection [redacted] 1260248		
2671 Chestn	A	M	QH		706									
2672 Chestn	A	M	QH		707									
2673 Chestn	A	M	QH		708									
2674 Blk	A	F	QH		709									
2675 Chestn	A	F	QHI		710									
2676 Bay	A	F	QH		711									
2677 Chestn	A	F	QH		713									
2678 Dun	A	F	QH		714									
2679 Bay	A	F	QH		715									
2680 Chestn	A	M	QH		716									

These animals were, 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.

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: 3-22-11

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, - please print): C. Hardee Clark, DVM

21. STATUS: [ ] 2 Federal [ ] 1 State [X] 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 26 (Twenty-Six)

23. Signature of Endorsing Federal Veterinarian: A. Bell DVM

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): Jim Bell DVM

25. SIGNATURE OF ISSUING VETERINARIAN

VS FORM 17-140 (MAR 98) Previous edition may be used.

PART B - ISSUING VETERINARIAN

The certificate is authorized by law 21 U.S.C. 112). While you are not required to respond, no health certificate can be validated unless the data requested is provided. FORM APPROVED - OMB NO. 0579-0020 and 0101

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): Bouvry Exports Bay #3 East SW17-9-25-W4 Fort MacLeod, Alberta

2. CERTIFICATE NO.: L028742

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 03/21/11

5. U.S. PORT OF EMBARKATION (City and State): Sweetgrass, MT

6. STATE CODE: 30

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): Bar S Feedlot, 1 Benjamin Rd.

8. CONSIGNOR'S CITY (or Town): Shelby

12. CONSIGNOR'S STATE: Montana

13. STATE CODE: 30

14. ZIP CODE: 59474

9. SEMEN ("X" if yes): [ ]

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [X] 2 - Truck [ ] 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address): Bouvry Exports SW17-9-25-W4 Fort MacLeod, Alberta

DESTINATION COUNTRY: Canada

ENTER CODE: CA

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

NEGATIVE TUBERCULIN READING: [ ] 48 HRS [ ] 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS: DISEASE / TYPE TEST / DISEASE / TYPE TEST / DISEASE / TYPE TEST

CERTIFIED BRUCELLOSIS FREE AREA

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

MODIFIED ACCREDITED AREA (TB)

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

Bar S Feedlot
1 Benjamin Road
Shelby, MT 59474

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

27 Head of mixed horses for slaughter only. These horses have been inspected on the above date and found fit for travel. These animals have resided in the United States or Canada since birth as best as can be ddtermiend. 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. All horses are identified by an Official USDA Equine Slaughter backtag. During the previous twenty-one (21) days, the animals in this shipment have not been in the States of Texas or New Mexico. Brand Inspection #1260247.

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
USGH...					Neck Tag #...									
2644	A	F	QT		140									
2645	A	M	QT		141									
2646 Red Roan	A	F	QT		142									
2647 Blue Roan	A	F	QT		143									
2648 Brown	A	F	QT		144									
2649 Bay	A	F	QT		145									
2650 Red Roan	A	F	QT		146									
2651 Chestn	A	F	QT		147									
2652 Red Roan	A	M	QT		148									

These animals were, 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.

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: 3-21-11

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, - please print): C. Bardee Clark, DVM

21. STATUS: [ ] 2 Federal [ ] 1 State [X] 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 27 (Twenty-Seven)

23. Signature of Endorsing Federal Veterinarian: DVM

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): Jim Beker DVM

25. SIGNATURE OF ISSUING VETERINARIAN

VS FORM 17-140 (MAR 98) Previous edition may be used.

PART 5 - ISSUING VETERINARIAN

Privacy Act Notice: While you are not required to respond, no health certificate can be validated unless the data requested is provided. FORM APPROVED - OMB NO. 0579-0020 and 0101 72

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): Bouvry Exports Bay #3 East SW17-9-25-W4 Fort MacLeod, Alberta

2. CERTIFICATE NO.: L028741

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 03/18/11

5. U.S. PORT OF EMBARKATION (City and State): Sweetgrass, MT

6. STATE CODE: 30

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): Bar S Feedlot, 1 Benjamin Rd.

8. CONSIGNOR'S CITY (or Town): Shelby

12. CONSIGNOR'S STATE: Montana

13. STATE CODE: 30

14. ZIP CODE: 59474

9. SEMEN ("X" if yes): [ ]

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [X] 2 - Truck [ ] 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address): Bouvry Exports SW17-9-25-W4 Fort MacLeod, Alberta

DESTINATION COUNTRY: Canada

ENTER CODE: 59474

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

NEGATIVE TUBERCULIN READING: [ ] 48 HRS [ ] 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS: DISEASE / TYPE TEST / DATE

CERTIFIED BRUCELLOSIS FREE AREA

MODIFIED ACCREDITED AREA (TB)

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

17. FARM ORIGIN
Owner's name (Last name, two initials, or business name)
Owner's street address
Owner's city/town, State code (FIPS code on reverse) & zip code

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

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	DISEASE / TYPE TEST / DATE M	DISEASE / TYPE TEST / DATE N	DISEASE / TYPE TEST / DATE O
27 Head of mixed horses for slaughter only. These horses have been inspected on the above date and found fit for travel. These animals have resided in the United States or Canada since birth as best as can be determined. 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 entryto Canada. All horses are identified by an Official USDA Equine Slaughter backtag. During the previous twenty-one (21) days, the animals in this shipment have not been in the States of Texas or New Mexico. Brand Inspection #1260246.													
USGH...					Back Tag #...								
2617 Pal	A	F	QT		701								
2618 Black	A	F	QT		702								
2619 Bay	A	F	QT		703								
2620 Brn/Wht	A	F	Paint		704								
2621 Grey	A	F	QT		705								
2622 Tan/Wht	A	M	Paint		721								
2623 Red/Wht	A	F	Paint		722								
2624 Brn/Wht	A	F	Paint		723								
2625 Bay	A	F	QT		724								

Bar S Feedlot
1 Benjamin Road
Shelby, MT 59474

These animals were, 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.

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: 3-18-11

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, - please print): C. Hardee Clark, DVM

21. STATUS: [ ] 2 Federal [ ] 1 State [X] 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 27 (Twenty-Seven)

23. Signature of Endorsing Federal Veterinarian: A. Becker DVM

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): Jim Becker DVM

25. SIGNATURE OF ISSUING VETERINARIAN: C. Hardee Clark

VS FORM 17-140 (MAR 98) Previous edition may be used.

PART 5 - ISSUING VETERINARIAN

NOTICE: While you are not required to respond, no health certificate can be validated unless the data requested is provided. FORM APPROVED - OMB NO. 0579-0020 and 0101 72

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): Bouvry Exports Hwy #3 East SW17-9-25-W4 Fort MacLeod, Alberta

2. CERTIFICATE NO.: L028740

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 03/18/11

5. U.S. PORT OF EMBARKATION (City and State): Sweetgrass, MT

6. STATE CODE: 30

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): Bar S Feedlot, 1 Benjamin Rd.

8. CONSIGNOR'S CITY (or Town): Shelby

12. CONSIGNOR'S STATE: Montana

13. STATE CODE: 30

14. ZIP CODE: 59474

9. SEMEN ("X" if yes): ☐

10. NO. DOSES OF SEMEN:

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

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address): Bouvry Exports SW17-9-25-W4 Fort MacLeod, Alberta

DESTINATION COUNTRY: Canada

ENTER CODE: CA

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

NEGATIVE TUBERCULIN READING: ☐ 48 HRS ☐ 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

CERTIFIED BRUCELLOSIS FREE AREA

NEGATIVE RESULTS OF OTHER TESTS: DISEASE / TYPE TEST / DISEASE / TYPE TEST / DISEASE / TYPE TEST

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

17. FARM ORIGIN
Owner's name (Last name, two initials, or business name)
Owner's street address
Owner's city/town, State code (FIPS code on reverse) & zip code

Bar S Feedlot
1 Benjamin Road
Shelby, MT 59474

MODIFIED ACCREDITED AREA (TB)

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

26 Head of mixed horses for slaughter only. These horses have been inspected on the above dates and found fit for travel. These animals have resided in the United States or Canada since birth as best as can be determined. 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. All horses are identified by an Official USDA Equine Slaughter backtag. During the previous twenty-one (21) days, the animals in this shipment have not been in the States of Texas or New Mexico. Brand Inspection #1260245.

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
USGH...					Neck Tag #...									
2591 Buck	A	M	QT		2									
2592 Chestn	A	M	QT		3									
2593 Chestn	A	F	QT		4									
2594 Bay	A	M	QT		5									
2595 Chestn	A	F	QT		6									
2596 Brown	A	F	QT		7									
2597 Bay	A	M	QT		8									
2598 Brown	A	F	QT		9									
2599 Grey	A	F	QT		10									

These animals were, 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.

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: 3-18-11

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, - please print): C. Hardee Clark, DVM

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): 26 (Twenty-Six)

23. Signature of Endorsing Federal Veterinarian: A. Beck DVM

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): Jim Becker DVM

25. SIGNATURE OF ISSUING VETERINARIAN

VS FORM 17-140 (MAR 98) Previous edition may be used.

The certificate is authorized by law 21 U.S.C. 112). While you are not required to respond, no health certificate can be validated unless the data requested is provided. FORM APPROVED - OMB NO. 0579-0020 and 0101

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): Bouvry Exports, Hwy #3 East, SW17-9-25-W4 Fort MacLeod, Alberta

2. CERTIFICATE NO.: L028767

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 4/4/11

5. U.S. PORT OF EMBARKATION (City and State): Sweetgrass, MT

6. STATE CODE: 30

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): Bar S Feedlot, 1 Benjamin Road

8. CONSIGNOR'S CITY (or Town): Shelby

12. CONSIGNOR'S STATE: Montana

13. STATE CODE: 30

14. ZIP CODE: 59474

9. SEMEN ("X" if yes): [ ]

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [XX] 2 - Truck [ ] 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address): Bouvry Exports, SW17-9-25-W4 Fort MacLeod, Alberta

DESTINATION COUNTRY: Canada

ENTER CODE: CA

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

NEGATIVE TUBERCULIN READING: [ ] 48 HRS [ ] 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

CERTIFIED BRUCELLOSIS FREE AREA

NEGATIVE RESULTS OF OTHER TESTS: DISEASE / TYPE TEST / DISEASE / TYPE TEST / DISEASE / TYPE TEST

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

MODIFIED ACCREDITED AREA (TB)

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

Bar S Feedlot
1 Benjamin Road
Shelby, MT 59474

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

27 Head of mixed horses for slaughter only. These horses have been inspected on the above date and found fit for travel. These animals have resided in the United states or Canada since birth as best as can be determined. 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. All horses are identified by an official USDA Equine Slaughter backtag. During the previous twenty-one (21) days the animals in this shipment have not been in the states of Texas or New Mexico.

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
USGG...					Neck Tag...							Brand Inspection #1260768		
8206 Chestn	A	N	QH		524									
8207 Chestn	A	F	QH		555									
8208 Chestn	A	N	QH		515									
8209 Brn	A	F	TB		583									
8210 Chestn	A	N	QH		579									
8211 Brown	A	F	QH		558									
8212 Brown	A	F	QH		569									
8213 Buckskin	A	F	QH		516									
8214 Bay	A	F	QH		526									
8215 Dun	A	N	QH		514									

These animals were, 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.

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: 4-4-11

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, - please print): C. Hardee Clark, DVM

21. STATUS: [ ] 2 Federal [ ] 1 State [X] 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 27 (Twenty-Seven)

23. Signature of Endorsing Federal Veterinarian: A. Beck DVM

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): Jim Beck DVM

25. SIGNATURE OF ISSUING VETERINARIAN: [signature]

VS FORM 17-140 (MAR 98) Previous edition may be used.

PART 5 - ISSUING VETERINARIAN

...(5 U.S.C. 552). While you are not required to respond, no health certificate can be validated unless the data requested is provided. FORM APPROVED - OMB NO. 0579-0020 and 0101

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): Bouvry Exports, Hwy #3 East, SW17-9-25-W4 Fort MacLeod, Alberta

2. CERTIFICATE NO.: L028768

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 4/4/2011

5. U.S. PORT OF EMBARKATION (City and State): Sweetgrass, MT

6. STATE CODE: 30

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): Bar S Feedlot, 1 Benjamin Road

8. CONSIGNOR'S CITY (or Town): Shelby

12. CONSIGNOR'S STATE: Montana

13. STATE CODE: 30

14. ZIP CODE: 59474

9. SEMEN ("X" if yes): [ ]

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [X] 2 - Truck [ ] 4 - Ocean

CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address): Bouvry Exports, SW17-9-25-W4 Fort MacLeod, Alberta

DESTINATION COUNTRY: Canada

ENTER CODE: CA

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

NEGATIVE TUBERCULIN READING: [ ] 48 HRS [ ] 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

CERTIFIED BRUCELLOSIS FREE AREA

NEGATIVE RESULTS OF OTHER TESTS: DISEASE / TYPE TEST / DISEASE / TYPE TEST / DISEASE / TYPE TEST

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

MODIFIED ACCREDITED AREA (TB)

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

Bar S Feedlot
1 Benjamin Road
Shelby, MT 59474

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

27 Head of mixed horses for slaughter only. These horses have been inspected on the above date and found fit for travel. These animals have resided in the United STates or Canada since birth as best as has be determined. Theexporter 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. All horses are identified by an Official USDA Equine Slaughter backtag. During the prefious twenty-one (21) days, the animals in this shipment have not been in the state of Texas or New Mexico.

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
UBGG...					Neck Tag...							Brand Inspection #1260269		
8233 Bay	A	F	QH		582									
8234 Bkbk	A	N	QH		520									
8235 Blk	A	F	Pony		813									
8236 Chestn	A	F	QH		804									
8237 Brn/W	A	N	Paint		800									
8238 Dun	A	F	QH		814									
8239 Black	A	F	QH		66									
8240 Grey	A	F	QH		588									
8241 Chestn	A	F	QH		802									
8242 Chestn	A	N	QH		803									

These animals were, 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.

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: 4-4-11

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, - please print): C. Hardee Clark, DVM

21. STATUS: [ ] 2 Federal [ ] 1 State [X] 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 27 (Twenty-Seven)

23. Signature of Endorsing Federal Veterinarian: J. Becker DVM

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): Jim Becker DVM

25. SIGNATURE OF ISSUING VETERINARIAN

VS FORM 17-140 (MAR 98) Previous edition may be used.

The certificate is authorized by law 21 U.S.C. 112). While you are not required to respond, no health certificate can be validated unless the data requested is provided. FORM APPROVED - OMB NO. 0579-0020 and 0101 77

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): Bouvry Exports Hwy #3 East SW17-9-25-W4 Fort MacLeod, Alberta

2. CERTIFICATE NO.: L028764

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 03/31/11

5. U.S. PORT OF EMBARKATION (City and State): Sweetgrass, MT

6. STATE CODE: 30

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): Bar S Feedlot, 1 Benjamin Rd.

8. CONSIGNOR'S CITY (or Town): Shelby

12. CONSIGNOR'S STATE: Montana

13. STATE CODE: 30

14. ZIP CODE: 59474

9. SEMEN ("X" if yes): [ ]

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [X] 2 - Truck [ ] 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address): Bouvry Exports SW17-9-25-W4 Fort MacLeod, Alberta

DESTINATION COUNTRY: Canada

ENTER CODE: CA

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

NEGATIVE TUBERCULIN READING: [ ] 48 HRS [ ] 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS: DISEASE / TYPE TEST / DISEASE / TYPE TEST / DISEASE / TYPE TEST

CERTIFIED BRUCELLOSIS FREE AREA

MODIFIED ACCREDITED AREA (TB)

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

Bar S Feedlot
1 Benjamin Road
Shelby, MT 59474

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

27 Head of mixed horses for slaughter only. These horses have been inspected on the above date and found fit for travel. These animals have resided in the United States or Canada since birth as best as can be determined. 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. All horses are identified by an Official USDA Equine Slaughter backtag. During the previous twenty-one (21) days, the animals in this shipment have not been in the States of Texas or New Mexico. Brand Inspection #1260266.

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
USDA...					Neck Tag #...									
8152 Brown	A	F	QT		124									
8153 Chestn	A	F	QT		135									
8154 Bay	A	F	QT		162									
8155 Chestn	A	F	QT		167									
8156 Grey	A	M	QT		180									
8157 Chestn	A	F	QT		206									
8158 Bay	A	F	QT		209									
8159 Black	A	F	Draft		210									
8160 Bay	A	F	QT		158									

These animals were, 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.

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: 4-1-11

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, - please print): C. Hardee Clark, DVM

21. STATUS: [ ] 2 Federal [ ] 1 State [X] 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 27 (Twenty-Seven)

23. Signature of Endorsing Federal Veterinarian: A. Becker DVM

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): Jim Becker DVM

25. SIGNATURE OF ISSUING VETERINARIAN

VS FORM 17-140 (MAR 98) Previous edition may be used.

PART 5 - ISSUING VETERINARIAN

The certificate is authorized by law 21 U.S.C. 112). While you are not required to respond, no health certificate can be validated unless the data requested is provided. FORM APPROVED - OMB NO. 0579-0020 and 0101

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): Bouvry Exports Hwy #3 East SW17-9-25-W4 Fort MacLeod, Alberta

2. CERTIFICATE NO.: L028766

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 03/31/11

5. U.S. PORT OF EMBARKATION (City and State): Sweetgrass, MT

6. STATE CODE: 30

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): Bar S Feedlot, 1 Benjamin Rd.

8. CONSIGNOR'S CITY (or Town): Shelby

12. CONSIGNOR'S STATE: Montana

13. STATE CODE: 30

14. ZIP CODE: 59474

9. SEMEN ("X" if yes): ☐

10. NO. DOSES OF SEMEN:

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

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address): Bouvry Exports SW17-9-25-W4 Fort MacLeod, Alberta

DESTINATION COUNTRY: Canada

ENTER CODE: CA

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

NEGATIVE TUBERCULIN READING: ☐ 48 HRS ☐ 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS: DISEASE / TYPE TEST / DISEASE / TYPE TEST / DISEASE / TYPE TEST

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

MODIFIED ACCREDITED AREA (TB)

CERTIFIED BRUCELLOSIS FREE AREA

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

Bar S Feedlot
1 Benjamin Road
Shelby, MT 59474

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

27 Head of mixed horses for slaughter only. These horses have been inspected on the above date and found fit for travel. These animals have resided in the United States or Canada since birth as best as can be determined. 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. All horses are identified by an Official USDA Equine Slaughter backtag. During the previous twenty-one (21) days, the animals in this shipment have not been in the States of Texas or New Mexico. Brand Inspection #1260267.

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
USCG...					Neck TAg #...									
8179 Chestn	A	F	QT		61									
8180 Chestn	A	F	QT		70									
8181 Dun	A	F	QT		71									
8182 Brown	A	F	QT		73									
8183 Grey	A	F	QT		74									
8184 Bay	A	F	QT		75									
8185 Blk/Wht	A	F	Appy		76									
8186 Red Roan	A	F	QT		77									
8187 Chestn	A	F	QT		78									

These animals were, 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.

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: 4-1-11

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, - please print): C. Hardee Clark, DVM

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): 27 (Twenty-Seven)

23. Signature of Endorsing Federal Veterinarian: J. Beckler DVM

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): Jim Beckler DVM

25. SIGNATURE OF ISSUING VETERINARIAN: C. Hardee Clark

VS FORM 17-140 (MAR 98) Previous edition may be used.

PART A - ISSUING VETERINARIAN

The certificate is authorized by law (21 U.S.C. 112). While you are not required to respond, no health certificate can be validated unless the data requested is provided. FORM APPROVED - OMB NO. 0579-0020 and 0101 77

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): Bouvry Exports Hwy #3 East SW17-9-25-W4 Fort MacLeod, Alberta

2. CERTIFICATE NO.: L028773

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 04/07/11

5. U.S. PORT OF EMBARKATION (City and State): Sweetgrass, MT

6. STATE CODE: 30

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): Bar S Feedlot, 1 Benjamin Rd.

8. CONSIGNOR'S CITY (or Town): Shelby

12. CONSIGNOR'S STATE: Montana

13. STATE CODE: 30

14. ZIP CODE: 59474

9. SEMEN ("X" if yes): [ ]

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [X] 2 - Truck [ ] 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address): Bouvry Exports SW17-9-25-W4 Fort MacLeod, Alberta

DESTINATION COUNTRY: Canada

ENTER CODE: CA

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

NEGATIVE TUBERCULIN READING: [ ] 48 HRS [ ] 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

CERTIFIED BRUCELLOSIS FREE AREA

NEGATIVE RESULTS OF OTHER TESTS: DISEASE / TYPE TEST; DISEASE / TYPE TEST; DISEASE / TYPE TEST

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

17. FARM ORIGIN
Owner's name (Last name, two initials, or business name)
Owner's street address
Owner's city/town, State code (FIPS code on reverse) & zip code

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	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DATE M	DATE N	DATE O
27 Head of mixed horses for slaughter only. These horses have been inspected on the above date and found fit for travel. These animals have resided in the United States or Canada since birth as best as can be determined. 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. All horses are identified by an Official USDA Equine Slaughter backtag. During the previous twenty-one (21) days, the animals in this shipment have not been in the States of Texas or New Mexico. Brand Inspection #LZ60274.													
USGG...					Neck Tag #...								
8367 Dun	A	F	QT		537								
8368 Bay	A	F	QT		707								
8369 Buckskin	A	M	QT		708								
8370 Bay	A	F	QT		709								
8371 Grey	A	F	QT		710								
8372 Grey	A	F	QT		711								
8373 Chestn	A	F	QT		713								
8374 Bay	A	F	QT		714								
8375 Red Roan	A	F	QT		715								

Bar S Feedlot
1 Benjamin Road
Shelby, MT 59474

These animals were, 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.

VALID USDA VETERINARY SEAL 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: 4-7-11

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, - please print): C. Bardee Clark, DVM

21. STATUS: [ ] 2 Federal [ ] 1 State [X] 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 27 (Twenty-Seven)

23. Signature of Endorsing Federal Veterinarian: DVM

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

25. SIGNATURE OF ISSUING VETERINARIAN

VS FORM 17-140 (MAR 98) Previous edition may be used.

PART 5 - ISSUING VETERINARIAN

[illegible] 1512). While you are not required to respond, no health certificate can be validated unless the data requested is provided. FORM APPROVED - OMB NO. 0579-0020 and 0101 [illegible]

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): Beavry Exports, Hwy #3 East, SW17-9-25-W4 Fort MacLeod, Alberta

2. CERTIFICATE NO.: L028772

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 4/6/2001

5. U.S. PORT OF EMBARKATION (City and State): Sweetgrass, MT

6. STATE CODE: 30

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): Bar S Feedlot, 1 Benjamin Road

8. CONSIGNOR'S CITY (or Town): Shelby

12. CONSIGNOR'S STATE: Montana

13. STATE CODE: 30

14. ZIP CODE: 59474

9. SEMEN ("X" if yes): [ ]

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [X] 2 - Truck [ ] 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address): Beavry Exports, SW17-9-25-W4 Fort MacLeod, Alberta

DESTINATION COUNTRY: Canada

ENTER CODE: CA

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

NEGATIVE TUBERCULIN READING: [ ] 48 HRS [ ] 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

DISEASE	DISEASE	DISEASE
TYPE TEST	TYPE TEST	TYPE TEST
DATE	DATE	DATE

CERTIFIED BRUCELLOSIS FREE AREA

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

MODIFIED ACCREDITED AREA (TB)

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

Bar S Feedlot
1 Benjamin Road
Shelby, MT 59474

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

27 head of mixed horses for slaughter only. These horses have been inspected on the above date and found fit for transport. These animals have resided in the United States or Canada since birth as best as can be determined. 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. All horses are identified by an official USDA Equine Slaughter backtag. During the previous twenty-one (21) days, the animals in this shipment have not been in the state of Texas or New Mexico.

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
USDC...					Neck Tag...							Brand Inspection #1260373		
8340 Chesta	A	M	QH		121									
8341 Brn/W	A	F	Paint		129									
8342 Bay	A	F	QH		X131									
8343 Brn/W	A	F	Paint		141									
8344 Brn/W	A	M	Paint		143									
8345 Grey	A	F	QH		144									
8346 Grey	A	F	QH		145									
8347 Red Roan	A	F	QH		146									
8348 Brn/W	A	F	Appy		147									
8349 Chesta	A	F	QH		148									

These animals were, 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.

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: 4-6-01

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, - please print): C. Hardee Clark, DVM

21. STATUS: [ ] 2 Federal [ ] 1 State [X] 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 27 (Twenty-Seven)

23. Signature of Endorsing Federal Veterinarian: [illegible] DVM

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): Jim Baker DVM

25. SIGNATURE OF ISSUING VETERINARIAN: [illegible]

VS FORM 17-140 (MAR 98) Previous edition may be used.

PART 5 - ISSUING VETERINARIAN

The certificate is authorized by law 21 U.S.C. 112). While you are not required to respond, no health certificate can be validated unless the data requested is provided. FORM APPROVED - OMB NO. 0579-0020 and 0101.

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): Bouvry Exports Bay #3 East SW17-9-25-W4 Fort MacLeod, Alberta

2. CERTIFICATE NO.: L028771

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 04/06/11

5. U.S. PORT OF EMBARKATION (City and State): Sweetgrass, MT

6. STATE CODE: 30

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): Bar S Feedlot, 1 Benjamin Rd.

8. CONSIGNOR'S CITY (or Town): Shelby

12. CONSIGNOR'S STATE: Montana

13. STATE CODE: 30

14. ZIP CODE: 59474

9. SEMEN ("X" if yes): [ ]

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [X] 2 - Truck [ ] 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address): Bouvry Exports SW17-9-25-W4 Fort MacLeod, Alberta

DESTINATION COUNTRY: Canada

ENTER CODE: CA

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

NEGATIVE TUBERCULIN READING: [ ] 48 HRS [ ] 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

CERTIFIED BRUCELLOSIS FREE AREA

NEGATIVE RESULTS OF OTHER TESTS: DISEASE / TYPE TEST / DATE; DISEASE / TYPE TEST / DATE; DISEASE / TYPE TEST / DATE

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

Bar S Feedlot
1 Benjamin Road
Shelby, MT 59474

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	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DATE M	DATE N	DATE O
27 Head of mixed horses for slaughter only. These horses have been inspected on the above date and found fit for travel. These animals have resided in the United States or Canada since birth as best as can be determined. 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. All horses are identified by an Official USDA Equine Slaughter backtag. During the previous twenty-one (21) days, the animals in this shipment have not been in the States of Texas or New Mexico. Brand Inspection #1260272.													
USGG...					Neck Tag #...								
8313	Brn/Wht	A	F	Paint	7								
8314	Brown	A	F	QT	6								
8315	Chestn	A	F	QT	8								
8316	Bay	A	N	QT	94								
8317	Chestn	A	N	QT	95								
8318	Brn/Wht	A	F	Paint	96								
8319	Brown	A	N	QT	97								
8320	Bay	A	N	QT	98								
8321	Chestn	A	F	QT	99								

These animals were, 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.

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: 4-6-11

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, - please print): C. Hardee Clark, DVM

21. STATUS: [ ] 2 Federal [ ] 1 State [X] 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 27 (Twenty-Seven)

23. Signature of Endorsing Federal Veterinarian: A. Becker DVM

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): J. Becker DVM

25. SIGNATURE OF ISSUING VETERINARIAN: [signature]

VS FORM 17-140 (MAR 98) Previous edition may be used.

PART 5 - ISSUING VETERINARIAN

The certificate is authorized by law 21 U.S.C. 112). While you are not required to respond, no health certificate can be validated unless the data requested is provided. FORM APPROVED - OMB NO. 0579-0020 and 0101

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): Bouvry Exports Hwy #3 East SW17-9-25-W4 Fort MacLeod, Alberta

2. CERTIFICATE NO.: L028769

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 04/05/11

5. U.S. PORT OF EMBARKATION (City and State): Sweetgrass, MT

6. STATE CODE: 30

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): Bar S Feedlot, 1 Benjamin Rd.

8. CONSIGNOR'S CITY (or Town): Shelby

12. CONSIGNOR'S STATE: Montana

13. STATE CODE: 30

14. ZIP CODE: 59474

9. SEMEN ("X" if yes): [ ]

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [X] 2 - Truck [ ] 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address): Bouvry Exports SW17-9-25-W4 Fort MacLeod, Alberta

DESTINATION COUNTRY: Canada

ENTER CODE: CA

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

NEGATIVE TUBERCULIN READING: [ ] 48 HRS [ ] 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

CERTIFIED BRUCELLOSIS FREE AREA

NEGATIVE RESULTS OF OTHER TESTS: DISEASE / TYPE TEST / DATE; DISEASE / TYPE TEST / DATE; DISEASE / TYPE TEST / DATE

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

MODIFIED ACCREDITED AREA (TB)

17. FARM ORIGIN
Owner's name (Last name, two initials, or business name):
Owner's street address
Owner's city/town, State code (FIPS code on reverse) & zip code

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

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
27 Head of mixed horses for slaughter only. These horses have been inspected on the above date and found fit for travel. These animals have resided in the United States or Canada since birth as best as can be determined. 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. All horses are identified by an Official USDA Equine Slaughter backtag. During the previous twenty-one (21) days, the animals in this shipment have not been in the States of Texas or New Mexico. Brand Inspection #126-270.													
USGG...					Neck Tag #...								
8260 Brn/Wht	A	N	Paint		862								
8261 Chestn	A	N	QT		841								
8262 Red Roan	A	F	QT		860								
8263 Chestn	A	F	QT		864								
8264 Chestn	A	N	QT		875								
8265 Brown	A	F	QT		825								
8266 Wht/Brn	A	F	Appy		829								
8267 Wht/Brn	A	F	Appy		830								
8268 Chestn	A	F	QT		832								

Bar S Feedlot
1 Benjamin Road
Shelby, MT 59474

These animals were, 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.

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: 4-5-11

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, - please print): C. Hardee Clark, DVM

21. STATUS: [ ] 2 Federal [ ] 1 State [X] 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 27 (Twenty-Seven)

23. Signature of Endorsing Federal Veterinarian

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): T. R. K. DVM

25. SIGNATURE OF ISSUING VETERINARIAN

VS FORM 17-140 (MAR 98) Previous edition may be used.

PART 5 - ISSUING VETERINARIAN

The certificate is authorized by law 21 U.S.C. 112). While you are not required to respond, no health certificate can be validated unless the data requested is provided. FORM APPROVED - OMB NO. 0579-0020 and 0101

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): Bouvry Exports Hwy #3 East SW17-9-25-W4 Fort MacLeod, Alberta

2. CERTIFICATE NO.: L028781

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 04/14/11

5. U.S. PORT OF EMBARKATION (City and State): Sweetgrass, MT

6. STATE CODE: 30

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): Bar S Feedlot, 1 Benjamin Rd.

8. CONSIGNOR'S CITY (or Town): Shelby

12. CONSIGNOR'S STATE: Montana

13. STATE CODE: 30

14. ZIP CODE: 59474

9. SEMEN ("X" if yes): [ ]

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [X] 2 - Truck [ ] 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address): Bouvry Exports SW17-9-25-W4 Fort MacLeod, Alberta

DESTINATION COUNTRY: Canada

ENTER CODE: CA

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

NEGATIVE TUBERCULIN READING: [ ] 48 HRS [ ] 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

CERTIFIED BRUCELLOSIS FREE AREA

NEGATIVE RESULTS OF OTHER TESTS

DISEASE	DISEASE	DISEASE
TYPE TEST	TYPE TEST	TYPE TEST
DATE M	DATE N	DATE O

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

Bar S Feedlot
1 Benjamin Road
Shelby, MT 59474

MODIFIED ACCREDITED AREA (TB)

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

30 Horses & 1 mule for slaughter only. These horses have been inspected on the above date and found fit for travel. These animals have resided in the United States or Canada since birth as best as can be determined. 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. All horses are identified by an Official USDA Equine Slaughter backtag. During the previous twenty-one (21) days, the animals in this shipment have not been in the States of Texas or New Mexico. Brand Inspection #1260282.

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
USGG...					Neck Tag #...									
8581 Buckskin	A	N	QT		195									
8582 Chestn	A	N	QT		702									
8583 Red Roan	A	F	QT		703									
8584 Black	A	F	Draft		704									
~~8585 Grey A~~	~~A~~	~~F~~	~~Draft~~		~~705~~									
8586 Brown	A	F	Mule		721									
8587 Pal	A	F	QT		722									
8588 Brn/Wht	A	F	Paint		800									
8589 Bay	A	F	QT		802									

These animals were, 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. JB

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: 4-14-11

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, - please print): C. Hardee Clark, DVM

21. STATUS: [ ] 2 Federal [ ] 1 State [X] 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): ~~30 (Thirty)~~ 29 JB

23. Signature of Endorsing Federal Veterinarian: Jim Becker DVM

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): Jim Becker DVM

25. SIGNATURE OF ISSUING VETERINARIAN

VS FORM 17-140 (MAR 98) Previous edition may be used.

PART 5 - ISSUING VETERINARIAN

The certificate is authorized by law 21 U.S.C. 112). While you are not required to respond, no health certificate can be validated unless the data requested is provided. FORM APPROVED - OMB NO. 0579-0020 and 0101

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): Bouvry Exports, Hwy #3 East, SW17-9-25-W4 Fort MacLeod, Alberta

2. CERTIFICATE NO.: L028782

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 4/14/11

5. U.S. PORT OF EMBARKATION (City and State): Sweetgrass, MT

6. STATE CODE: 30

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): Bar S Feedlot, 1 Benjamin Road

8. CONSIGNOR'S CITY (or Town): Shelby

12. CONSIGNOR'S STATE: Montana

13. STATE CODE: 30

14. ZIP CODE: 59474

9. SEMEN ("X" if yes): [ ]

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [X] 2 - Truck [ ] 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address): Bouvry Exports, SW17-9-25-W4 Fort MacLeod, Alberta

DESTINATION COUNTRY: Canada

ENTER CODE: CA

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

NEGATIVE TUBERCULIN READING: [ ] 48 HRS [ ] 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS: DISEASE / TYPE TEST / DISEASE / TYPE TEST / DISEASE / TYPE TEST

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

MODIFIED ACCREDITED AREA (TB)

CERTIFIED BRUCELLOSIS FREE AREA

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

Bar S Feedlot
Ehhhjamin Road
Shelby, MT 59474

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

27 Head of mixed horses for slaughter only. These horses have been inspected on the above Date found fit for travel. These animals have resided in the United STates or Canada since birth as best as can be determined. The exporter has been advised that any deterioratioin 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. All horses are identified by an official USDA Equine Slaughter backtag. During the previous twenty-one (21 days, the animals in this shipment have not been in the states of Texas or New Mexico.

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
USCG...					Neck tag...							Brand Inspection #1260283		
8611 Blk	A	F	QH		7									
8612 Buckskin	A	F	QH		45									
8613 Red/W	A	F	Appy		22									
8614 Chestn	A	F	QH		4									
8615 Bay	A	F	QH		36									
8616 Chestn	A	F	QH		49									
8617 Red Roan	A	N	QH		93									
8618 Bay	A	N	QH		94									
8619 Buckskin	A	N	QH		91									
8620 Buckskin	A	N	QH		48									

These animals were, 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.

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: 4-14-11

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, - please print): C. Hardee Clark, DVM

21. STATUS: [ ] 2 Federal [ ] 1 State [X] 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 27 (Twenty-Seven)

23. Signature of Endorsing Federal Veterinarian: J. Becker DVM

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): Jim Becker DVM

25. SIGNATURE OF ISSUING VETERINARIAN

VS FORM 17-140 (MAR 98) Previous edition may be used.

PART II - ISSUING VETERINARIAN

...are not required to respond, no health certificate can be validated unless the data requested is provided. FORM APPROVED - OMB NO. 0579-0020 and 0101

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): Bouvry Exports Ray #1 East SW17-9-25-W4 Fort MacLeod, Alberta

2. CERTIFICATE NO.: L028779

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 04/13/11

5. U.S. PORT OF EMBARKATION (City and State): Sweetgrass, MT

6. STATE CODE: 30

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): Bar S Feedlot, 1 Benjamin Rd.

8. CONSIGNOR'S CITY (or Town): Shelby

12. CONSIGNOR'S STATE: Montana

13. STATE CODE: 30

14. ZIP CODE: 59474

9. SEMEN ("X" if yes): [ ]

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [X] 2 - Truck [ ] 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address): Bouvry Exports SW17-9-25-W4 Fort MacLeod, Alberta

DESTINATION COUNTRY: Canada

ENTER CODE: CA

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

NEGATIVE TUBERCULIN READING: [ ] 48 HRS [ ] 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

CERTIFIED BRUCELLOSIS FREE AREA

NEGATIVE RESULTS OF OTHER TESTS: DISEASE / TYPE TEST / DISEASE / TYPE TEST / DISEASE / TYPE TEST

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

MODIFIED ACCREDITED AREA (TB)

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

Bar S Feedlot
1 Benjamin Road
Shelby, MT 59474

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

25 Head of mixed horses for slaughter only. These horses have been inspected on the above date and found fit for travel. These animals have resided in the United States or Canada since birth as best as can be determined. 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. All horses are identified by an Official USDA Equine Slaughter backtag. During the previous twenty-one (21) days, the animals in this shipment have not been in the States of Texas or New Mexico. Brand Inspection #1260280

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
USDO...					Neck Tag f...									
8529 Red Roan	A	F	QT		825									
8530 Chestn	A	F	QT		829									
8531 Brown	A	F	QT		830									
8532 Chestn	A	F	QT		832									
8533 Chestn	A	F	QT		837									
8534 Chestn	A	F	QT		840									
8535 Chestn	A	F	QT		841									
8536 Grey	A	F	QT		850									
8537 White	A	F	QT		851									

These animals were, 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.

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: 4-13-11

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, - please print): C. Hardee Clark, DVM

21. STATUS: [ ] 2 Federal [ ] 1 State [X] 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 25 (Twenty-Five)

23. Signature of Endorsing Federal Veterinarian: J. Becker DVM

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): Jim Becker DVM

25. SIGNATURE OF ISSUING VETERINARIAN

FORM APPROVED - OMB NO. 0579-0020 and 0101

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): Bouvry Exports, Hwy #3 East, SW17-9-25-W4 Fort MacLeod, Alberta

2. CERTIFICATE NO.: L028780

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 4/13/11

5. U.S. PORT OF EMBARKATION (City and State): Sweetgrass, MT

6. STATE CODE: 30

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): Bar S Feedlot, 1 BenjaminRoad

8. CONSIGNOR'S CITY (or Town): Shelby

12. CONSIGNOR'S STATE: Montana

13. STATE CODE: 30

14. ZIP CODE: 59474

9. SEMEN ("X" if yes): [ ]

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [X] 2 - Truck [ ] 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address): Bouvry Exports, SW17-9-25-W4 Fort MacLeod, Alberta

DESTINATION COUNTRY: Canada

ENTER CODE: CA

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

NEGATIVE TUBERCULIN 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 city/town, State code (FIPS code on reverse) & zip code

Bar S Feedlot
1 Benjamin Road
Shelby, MT 59474

These animals were, 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.

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

MODIFIED ACCREDITED AREA (TB) — CERTIFIED BRUCELLOSIS FREE AREA

26 Horses and 1 Mule for slaughter only. These animals have been inspected on the above date and found fit for travel. These animals have resided in the United States or Canada since birth as bestass can be determined. 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. All animals are identified by an official USDA Equine Slaughter backtag. During the previous twenty-one (21) days, the animals in this shipment have not been in the state of Texas or New Mexico.

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	DISEASE / TYPE TEST / DATE M	DISEASE / TYPE TEST / DATE N	DISEASE / TYPE TEST / DATE O
USGG...					Neck Tag...							Brand Inspection #1260281		
8554 Chestn	A	N	Arab		578									
8555 Brown	A	N	QH		574									
8556 Chestn	A	F	QH		576									
8557 Chestn	A	N	QH		577									
8558 Bay	A	N	QH		575									
8559 Brown	A	N	QH		548									
8560 Bay	A	N	QH		549									
8561 Bay	A	N	QH		723									
8562 Brown	A	F	QH		724									
8563 Chestn	A	N	QH		727									

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: 4-13-11

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, - please print): C. Hardee Clark, DVM

21. STATUS: [ ] 2 Federal [ ] 1 State [X] 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 27 (Twenty-Seven)

23. Signature of Endorsing Federal Veterinarian: DVM

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): Jim B. K... DVM

25. SIGNATURE OF ISSUING VETERINARIAN

VS FORM 17-140 (MAR 98) Previous edition may be used.

PART 5 - ISSUING VETERINARIAN

The certificate is authorized by law 21 U.S.C. 112). While you are not required to respond, no health certificate can be validated unless the data requested is provided. FORM APPROVED - OMB NO. 0579-0020 and 0101

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): Bouvry Exports Hwy #3 East SW17-9-25-W4 Fort MacLeod, Alberta

2. CERTIFICATE NO.: L028777

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 04/12/11

5. U.S. PORT OF EMBARKATION (City and State): Sweetgrass, MT

6. STATE CODE: 30

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): Bar S Feedlot, 1 Benjamin Rd.

8. CONSIGNOR'S CITY (or Town): Shelby

12. CONSIGNOR'S STATE: Montana

13. STATE CODE: 30

14. ZIP CODE: 59474

9. SEMEN ("X" if yes): [ ]

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [X] 2 - Truck [ ] 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address): Bouvry Exports SW17-9-25-W4 Fort MacLeod, Alberta

DESTINATION COUNTRY: Canada

ENTER CODE: CA

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

NEGATIVE TUBERCULIN READING: [ ] 48 HRS [ ] 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

CERTIFIED BRUCELLOSIS FREE AREA

NEGATIVE RESULTS OF OTHER TESTS: DISEASE / TYPE TEST / DATE M; DISEASE / TYPE TEST / DATE N; DISEASE / TYPE TEST / DATE O

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

MODIFIED ACCREDITED AREA (TB)

17. FARM ORIGIN
Owner's name (Last name, two initials, or business name)
Owner's street address
Owner's city/town, State code (FIPS code on reverse) & zip code

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

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
27 Head of mixed horses for slaughter only. These horses have been inspected on the above date and found fit for travel. These animals have resided in the United States or Canada since birth as best as can be determined. 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. All horses are identified by an Official USDA Equine Slaughter backtag. During the previous twenty-one (21) days, the animals in this shipment have not been in the States of Texas or New Mexcio. Brand Inspection #1260278.													
USGG...					Neck Tag #...								
8475 Grey	A	F	QT		67								
8476 Chestn	A	F	QT		108								
8477 Chestn	A	F	QT		111								
8478 Brown	A	F	QT		118								
8479 Chestn	A	F	QT		119								
8480 Chestn	A	F	QT		124								
8481 Chestn	A	F	QT		126								
8482 Chestn	A	F	QT		183								
8483 Wht/Brn	A	F	Appy		184								

Bar S Feedlot
1 Benjamin Road
Shelby, MT 59474

These animals were, 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

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: 4-12-11

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, - please print): C. Hardee Clark, DVM

21. STATUS: [ ] 2 Federal [ ] 1 State [X] 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 27 (Twenty-Seven)

23. Signature of Endorsing Federal Veterinarian: DVM

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): J. B. K. DVM

25. SIGNATURE OF ISSUING VETERINARIAN

VS FORM 17-140 (MAR 98) Previous edition may be used.

PART 6. ISSUING VETERINARIAN

The certificate is authorized by law 21 U.S.C. 112). While you are not required to respond, no health certificate can be validated unless the data requested is provided. FORM APPROVED - OMB NO. 0579-0020 and 0101 72

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): Bouvry Exports, SW17-9-25-W4, Hwy #3 East Fort MacLeod, Alberta

2. CERTIFICATE NO.: L028778

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 4/12/11

5. U.S. PORT OF EMBARKATION (City and State): Sweetgrass, MT

6. STATE CODE: 30

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): Bar S Feedlot, 1 Benjamin Road

8. CONSIGNOR'S CITY (or Town): Shelby

12. CONSIGNOR'S STATE: Montana

13. STATE CODE: 30

14. ZIP CODE: 59474

9. SEMEN ("X" if yes): [ ]

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [XX] 2 - Truck [ ] 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address): Bouvry Exports, SW17-9-25-W4 Fort MacLeod, Alberta

DESTINATION COUNTRY: Canada

ENTER CODE: CA

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

NEGATIVE TUBERCULIN READING: [ ] 48 HRS [ ] 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

CERTIFIED BRUCELLOSIS FREE AREA

NEGATIVE RESULTS OF OTHER TESTS: DISEASE / TYPE TEST; DISEASE / TYPE TEST; DISEASE / TYPE TEST

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

MODIFIED ACCREDITED AREA (TB)

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

Bar S Feedlot
1 Benjamin Road
Shelby, MT 59474

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

27 Head of mixed horses for slaughter only. These horses have been inspected on the above date adn found fit for travel. These animals have resided in the United States or Canada since birth as best as can be determined. The exporter has been advised that an deterioration in health or physical condition of the animals that may render animasl unfit for transport may result in the shipment to be refused entry to Canada. All horses are identified by an official USDA Equine Slaughter backtag. During the previousttwenty-one (21) days, the animals in this shipment have not been in the state of Texas or New Mexico.

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	DATE M	DATE N	DATE O
USGG...					Neck Tag...							Brand Inspection #1260278 #1260279		
8502 Buckskin	A	N	QH		31									
8503 Red Roan	A	F	Pony		33									
8504 Brn	A	F	QH		34									
8505 Chestn	A	F	QH		35									
8506 Bay	A	F	QH		36									
8507 Chestn	A	F	QH		37									
8508 Chestn	AA	F	QH		38									
8509 Red Roan	A	F	Pony		39									
8510 Buckskin	A	F	Pony		40									
8511 Chestn	A	N	QH		41									

These animals were, 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.

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: 4-12-11

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, - please print): C. Hardee Clark, DVM

21. STATUS: [ ] 2 Federal [ ] 1 State [X] 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 27 (Twenty-Seven)

23. Signature of Endorsing Federal Veterinarian: A Baker DVM

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): Jim Baker DVM

25. SIGNATURE OF ISSUING VETERINARIAN

VS FORM 17-140 (MAR 98) Previous edition may be used.

PART 5 - ISSUING VETERINARIAN

FORM APPROVED - OMB NO. 0579-0020 and 0101 72

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): Bouvry Exports Hwy #3 East SW17-9-25-W4 Fort MacLeod, Alberta

2. CERTIFICATE NO.: L028775

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 04/11/11

5. U.S. PORT OF EMBARKATION (City and State): Sweetgrass, MT

6. STATE CODE: 30

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): Bar S Feedlot, 1 Benjamin Rd.

8. CONSIGNOR'S CITY (or Town): Shelby

12. CONSIGNOR'S STATE: Montana

13. STATE CODE: 30

14. ZIP CODE: 59474

9. SEMEN ("X" if yes): [ ]

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [X] 2 - Truck [ ] 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address): Bouvry Exports SW17-9-25-W4 Fort MacLeod, Alberta

DESTINATION COUNTRY: Canada

ENTER CODE: CA

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

NEGATIVE TUBERCULIN READING: [ ] 48 HRS [ ] 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS: DISEASE / TYPE TEST / DATE

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

MODIFIED ACCREDITED AREA (TB)

CERTIFIED BRUCELLOSIS FREE AREA

17. FARM ORIGIN
Owner's name (Last name, two initials, or business name)
Owner's street address
Owner's city/town, State code (FIPS code on reverse) & zip code

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

Bar S Feedlot
1 Benjamin Road
Shelby, MT 59474

27 Head of mixed horses for slaughter only. These horses have been inspected on the above date and found fit for travel. These animals have resided in the United States or Canada since birth as best as can be determied. 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. All horses are identified by an Official USDA Equine Slaughter backtag. During the previous twenty-one (21) days, the animals in this shipment have not been in the States of Texas or New Mexico. Brand Inspectio n#1260276.

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	DISEASE / TYPE TEST / DATE M	DISEASE / TYPE TEST / DATE N	DISEASE / TYPE TEST / DATE O
USGG...					Neck Tag #...									
8421 Bay	A	F	QT		Book Tag #...									
8422 Bay	A	N	QT		110									
8423 Chestn	A	F	QT		117									
8424 Whit/Brn	A	F	Paint		164									
8425 Blk/Wht	A	N	Paint		167									
8426 Buckskin	A	F	QT		169									
8427 Chestn	A	N	QT		180									
8428 Bay	A	N	QT		206									
8429 Bay	A	N	QT		209									

These animals were, 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.

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: 4-11-11

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, - please print): C. Hardee Clark, DVM

21. STATUS: [ ] 2 Federal [ ] 1 State [X] 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 27 (Twenty-Seven)

23. Signature of Endorsing Federal Veterinarian: J. Baker DVM

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): J. Baker DVM

25. SIGNATURE OF ISSUING VETERINARIAN

VS FORM 17-140 (MAR 98) Previous edition may be used.

PART 5 - ISSUING VETERINARIAN

The certificate is authorized by law 21 U.S.C. 112). While you are not required to respond, no health certificate can be validated unless the data requested is provided. FORM APPROVED - OMB NO. 0579-0020 and 0101 72

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): Bouvry Exports Hwy #3 East SW17-9-25-W4 Fort MacLeod, Alberta

2. CERTIFICATE NO.: L028776

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 04/11/11

5. U.S. PORT OF EMBARKATION (City and State): Sweetgrass, MT

6. STATE CODE: 30

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): Bar S Feedlot, 1 Benjamin Rd.

8. CONSIGNOR'S CITY (or Town): Shelby

12. CONSIGNOR'S STATE: Montana

13. STATE CODE: 30

14. ZIP CODE: 59474

9. SEMEN ("X" if yes): ☐

10. NO. DOSES OF SEMEN:

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

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address): Bouvry Exports SW17-9-25-W4 Fort MacLeod, Alberta

DESTINATION COUNTRY: Canada

ENTER CODE: CA

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

NEGATIVE TUBERCULIN READING: ☐ 48 HRS ☐ 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS: DISEASE / TYPE TEST / DATE; DISEASE / TYPE TEST / DATE; DISEASE / TYPE TEST / DATE

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

MODIFIED ACCREDITED AREA (TB)

CERTIFIED BRUCELLOSIS FREE AREA

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

Bar S Feedlot
1 Benjamin Road
Shelby, MT 59474

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

27 Head of mixed horses for slaughter only. These horses have been inspected n the above date and found fit for travel. These animals have resided in the United States or Canada since birth as best as can be determined. The exporter has been advised that any detetioration 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. All horses are identified by an Official USDA Equine Slaughter backtag. During the previous twenty-one (21) days, the animals in this shipment have not been in the States of Texas or New Mexico. Brand Inspection #1260277.

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
USGG...					Neck Tag #...									
8448 Bay	A	F	QT		5									
8449 Black	A	F	QT		32									
8450 Wht/Blk	A	F	Paint		105									
8451 Chestn	A	N	QT		106									
8452 Buckskin	A	F	QT		113									
8453 Chestn	A	F	QT		116									
8454 Brown	A	F	QT		122									
8455 Bay	A	F	QT		123									
8456 Bay	A	F	QT		124									

These animals were, 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.

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: 4-11-11

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, - please print): C. Hardee Clark, DVM

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): 27 (Twenty-Seven)

23. Signature of Endorsing Federal Veterinarian: DVM

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): J. Barker DVM

25. SIGNATURE OF ISSUING VETERINARIAN

VS FORM 17-140 (MAR 98) Previous edition may be used.

PART 5 - ISSUING VETERINARIAN

The certificate is authorized by law 21 U.S.C. 112). While you are not required to respond, no health certificate can be validated unless the data requested is provided. FORM APPROVED - OMB NO. 0579-0020 and 0101 77

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): Bouvry Exports Hwy #3 East SW17-9-25-W4 Fort MacLeod, Alberta

2. CERTIFICATE NO.: L028774

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 04/08/11

5. U.S. PORT OF EMBARKATION (City and State): Sweetgrass, MT

6. STATE CODE: 30

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): Bar S Feedlot, 1 Benjamin Rd.

8. CONSIGNOR'S CITY (or Town): Shelby

12. CONSIGNOR'S STATE: Montana

13. STATE CODE: 30

14. ZIP CODE: 59474

9. SEMEN ("X" if yes): [ ]

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [X] 2 - Truck [ ] 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address): Bouvry Exports SW17-9-25-W4 Fort MacLeod, Alberta

DESTINATION COUNTRY: Canada

ENTER CODE: CA

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

NEGATIVE TUBERCULIN READING: [ ] 48 HRS [ ] 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

DISEASE	DISEASE	DISEASE
TYPE TEST	TYPE TEST	TYPE TEST
DATE N	DATE	DATE O

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

MODIFIED ACCREDITED AREA (TB)

CERTIFIED BRUCELLOSIS FREE AREA

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	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DATE M	DATE N	DATE O
27 Head of mixed horses for slaughter only. These horses have been inspected on the above date and found fit for travel. These animals have resided in the United States or Canada since birth as best as can be determined. 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. All horses are identified by an Official USDA Equine Slaughter backtag. During the previous twenty-one (21) days, the animals in this shipment have not been in the States of Texas or New Mexico. Brand Inspection #1260275.														
USGG...					Neck Tag #...									
8394 Brn/Wht	A	F	Paint		61									
8395 Brn/Wht	A	F	Appy		70									
8396 Pal	A	F	QT		71									
8397 Chestn	A	F	QT		23									
8398 White	A	F	QT		75									
8399 Wht/Brn	A	F	Paint		76									
8400 Wht/Brn	A	F	Appy		77									
8401 Chestn	A	M	QT		78									
8402 Chestn	A	M	QT		79									

Bar S Feedlot
1 Benjamin Road
Shelby, MT 59474

These animals were, 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.

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: 4-8-11

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, - please print): C. Hardee Clark, DVM

21. STATUS: [ ] 2 Federal [ ] 1 State [X] 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 27 (Twenty-Seven)

23. Signature of Endorsing Federal Veterinarian: A. Bu DVM

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): J. B. Kor DVM

25. SIGNATURE OF ISSUING VETERINARIAN

VS FORM 17-140 (MAR 98) Previous edition may be used.

PART 5 - ISSUING VETERINARIAN

The certificate is authorized by law 21 U.S.C. 112). While you are not required to respond, no health certificate can be validated unless the data requested is provided. FORM APPROVED - OMB NO. 0579-0020 and 0101

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): Bouvry Exports, Hwy #3 East, SW17-9-25-W4 Fort MacLeod, Alberta

2. CERTIFICATE NO.: L029003

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 4/28/11

5. U.S. PORT OF EMBARKATION (City and State): Sweetgrass, MT

6. STATE CODE: 30

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): Bar S Feedlot, 1 Benjamin Road

8. CONSIGNOR'S CITY (or Town): Shelby

12. CONSIGNOR'S STATE: Montana

13. STATE CODE: 30

14. ZIP CODE: 59474

9. SEMEN ("X" if yes): [ ]

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [X] 2 - Truck [ ] 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address): Bouvry Exports, SW17-9-25-W4 Fort MacLeod, Alberta

DESTINATION COUNTRY: Canada

ENTER CODE: CA

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

NEGATIVE TUBERCULIN READING: [ ] 48 HRS [ ] 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

CERTIFIED BRUCELLOSIS FREE AREA

NEGATIVE RESULTS OF OTHER TESTS

DISEASE	DISEASE	DISEASE
TYPE TEST	TYPE TEST	TYPE TEST

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

MODIFIED ACCREDITED AREA (TB)

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

Bar S Feedlot
1 Benjamin Road
Shelby, MT 59474

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	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DATE M	DATE N	DATE O
27 Head of mixed horses for slaughter only. These horses have resided in the United States or Canada as best as can be determined. These horses have been inspected on the above date and found fit for travel. 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. All horses are identified by an official USDA Equine Slaughter backtag. During the previous twenty-one (21) days, the animals in this shipment have not been in the state of Texas or New Mexico.														
USDA...					Back Tag...			Brand Inspection #1260298						
9039 Bay	A	F	QH		807									
9040 Chestn	A	F	QH		825									
9041 Bay	A	F	QH		829									
9042 Brn/W	A	F	Paint		830									
9043 Chestn	A	F	QH		832									
9044 Chestn	A	F	QH		837									
9045 Brn	A	F	QH		840									
9046 Brn	A	F	QH		841									
9047 Bay	A	F	QH		848									
9048 Chestn	A	F	QH		851									

These animals were, 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.

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: 4-28-11

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, - please print): C. Hardee Clark, DVM

21. STATUS: [ ] 2 Federal [ ] 1 State [X] 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 27 (Twenty-Seven)

23. Signature of Endorsing Federal Veterinarian: DVM

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): Jim Becker DVM

25. SIGNATURE OF ISSUING VETERINARIAN

VS FORM 17-140 (MAR 98) Previous edition may be used.

PART 5- ISSUING VETERINARIAN

The certificate is authorized by law 21 U.S.C. 112). While you are not required to respond, no health certificate can be validated unless the data requested is provided. FORM APPROVED - OMB NO. 0579-0020 and 0101

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): Bouvry Exports, SW17-9-25-W4 Hwy #3 EAST Fort MacLeod, Alberta

2. CERTIFICATE NO.: L029002

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 4/27/11

5. U.S. PORT OF EMBARKATION (City and State): Sweetgrass, MT

6. STATE CODE: 30

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): Bar S Feedlot, 1 Benjamin Road

8. CONSIGNOR'S CITY (or Town): Shelby

12. CONSIGNOR'S STATE: Montana

13. STATE CODE: 30

14. ZIP CODE: 59474

9. SEMEN ("X" if yes): [ ]

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [X] 2 - Truck [ ] 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address): Bouvry Exports, SW17-9-25-W4 Fort MacLeod, Alberta

DESTINATION COUNTRY: Canada

ENTER CODE: CA

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

NEGATIVE TUBERCULIN READING: [ ] 48 HRS [ ] 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

CERTIFIED BRUCELLOSIS FREE AREA

NEGATIVE RESULTS OF OTHER TESTS: DISEASE / TYPE TEST / DISEASE / TYPE TEST / DISEASE / TYPE TEST

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

MODIFIED ACCREDITED AREA (TB)

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

Bar S Feedlot
1 Benjamin Road
Shelby, MT59474

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	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DATE M	DATE N	DATE O
26 Head of mixed horses for slaughter only. These horses have been inspected on the above date and found fit for travel. These animals have resided in the United States or Canada since birth as best as can be determined. Duringthe previous twenty-one (21) days, the anim animals in this shipment have not been in the state of Texas or New Mexico. The exporter has been advised that any deterioration in health or physical condition of the animals what may render animals unfit for transport may result in the shipment to be refused entry to Canada. All horses are identified by an official USDA Equine Slaughter backtag.														
USCC...							Neck Tag...					Brand Inspection #1260297		
9013 Chestn	A	F	QH		983									
9014 Chestn	A	F	QH		966									
9015 Chestn	A	F	QH		956									
9016 Chestn	A	F	QH		939									
9017 Chestn	A	F	QH		957									
9018 Bay	A	M	QH		993									
9019 Chestn	A	F	QH		1000									
9020 Bay	A	F	QH		987									
9021 Grulla	A	F	QH		941									
9022 Brn	A	M	QH		948									

These animals were, 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.

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: 4-28-11

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, - please print): C. Hardee Clark, DVM

21. STATUS: [ ] 2 Federal [ ] 1 State [X] 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 26 (Twenty-Six)

23. Signature of Endorsing Federal Veterinarian

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): Jim Becker DVM

25. SIGNATURE OF ISSUING VETERINARIAN

VS FORM 17-140 (MAR 98) Previous edition may be used.

...required to respond, no health certificate can be validated unless the data requested is provided. FORM APPROVED - OMB NO. 0579-0020 and 0101

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): Bouvry Exports Hwy #3 East SW17-9-25-W4 Fort MacLeod, Alberta

2. CERTIFICATE NO.: L028799

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 04/26/11

5. U.S. PORT OF EMBARKATION (City and State): Sweetgrass, MT

6. STATE CODE: 30

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): Ber S Feedlot, 1 Benjamin Rd.

8. CONSIGNOR'S CITY (or Town): Shelby

12. CONSIGNOR'S STATE: Montana

13. STATE CODE: 30

14. ZIP CODE: 59474

9. SEMEN ("X" if yes): [ ]

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [X] 2 - Truck [ ] 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address): Bouvry Exports SW17-9-25-W4 Fort MacLeod, Alberta

DESTINATION COUNTRY: Canada

ENTER CODE: CA

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

NEGATIVE TUBERCULIN READING: [ ] 48 HRS [ ] 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS: DISEASE / DISEASE / DISEASE

CERTIFIED BRUCELLOSIS FREE AREA

TYPE TEST / TYPE TEST / TYPE TEST

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

MODIFIED ACCREDITED AREA (TB)

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

Ber S Feedlot
1 Benjamin Road
Shelby, MT 59474

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

27 Head of mixed horses for slaughter only. These horses have been inspected on the above date and found fit for travel. These animals have resided in the United States or Canada since birth as best as can be determined. 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. All horses are identified by an Official USDA Equine Slaughter backtag. During the previous twenty-one (21) days, the animals in this shipment have not been in the States of Texas or New Mexico. Brand Inspection #1260295.

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
USGG...					Neck Tag #...									
8902 Chestn	A	M	QT		210									
8903 Tan/Wht	A	F	Paint		743									
8904 Chestn	A	F	QT		744									
8905 Chestn	A	F	QT		745									
8906 Chestn	A	F	QT		746									
8907 Chestn	A	F	QT		747									
8908 Chestn	A	M	QT		748									
8909 Brown	A	F	QT		749									
8910 Buckskin	A	F	QT		751									

These animals were, 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.

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: 4-27-11

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, - please print): C. Hardee Clark, DVM

21. STATUS: [ ] 2 Federal [ ] 1 State [X] 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 27 (Twenty-Seven)

23. Signature of Endorsing Federal Veterinarian: A. Becker DVM

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): Jim Becker DVM

25. SIGNATURE OF ISSUING VETERINARIAN

VS FORM 17-140 (MAR 98) Previous edition may be used.

PART 5 - ISSUING VETERINARIAN

The certificate is authorized by law 21 U.S.C. 112). While you are not required to respond, no health certificate can be validated unless the data requested is provided. FORM APPROVED - OMB NO. 0579-0020 and 0101

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): Bouvry Exports Hwy #3 East SW17-9-25-W4 Fort MacLeod, Alberta

2. CERTIFICATE NO.: L029001

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 04/27/11

5. U.S. PORT OF EMBARKATION (City and State): Sweetgrass, MT

6. STATE CODE: 30

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): Bar S Feedlot, 1 Benjamin Rd.

8. CONSIGNOR'S CITY (or Town): Shelby

12. CONSIGNOR'S STATE: Montana

13. STATE CODE: 30

14. ZIP CODE: 59474

9. SEMEN ("X" if yes): [ ]

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [X] 2 - Truck [ ] 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address): Bouvry Exports SW17-9-25-W4 Fort MacLeod, Alberta

DESTINATION COUNTRY: Canada

ENTER CODE: CA

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

NEGATIVE TUBERCULIN READING: [ ] 48 HRS [ ] 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

CERTIFIED BRUCELLOSIS FREE AREA

NEGATIVE RESULTS OF OTHER TESTS: DISEASE / TYPE TEST / DATE

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

MODIFIED ACCREDITED AREA (TB)

17. FARM ORIGIN
Owner's name (Last name, two initials, or business name)
Owner's street address
Owner's city/town, State code (FIPS code on reverse) & zip code

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

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	DISEASE / TYPE TEST / DATE M	DISEASE / TYPE TEST / DATE N	DISEASE / TYPE TEST / DATE O
27 Head of mixed horses for slaughter only. These horses have been inspected on the above date and found fit for travel. These animals have resided in the United States or Canada since birth as best as can be determined. 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. All horses are identified by an Official USDA Equine Slaughter backtag. During the previous twenty-one (21) days, the animals in this shipment have not been in the States of Texas or New Mexico. Brand Inspection #IZ60296.													
Bar S Feedlot 1 Benjamin Road Shelby, MT 59474													
USGG...					Neck Tag #...								
8986 Red Roan	A	F	QT		31								
8987 Grey	A	F	QT		33								
8988 White	A	F	QT		34								
8989 Wht/Brn	A	F	Appy		35								
8990 Red Roan	A	F	QT		36								
8991 Chestn	A	F	QT		37								
8992 Red Roan	A	F	QT		38								
8993 Chestn	A	F	QT		39								
8994 Grey	A	M	QT		40								

These animals were, 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.

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: 4-27-11

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, please print): C. Hardee Clark, DVM

21. STATUS: [ ] 2 Federal [ ] 3 State [X] 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 27 JB

23. Signature of Endorsing Federal Veterinarian: J. A. Brooks DVM

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): J. A. Brooks DVM

25. SIGNATURE OF ISSUING VETERINARIAN: [signature]

VS FORM 17-140 (MAR 98) Previous edition may be used.

PART 5 - ISSUING VETERINARIAN

The certificate is authorized by law 21 U.S.C. 112). While you are not required to respond, no health certificate can be validated unless the data requested is provided. FORM APPROVED - OMB NO. 0579-0020 and 0101

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): [redacted] (b)(6)
Lawler, IA

2. CERTIFICATE NO.: L028487

3. PAGE NO.: 1 OF 3

4. DATE ISSUED: 4-25-11

5. U.S. PORT OF EMBARKATION (City and State): Sweetgrass, MT

6. STATE CODE: 30

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): Inspected @ Billings Live

8. CONSIGNOR'S CITY (or Town): Billings,MT

9. SEMEN ("X" if yes): [ ]

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [X] 2 - Truck [ ] 4 - Ocean

12. CONSIGNOR'S STATE: Montana

13. STATE CODE: 30

14. ZIP CODE: 59101

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

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address): Cavelle-Canada Export
3401 53rd Ave,LaComb,AB,CA

DESTINATION COUNTRY: Canada

ENTER CODE: CA

NEGATIVE TUBERCULIN READING: [ ] 48 HRS [ ] 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS: DISEASE / TYPE TEST / DATE

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

MODIFIED ACCREDITED AREA (TB)

CERTIFIED BRUCELLOSIS FREE AREA

17. FARM ORIGIN
Owner's name (Last name, two initials, or business name)
Owner's street address
Owner's city/town, State code (FIPS code on reverse) & zip code

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

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
Billings Livestock Commission	# on HIP											USDA tag #		
2443 N Frontage Rd	1621-Sorrel	10y	F	QH	no marks							USHA	4051	
Billings,MT 59101 - MARKET	1620 Sorrel	12y	F	QH	star,strip,snip,ft socks								4052	
[redacted] (b)(6)	1686 Blk/Wht	4y	F	PNT	star, strip,snip,4 socks								4053	
	1683 Buckskn	8y	F	QH	star, snip,RH sock								4054	
Lawler, IA 52154	1607 Gray	8y	F	QH	no marks								4055	
	1197 Gray	3y	G	QH	blaze								4056	
PERMANENT EXPORT ONLY!	1094 Brown	23y	G	MULE	no marks								4057	
	1656 Dun	3y	G	QH	strip,RH sock								4058	
	1663 Red Rn	7y	F	QH	star,strip,snip								4059	
	1701 Bay	9y	F	QH	star								4060	
All animals are identified	1201 Gray	15y	G	APPY	star,strip,snip								4061	
with back tags	1688 Sorrel	7y	G	QH	blaze, 4 socks								4062	
	1651 Sorrel	3y	F	QH	star,strip,snip,RF/RH/LH socks								4063	
	1632 Bay	6y	F	QH	no marks								4064	
	1675 Sorrel	10y	F	QH	blaze								4065	
	1609 Bay	9y	F	QH	hind socks								4066	
	1616 Blue Rn	5y	F	QH	no marks								4067	
	1636 Sorrel	11y	F	QH	star,strip,snip								4068	

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: 4-26-11

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

21. STATUS: [ ] 2 Federal [ ] 1 State [X] 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): twenty eight (28)

23. Signature of Endorsing Federal Veterinarian: A. Baker DVM

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): Jim Baker DVM

25. SIGNATURE OF ISSUING VETERINARIAN: Jeff Peila

VS FORM 17-140 (MAR 98) Previous edition may be used.

PART 5 - ISSUING VETERINARIAN

The certificate is authorized by law 21 U.S.C. 112). While you are not required to respond, no health certificate can be validated unless the data requested is provided. FORM APPROVED - OMB NO. 0579-0020 and 0101 72

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*): Bouvry Exports, East on Hwy #3, Fort Mcleod, AB, CA

2. CERTIFICATE NO.: L028485

3. PAGE NO.: 1 OF 3

4. DATE ISSUED: ~~4-25-11~~

5. U.S. PORT OF EMBARKATION (*City and State*): Sweetgrass, MT

6. STATE CODE: 30

7. CONSIGNOR'S STREET ADDRESS (*Mailing Address*): Inspected @ Billings Live

8. CONSIGNOR'S CITY (*or Town*): Billings

9. SEMEN (*"X" if yes*): [ ]

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [X] 2 - Truck [ ] 4 - Ocean

12. CONSIGNOR'S STATE: Montana

13. STATE CODE: 30

14. ZIP CODE: 59101

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

16. CONSIGNEE'S NAME AND STREET ADDRESS (*Mailing Address*):

DESTINATION COUNTRY:

ENTER CODE:

NEGATIVE TUBERCULIN READING: [ ] 48 HRS [ ] 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

CERTIFIED BRUCELLOSIS FREE AREA

NEGATIVE RESULTS OF OTHER TESTS: DISEASE / TYPE TEST / DATE

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

17. FARM ORIGIN
Owner's name (Last name, two initials, or business name)
Owner's street address
Owner's city/town, State code (FIPS code on reverse) & zip code

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

MODIFIED ACCREDITED AREA (TB)

17. FARM ORIGIN	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	DISEASE / TYPE TEST / DATE M	DISEASE / TYPE TEST / DATE N	DISEASE / TYPE TEST / DATE O
Billings Livestock Commission	~~NECK~~ Tag													Jon Neck	
2443 N Frontage Rd	USGG 8956	A	F	APPY		Brown/White								5	
Billings, MT 59101	8957		F	QH		Dun								69	
	8958		G			Chestnut								32	
	8959		G			Chestnut								100	
	8960		G			Chestnut								105	
	8961		F			Brown								106	
PERMANNET EXPORT ONLY!	8962		G			Brown								1-9	
	8963		F			Chestnut								109	
	8964		F			Bay								110	
	8965		F			Black								111	
All animals are identified	8966		F	PNT		Buckskin/White								113	
with neck tags.	8967		M	QH		Red Roan								116	
	8968		F			Bay								117	
	8969		G			Chestnut								118	
	8970		G			Chestnut								119	
	8971		F			Bay								122	
	8972		F			Bay								123	

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: 4-26-11

20. NAME OF ISSUING VETERINARIAN (*Last name, first name, middle initial, - please print*): Peila, Jeff

21. STATUS: [ ] 2 Federal [ ] 1 State [X] 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): twenty six (26)

23. Signature of Endorsing Federal Veterinarian: A. Bu DVM

24. NAME OF ENDORSING FEDERAL VET (*Type, print, or stamp*): A. Bu DVM

25. SIGNATURE OF ISSUING VETERINARIAN: [signature]

VS FORM 17-140 (MAR 98) Previous edition may be used.

PART 5 - ISSUING VETERINARIAN

The certificate is authorized by law 21 U.S.C. 112). While you are not required to respond, no health certificate can be validated unless the data requested is provided. FORM APPROVED - OMB NO. 0579-0020 and 0101 12

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): Bouvry Exports Hwy #3 East SW17-9-25-W4 Fort MacLeod, Alberta

2. CERTIFICATE NO.: L028798

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 04/25/11

5. U.S. PORT OF EMBARKATION (City and State): Sweetgrass, MT

6. STATE CODE: 30

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): Bar S Feedlot, 1 Benjamin Rd.

8. CONSIGNOR'S CITY (or Town): Shelby

12. CONSIGNOR'S STATE: Montana

13. STATE CODE: 30

14. ZIP CODE: 59474

9. SEMEN ("X" if yes): [ ]

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [X] 2 - Truck [ ] 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address): Bouvry Exports SW17-9-25-W4 Fort MacLeod, Alberta

DESTINATION COUNTRY: Canada

ENTER CODE: CA

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

NEGATIVE TUBERCULIN READING: [ ] 48 HRS [ ] 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS: DISEASE / TYPE TEST; DISEASE / TYPE TEST; DISEASE / TYPE TEST

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

MODIFIED ACCREDITED AREA (TB)

CERTIFIED BRUCELLOSIS FREE AREA

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

Bar S Feedlot
1 Benjamin Road
Shelby, MT 59474

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

27 Head of mixed horses for slaughter only. These horses have been inspected on the above date and found fit for travel. These animals have resided in the United States or Canada since birhh as best as can be determined. 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. All horses are identified by an Official USDA Equine Slaughter backtag. During the previous twenty-one (21) days, the animals in this shipment have not been in the States of Texas or New Mexico. Brand Inspection #1260294.

USGG... Neck Tag f...

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
8929 Chestn	A	F	QT		703									
8930 Bay	A	F	QT		704									
8931 Chestn	A	F	QT		721									
8932 Chestn	A	F	QT		722									
8933 White	A	F	Appy		723									
8934 Chestn	A	F	Mule		724									
8935 Bay	A	N	QT		727									
8936 Grey	A	N	QT		728									
8937 Chestn	A	F	QT		729									

These animals were, 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.

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

A. Becker DVM

23. Signature of Endorsing Federal Veterinarian

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: 4-26-11

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, - please print): C. Hardee Clark, DVM

21. STATUS: [ ] 2 Federal [ ] 1 State [X] 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 27 (Twenty-Seven)

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): Jim Becker DVM

25. SIGNATURE OF ISSUING VETERINARIAN

VS FORM 17-140 (MAR 98) Previous edition may be used.

PART 5 - ISSUING VETERINARIAN

The certificate is authorized by law 21 U.S.C. 112). While you are not required to respond, no health certificate can be validated unless the data requested is provided.

FORM APPROVED - OMB NO. 0579-0020 and 0101

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): Bouvry Exports Hwy #3 East SW17-9-25-W4 Fort MacLeod, Alberta

2. CERTIFICATE NO.: L029041 (72)

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 05/19/11

5. U.S. PORT OF EMBARKATION (City and State): Sweetgrass, MT

6. STATE CODE: 30

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): Bar S Feedlot, 1 Benjamin Rd.

8. CONSIGNOR'S CITY (or Town): Shelby

12. CONSIGNOR'S STATE: Montana

13. STATE CODE: 30

14. ZIP CODE: 59474

9. SEMEN ("X" if yes): [ ]

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [X] 2 - Truck [ ] 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address): Bouvry Exports SW17-9-25-W4 Fort MacLeod, Alberta

DESTINATION COUNTRY: Canada

ENTER CODE: CA

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

NEGATIVE TUBERCULIN READING: [ ] 48 HRS [ ] 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS: DISEASE / TYPE TEST / DATE; DISEASE / TYPE TEST / DATE; DISEASE / TYPE TEST / DATE

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

MODIFIED ACCREDITED AREA (TB)

CERTIFIED BRUCELLOSIS FREE AREA

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	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DATE M	DATE N	DATE O
13 Head of mixed horses for slaughter only. These horses have been inspected on the above date and found fit for travel. These animals have resided in the United States or Canada since birth as best as can be determined. 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. All horses are identified by an Official USDA Equine Slaughter backtag. During the previous twenty-one (21) days, the animals in this shipment have not been in the States of TExas or New Mexico. Brand Inspection # 1260333.													
USGG...					Neck Tag #...								
9792 Chestn	A	M	Draft		146								
9793 Chestn	A	M	QT		147								
9884 Blue Roan	A	M	QT		148								
9835 Chestn	A	M	QT		149								
9836 Chestn	A	M	QT		150								
9837 Bay	A	M	QT		151								
9838 Chestn	A	M	QT		153								
9839 Buck	A	M	QT		154								
9840 Chestn	A	M	QT		155								

Bar S Feedlot
1 Benjamin Road
Shelby, MT 59474

These animals were, 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.

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 co determined exposure thereto; the premises of origin are not under Federal or State quarantine because of animal disease; the on the dates indicated. Arrangements have been made for the animals to be handled in a transporting vehicle that has been livestock and for movement to the port of embarkation without exposure to other animals en route, except those meeting these accompanied to the port of export with this certificate.

19. DATE ENDORSED: 5-19-11

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, please print): C. Hardee Clark, DVM

21. STATUS: [ ] Federal [ ] State [X]

23. Signature of Endorsing Federal Veterinarian: DVM

24. NAME OF ENDORSING FEDERAL VET. (Type, print, or stamp): Jim Baker DVM

25. SIGNATURE OF ISSUING VETERINARIAN

FIPS STATE CODES
01 - Alabama
02 - Alaska
03 - Arizona
04 - Arkansas
06 - Co
09 - Con
10 - Dela

VS FORM 17-140 (Reverse)

VS FORM 17-140 (MAR 98) Previous edition may be used.

The certificate is authorized by law 21 U.S.C. 112). While you are not required to respond, no health certificate can be validated unless the data requested is provided. FORM APPROVED - OMB NO. 0579-0020 and 0101

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): Bouvry Exports Hwy #3 East SW17-9-25-W4 Fort MacLeod, Alberta

2. CERTIFICATE NO.: L029040

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 05/18/11

5. U.S. PORT OF EMBARKATION (City and State): Sweetgrass, MT

6. STATE CODE: 30

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): Bar S Feedlot, 1 Benjamin Rd.

8. CONSIGNOR'S CITY (or Town): Shelby

12. CONSIGNOR'S STATE: Montana

13. STATE CODE: 30

14. ZIP CODE: 59474

9. SEMEN ("X" if yes): [ ]

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [X] 2 - Truck [ ] 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address): Bouvry Exports SW17-9-25-W4 Fort MacLeod, Alberta

DESTINATION COUNTRY: Canada

ENTER CODE: CA

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

NEGATIVE TUBERCULIN READING: [ ] 48 HRS [ ] 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

CERTIFIED BRUCELLOSIS FREE AREA

NEGATIVE RESULTS OF OTHER TESTS

DISEASE	DISEASE	DISEASE
TYPE TEST	TYPE TEST	TYPE TEST
DATE M	DATE N	DATE O

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

Bar S Feedlot
1 Benjamin Road
Shelby, MT 59474

MODIFIED ACCREDITED AREA (TB)

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

27 Head of mixed horses for slaughter only. These horses have been inspected on the above date and found fit for travel. These animals have resided in the United States or Canada since birth as best as can be determined. 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. All horses are identified by an Official USDA Equine Slaughter backtag. During the previous twenty-one (21) days, the animals in this shipment have not been in the States of Texas or New Mexico. Brand Inspection # 1260332

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
USDA...					Neck Tag #...									
9794 Chestn	A	N	QT		712									
9795 Brown	A	N	QTx		713									
9796 Chestn	A	F	QT		714									
9797 Chestn	A	N	QT		715									
9798 Chestn	A	N	QT		716									
9799 Wht/Brn	A	F	Appy		717									
9800 Chestn	A	N	QT		718									
9801 Brown	A	F	QT		719									
9802 Bay	A	F	QT		720									

These animals were, 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.

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: 5-18-11

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, - please print): C. Hardee Clark, DVM

21. STATUS: [ ] 2 Federal [ ] 1 State [X] 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 27 (Twenty-Seven)

23. Signature of Endorsing Federal Veterinarian: A. Becker DVM

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): A. Becker DVM

25. SIGNATURE OF ISSUING VETERINARIAN: C. Hardee Clark

VS FORM 17-140 (MAR 98) Previous edition may be used.

PART 5 - ISSUING VETERINARIAN

The certificate is authorized by law 21 U.S.C. 112). While you are not required to respond, no health certificate can be validated unless the data requested is provided. FORM APPROVED - OMB NO. 0579-0020 and 0101

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): Bouvry Exports Hwy #3 East SW17-9-25-W4 Fort MacLeod, Alberta

2. CERTIFICATE NO.: L029039

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 05/18/11

5. U.S. PORT OF EMBARKATION (City and State): Sweetgrass, MT

6. STATE CODE: 30

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): Bar S Feedlot, 1 Benjamin Rd.

8. CONSIGNOR'S CITY (or Town): Shelby

12. CONSIGNOR'S STATE: Montana

13. STATE CODE: 30

14. ZIP CODE: 59474

9. SEMEN ("X" if yes): [ ]

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [X] 2 - Truck [ ] 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address): Bouvry Exports SW17-9-25-W4 Fort MacLeod, Alberta

DESTINATION COUNTRY: Canada

ENTER CODE: CA

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

NEGATIVE TUBERCULIN READING: [ ] 48 HRS [ ] 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS: DISEASE / TYPE TEST / DATE; DISEASE / TYPE TEST / DATE; DISEASE / TYPE TEST / DATE

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

MODIFIED ACCREDITED AREA (TB)

CERTIFIED BRUCELLOSIS FREE AREA

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

Bar S Feedlot
1 Benjamin Road
Shelby, MT 59474

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	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DATE M	DATE N	DATE O
75 Head of mixed horses for slaughter only. These horses have been inspected on the above date and found fit for travel. These animals have resided in the United States or Canada since birth as best as can be determined. 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. All horses are identified by an Official USDA Equine Slaughter backtag. During the previous twenty-one (21) days, the animals in this shipment have not been in the States of Texas or New Mexico. Brand Inspection # 1260331													
USGG...					Back Tag #...									
9767 Bay	A	F	QT		1									
9768 Brn/Wht	A	N	Paint		3									
9769 Black	A	N	Draft		5									
9770 Bay	A	N	Draft		97									
9771 Red Roan	A	F	QT		63									
9772 Chestn	A	N	Draft		9									
9773 Chestn	A	N	QT		82									
9774 Chestn	A	F	QT		60									
9775 Chestn	A	F	QT		83									

These animals were, to the best of the knowledge and belief of the issuing veterinarian, not exposed to any communicable disease during the preceding 90 days prior to the date of inspection.

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: 5/18/11

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, - please print): C. Hardie Clark, DVM

21. STATUS: [ ] 2 Federal [ ] 1 State [X] 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 25 (Twenty-Five)

23. Signature of Endorsing Federal Veterinarian

24. NAME OF ENDORSING FEDERAL VET (Type, rubs, or stamp): C. Hardie Clark DVM

25. SIGNATURE OF ISSUING VETERINARIAN

VS FORM 17-140 (MAR 98) Previous edition may be used.

PART 5 - ISSUING VETERINARIAN

...is authorized by law 21 U.S.C. 112). While you are not required to respond, no health certificate can be validated unless the data requested is provided. FORM APPROVED - OMB NO. 0579-0020 and 0101

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): Bouvry Exports Hwy #3 East SW17-9-25-W4 Fort MacLeod, Alberta

2. CERTIFICATE NO.: L029038

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 05/18/11

5. U.S. PORT OF EMBARKATION (City and State): Sweetgrass, MT

6. STATE CODE: 30

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): Bar S Feedlot, 1 Benjamin Rd.

8. CONSIGNOR'S CITY (or Town): Shelby

12. CONSIGNOR'S STATE: Montana

13. STATE CODE: 30

14. ZIP CODE: 59474

9. SEMEN ("X" if yes): [ ]

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [X] 2 - Truck [ ] 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address): Bouvry Exports SW17-9-25-W4 Fort MacLeod, Alberta

DESTINATION COUNTRY: Canada

ENTER CODE: CA

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

NEGATIVE TUBERCULIN READING: [ ] 48 HRS [ ] 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS: DISEASE / TYPE TEST / DATE M; DISEASE / TYPE TEST / DATE N; DISEASE / TYPE TEST / DATE O

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

MODIFIED ACCREDITED AREA (TB)

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

CERTIFIED BRUCELLOSIS FREE AREA

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
13 Head of mixed horses for slaughter only. These horses have been inspected on the above date and found fit for travel. These animals have resided in the United States or Canada since birth as best as can be determined. 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. All horses are identified by an Official USDA Equine Slaughter backtag. During the previous twenty-one (21) days, the animals in this shipment have not been in the States of Texas or New Mexico. Brand Inspection # 1260330													
USDA...							Back Tag #...							
9821 Chestn	A	M	QT		123									
9822 Chestn	A	M	QT		126									
9823 Chestn	A	M	QT		127									
9824 Chestn	A	M	QT		128									
9825 Chestn	A	M	QT		129									
9826 Chestn	A	M	QT		130									
9827 Chestn	A	M	QT		131									
9828 Wht/Brn	A	M	Paint		132									
9829 Red Roan	A	M	QT		133									

Bar S Feedlot
1 Benjamin Road
Shelby, MT 59474

These animals were, 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.

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: 5-18-11

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, please print): C. Hardee Clark, DVM

21. STATUS: [ ] 2 Federal [ ] 1 State [X] 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 13 (Thirteen)

23. Signature of Endorsing Federal Veterinarian: Jim Baker DVM

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): Jim Baker DVM

25. SIGNATURE OF ISSUING VETERINARIAN

VS FORM 17-140 (MAR 98) Previous edition may be used.

PART 5 - ISSUING VETERINARIAN

If you are not required to respond, no health certificate can be validated unless the data requested is provided. FORM APPROVED - OMB NO. 0579-0020 and 0101

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): Bouvry Exports Hwy #3 East SW17-9-25-W4 Fort MacLeod, Alberta

2. CERTIFICATE NO.: L029035

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 05/17/11

5. U.S. PORT OF EMBARKATION (City and State): Sweetgrass, MT

6. STATE CODE: 30

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): Bar S Feedlot, 1 Benjamin Rd.

8. CONSIGNOR'S CITY (or Town): Shelby

12. CONSIGNOR'S STATE: Montana

13. STATE CODE: 30

14. ZIP CODE: 59474

9. SEMEN ("X" if yes): [ ]

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [X] 2 - Truck [ ] 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address): Bouvry Exports SW17-9-25-W4 Fort MacLeod, Alberta

DESTINATION COUNTRY: Canada

ENTER CODE: CA

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

NEGATIVE TUBERCULIN READING: [ ] 48 HRS [ ] 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

CERTIFIED BRUCELLOSIS FREE AREA

NEGATIVE RESULTS OF OTHER TESTS: DISEASE / TYPE TEST / DATE; DISEASE / TYPE TEST / DATE; DISEASE / TYPE TEST / DATE

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

Bar S Feedlot
1 Benjamin Road
Shelby, MT 59474

MODIFIED ACCREDITED AREA (TB)

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

27 Head of mixed horses for slaughter only. These horses have been inspected on the above date and found fit for travel. These animals have resided in the United States or Canada since birth as best as can be determined. 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. All horses are identified by an Officail USDA Equine Slaughter backtag. During the previous twenty-one (21) days, the animals in this shipment have not been in the States of Texas or New Mexico. Brand Inspection #1260328.

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
USDA...					Neck Tag #...									
9740 Chestn	A	F	QT		706									
9741 Buck	A	N	QT		726									
9742 Chestn	A	F	QT		748									
9743 Brown	A	F	QT		749									
9746 Buck	A	F	QT		750									
9743 Red Roan	A	F	QT		751									
9746 Bay	A	F	QT		752									
9743 Brn/Wht	A	F	Appy		753									
9748 Bay	A	N	QT		754									

These animals were, 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.

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: 5/17/11

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial,- please print): C. Hardee Clark, DVM

21. STATUS: [ ] 2 Federal [ ] 1 State [X] 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 27 (Twenty-Seven)

23. Signature of Endorsing Federal Veterinarian

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

25. SIGNATURE OF ISSUING VETERINARIAN

VS FORM 17-140 (MAR 98) Previous edition may be used.

PART 5 - ISSUING VETERINARIAN

The certificate is authorized by law 21 U.S.C. 112). While you are not required to respond, no health certificate can be validated unless the data requested is provided. FORM APPROVED - OMB NO. 0579-0020 and 0101

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): Bouvry Exports Hwy #3 East SW17-9-25-W4 Fort MacLeod, Alberta

2. CERTIFICATE NO.: L029034

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 05/17/11

5. U.S. PORT OF EMBARKATION (City and State): Sweetgrass, MT

6. STATE CODE: 30

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): Bar S Feedlot, 1 Benjamin Rd.

8. CONSIGNOR'S CITY (or Town): Shelby

12. CONSIGNOR'S STATE: Montana

13. STATE CODE: 30

14. ZIP CODE: 59474

9. SEMEN ("X" if yes): [ ]

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [X] 2 - Truck [ ] 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address): Bouvry Exports SW17-9-25-W4 Fort MacLeod, Alberta

DESTINATION COUNTRY: Canada

ENTER CODE: CA

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

NEGATIVE TUBERCULIN READING: [ ] 48 HRS [ ] 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

CERTIFIED BRUCELLOSIS FREE AREA

NEGATIVE RESULTS OF OTHER TESTS

DISEASE	DISEASE	DISEASE
TYPE TEST	TYPE TEST	TYPE TEST

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

17. FARM ORIGIN
Owner's name (Last name, two initials, or business name)
Owner's street address
Owner's city/town, State code (FIPS code on reverse) & zip code

Bar S Feedlot
1 Benjamin Road
Shelby, MT 59474

MODIFIED ACCREDITED AREA (TB)

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

27 Head of mixed horses for slaughter only. These horses have been inspected on the above date and found fit for travel. These animals have resided in the United States or Canada since birth as best as can be determined. 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. All horses are identified by an Official USDA Equine Slaughter backtag. During the previous twenty-one (21) days, the animals in this shipment have not been in the States of Texas or New Mexico. Brand Inspection #[redacted]-1260327.

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
USDA...					Neck Tag #...									
9713 Chestn	A	M	QT		139									
9714 Brown	A	M	QT		140									
9715 Chestn	A	M	QT		142									
9716 Chestn	A	M	QT		174									
9717 Blu Roan	A	M	QT		181									
9718 Bay	A	M	QT		707									
9719 Black	A	M	QT		708									
9720 Red Roan	A	M	QT		709									
9721 Black	A	M	QT		743									

These animals were, 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.

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

23. Signature of Endorsing Federal Veterinarian

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: 5/17/11

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, - please print): C. Hardee Clark, DVM

21. STATUS: [ ] 2 Federal [ ] 1 State [X] 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 26 ~~27~~ (Twenty-Seven) Six

24. NAME OF ENDORSING FEDERAL VET (Type, print or stamp): Cod Meier DVM

25. SIGNATURE OF ISSUING VETERINARIAN

VS FORM 17-140 (MAR 98) Previous edition may be used.

PART 5 - ISSUING VETERINARIAN

The certificate is authorized by law 21 U.S.C. 112). While you are not required to respond, no health certificate can be validated unless the data requested is provided. FORM APPROVED - OMB NO. 0579-0020 and 0101

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): Bouvry Exports Hwy #3 East SW17-9-25-W4 Fort MacLeod, Alberta

2. CERTIFICATE NO.: L029032

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 05/13/11

5. U.S. PORT OF EMBARKATION (City and State): Sweetgrass, MT

6. STATE CODE: 30

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): Bar S Feedlot, 1 Benjamin Rd.

8. CONSIGNOR'S CITY (or Town): Shelby

12. CONSIGNOR'S STATE: Montana

13. STATE CODE: 30

14. ZIP CODE: 59474

9. SEMEN ("X" if yes): [ ]

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [X] 2 - Truck [ ] 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address): Bouvry Exports SW17-9-25-W4 Fort MacLeod, Alberta

DESTINATION COUNTRY: Canada

ENTER CODE: CA

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

NEGATIVE TUBERCULIN READING: [ ] 48 HRS [ ] 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS: DISEASE / TYPE TEST / DATE

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

MODIFIED ACCREDITED AREA (TB)

CERTIFIED BRUCELLOSIS FREE AREA

17. FARM ORIGIN
Owner's name (Last name, two initials, or business name)
Owner's street address
Owner's city/town, State code (FIPS code on reverse) & zip code

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

Bar S Feedlot
1 Benjamin Road
Shelby, MT 59474

27 Head of mixed horses for slaughter only. These horses have been inspected on the above date and found fit for travel. These animals have resided in the United States or Canada since birth as best as can be determined. The exporter has been advised that any deterioration in health or physical condition of theanimals that may render animals unfit for transport may result in the shipment to be refused entry to Canada. All horses are identified by an Official USDA Equine Slaughter backtag. During the previous twenty-one (21) days, the animals in this shipment have not been in the States of Texas or New Mexico. Brand Inspection #1260325.

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	DISEASE / TYPE TEST / DATE M	DISEASE / TYPE TEST / DATE N	DISEASE / TYPE TEST / DATE O
USGG...					Neck Tag #...									
9659 Wht/Brn	A	N	Paint		93									
9660 Chestn	A	F	Pony		94									
9661 Chestn	A	F	QT		551									
9662 Blk/Wht	A	F	Paint		513									
9663 Brn/Wht	A	F	Paint		701									
9664 Blk/Wht	A	F	Paint		702									
9665 Chestn	A	F	QT		800									
9666 Bay	A	N	QT		823									
9667 Chestn	A	N	QT		824									

These animals were, 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.

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: 5-16-11

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, - please print): C. Hardee Clark, DVM

21. STATUS: [ ] 2 Federal [ ] 1 State [X] 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 27 (Twenty-Seven)

23. Signature of Endorsing Federal Veterinarian: DVM

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

25. SIGNATURE OF ISSUING VETERINARIAN

VS FORM 17-140 (MAR 98) Previous edition may be used.

PART 5 - ISSUING VETERINARIAN

The certificate is authorized by law (21 U.S.C. 112). While you are not required to respond, no health certificate can be validated unless the data requested is provided. FORM APPROVED - OMB NO. 0579-0020 and 0101

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): Bouvry Exports Hwy #3 East SW17-9-25-W4 Fort MacLeod, Alberta

2. CERTIFICATE NO.: L029033

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 05/16/11

5. U.S. PORT OF EMBARKATION (City and State): Sweetgrass, MT

6. STATE CODE: 30

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): Bar S Feedlot, 1 Benjamin Rd.

8. CONSIGNOR'S CITY (or Town): Shelby

12. CONSIGNOR'S STATE: Montana

13. STATE CODE: 30

14. ZIP CODE: 59474

9. SEMEN ("X" if yes): [ ]

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [X] 2 - Truck [ ] 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address): Bouvry Exports SW17-9-25-W4 Fort MacLeod, Alberta

DESTINATION COUNTRY: Canada

ENTER CODE: CA

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

NEGATIVE TUBERCULIN READING: [ ] 48 HRS [ ] 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

CERTIFIED BRUCELLOSIS FREE AREA

MODIFIED ACCREDITED AREA (TB)

NEGATIVE RESULTS OF OTHER TESTS

DISEASE	DISEASE	DISEASE
TYPE TEST	TYPE TEST	TYPE TEST
DATE M	DATE N	DATE O

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

Bar S Feedlot
1 Benjamin Road
Shelby, Mt 59474

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

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	Y E	DATE F	Y G	DATE H	VAC I	1/28 J	1/50 X	1/100 L	DATE M	DATE N	DATE O
27 Head of mixed horses for slaughter only. These horses have been inspected on the above date and found fit for travel. These animals have resided in the United States or Canada since birth as best as can be determined. The exporter has been advised that any deterioraton 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. All horses are identified by an Official USDA Equine Slaughter backtag. During the previous twenty-one (21) days, the animals in this shipment have not been in the States of Texas or New Mexico. Brand Inspection #1260326.														
USDC...					Neck Tag #...									
9686 Chestn	A	M	QT		703									
9687 Chestn	A	M	QT		708									
9688 Brown	A	F	QT		705									
9689 White	A	F	QT		721									
9690 Chestn	A	F	QT		722									
9691 Dun	A	M	QT		723									
9692 Bay	A	F	QT		724									
9693 Chestn	A	F	QT		727									
9694 Bay	A	F	QT		728									

These animals were, 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.

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: 5-16-11

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, - please print): C. Hardee Clark, DVM

21. STATUS: [ ] 2 Federal [ ] 1 State [X] 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 27 (Twenty-Seven)

23. Signature of Endorsing Federal Veterinarian: J. Baker DVM

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): J. Baker DVM

26. SIGNATURE OF ISSUING VETERINARIAN

VS FORM 17-140 (MAR 98) Previous edition may be used.

PART 5 - ISSUING VETERINARIAN

This certificate is authorized by law (21 U.S.C. 112). While you are not required to respond, no health certificate can be validated unless the data requested is provided. FORM APPROVED - OMB NO. 0579-0020 and 0101

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): Bouvry Exports Bay #3 East SW17-9-25-W4 Fort MacLeod, Alberta

2. CERTIFICATE NO.: L029031

3. PAGE NO.: 1 of 2

4. DATE ISSUED: 05/13/11

5. U.S. PORT OF EMBARKATION (City and State): Sweetgrass, MT

6. STATE CODE: 30

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): Bar S Feedlot, 1 Benjamin Rd.

8. CONSIGNOR'S CITY (or Town): Shelby

12. CONSIGNOR'S STATE: Montana

13. STATE CODE: 30

14. ZIP CODE: 59474

9. SEMEN ("X" if yes): [ ]

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [X] 2 - Truck [ ] 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address): Bouvry Exports SW17-9-25-W4 Fort MacLeod, Alberta

DESTINATION COUNTRY: Canada

ENTER CODE: CA

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

NEGATIVE TUBERCULIN READING: [ ] 48 HRS [ ] 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

CERTIFIED BRUCELLOSIS FREE AREA

NEGATIVE RESULTS OF OTHER TESTS: DISEASE / TYPE TEST; DISEASE / TYPE TEST; DISEASE / TYPE TEST

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

MODIFIED ACCREDITED AREA (TB)

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

Bar S Feedlot
1 Benjamin Road
Shelby, MT 59474

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

27 Head of mixed horses for slaughter only. These horses have been inspected on the above date and found fit for travel. These animals have resided in the United States or Canada since birth as best as can be determined. 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. All horses are identified by an Official USDA Equine Slaughter backtag. During the previous twenty-one (21) days, the animals in this shipment have not been in the States of Texas or New Mexico. Brand Inspection #1260324.

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
USDA...					Neck Tag #...									
9632 Gray	A	F	QT		169									
9633 Black	A	F	QT		170									
9634 Chestn	A	F	QT		173									
9635 Brown	A	F	QT		176									
9636 Blk/Wht	A	F	Paint		177									
9637 Wht/Brn	A	F	Appy		179									
9638 Chestn	A	F	QT		180									
9639 Pal	A	F	QT		182									
9640 Bay	A	F	QT		183									

These animals were, 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.

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: 5-13-11

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, please print): C. Hardee Clark, DVM

21. STATUS: [ ] 2 Federal [ ] 1 State [X] 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 27 (Twenty-Seven)

23. Signature of Endorsing Federal Veterinarian

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): Jim Bailey DVM

25. SIGNATURE OF ISSUING VETERINARIAN

VS FORM 17-140 (MAR 98) Previous edition may be used.

PART 5 - ISSUING VETERINARIAN

...authorized by law (21 U.S.C. 112). While you are not required to respond, no health certificate can be validated unless the data requested is provided. FORM APPROVED - OMB NO. 0579-0020 and 0101

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): Bouvry Exports, Hwy #3 East, SW17-9-25-W4 Fort MacLeod, Alberta

2. CERTIFICATE NO.: L029030

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 5/13/11

5. U.S. PORT OF EMBARKATION (City and State): Sweetgrass, MT

6. STATE CODE: 30

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): Bar S Feedlot, 1 Benjamin Road

8. CONSIGNOR'S CITY (or Town): Shelby

12. CONSIGNOR'S STATE: Montana

13. STATE CODE: 30

14. ZIP CODE: 59474

9. SEMEN ("X" if yes): [ ]

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [XX] 2 - Truck [ ] 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address): Bouvry Exports, SW17-9-25-W4 Fort MacLeod, Alberta

DESTINATION COUNTRY: Canada

ENTER CODE: CA

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

NEGATIVE TUBERCULIN READING: [ ] 48 HRS [ ] 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS: DISEASE / TYPE TEST; DISEASE / TYPE TEST; DISEASE / TYPE TEST

CERTIFIED BRUCELLOSIS FREE AREA

MODIFIED ACCREDITED AREA (TB)

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

Bar S Feedlot
1 Benjamin Road
Shelby, MT 59474

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

27 head of mixed horses for slaughter only. These horses have been inspected on the above date and found fit for travel. These animals have resided in the United States or Canada since birth as best as can be determined. 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. All horses are identified by an Official USDA Equine Slaughter backtag. During the previous twenty-one (21) days, the animals in this shipment have not been in the States of Texas or New Mexico. Brand Inspection #1260323.

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
USDG...					Neck Tag #...									
9605 Buckskin	A	F	QT		31									
9606 Blk/Wht	A	F	Paint		32									
9607 Wht/Blk	A	M	Paint		34									
9608 Chestn	A	F	QT		35									
9609 Chestn	A	F	QT		36									
9610 Bay	A	F	QT		37									
9611 Bay	A	M	QT		38									
9612 Chestn	A	M	QT		39									
9613 Brn/Wht	A	F	Paint		40									

These animals were, 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.

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: 5-13-11

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, please print): C. Hardee Clark, DVM

21. STATUS: [ ] 2 Federal [ ] 1 State [X] 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 27 (Twenty-Seven)

23. Signature of Endorsing Federal Veterinarian

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): Jim Baker DVM

25. SIGNATURE OF ISSUING VETERINARIAN

VS FORM 17-140 (MAR 98) Previous edition may be used.

The certificate is authorized by law 21 U.S.C. 112). While you are not required to respond, no health certificate can be validated unless the data requested is provided. FORM APPROVED - OMB NO. 0579-0020 and 0101

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): Bouvry Exports Bay #3 East SW17-9-25-W4 Fort MacLeod, Alberta

2. CERTIFICATE NO.: L029028

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 05/12/11

5. U.S. PORT OF EMBARKATION (City and State): Sweetgrass, MT

6. STATE CODE: 30

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): Bar S Feedlot, 1 Benjamin Rd.

8. CONSIGNOR'S CITY (or Town): Shelby

12. CONSIGNOR'S STATE: Montana

13. STATE CODE: 30

14. ZIP CODE: 59474

9. SEMEN ("X" if yes): [ ]

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [X] 2 - Truck [ ] 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address): Bouvry Exports SW17-9-25-W4 Fort MacLeod, Alberta

DESTINATION COUNTRY: Canada

ENTER CODE: CA

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

NEGATIVE TUBERCULIN READING: [ ] 48 HRS [ ] 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

CERTIFIED BRUCELLOSIS FREE AREA

NEGATIVE RESULTS OF OTHER TESTS: DISEASE / TYPE TEST / DATE

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

MODIFIED ACCREDITED AREA (TB)

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

Bar S Feedlot
1 Benjamin Road
Shelby, MT 59474

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

27 Head of mixed horses for slaughter only. These horses have been inspected on the above date and found fit for travel. These animals have resided in the United States or Canada since birth as best as can be determined. 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. All horses are identified by an Official USDA Equine Slaughter backtag. During the previous twenty-one (21) days, the animals in this shipment have not been in the States of Texas or New Mexico. Brand Inspection #1268321.

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
DHOC...					Neck Tag #...									
9536 Blu Roan	A	M	QT		139									
9537 Brown X	A	M	QT		140									
9538 Pal	A	F	QT		142									
9539 Bay	A	M	QT		174									
9540 Wht/Brn	A	M	Paint		181									
9541 Bay	A	M	QT		707									
9542 Wht/Brn	A	F	Paint		708									
9543 Bay	A	F	QT		709									
9544 Red Roan	A	F	QT		819									

These animals were, 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.

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: 5-12-11

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, please print): C. Hardee Clark, DVM

21. STATUS: [ ] 2 Federal [ ] 1 State [X] 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 27 (Twenty-Seven)

23. Signature of Endorsing Federal Veterinarian: Jim Baker DVM

24. NAME OF ENDORSING FEDERAL VET (Type print or stamp): Jim Baker DVM

25. SIGNATURE OF ISSUING VETERINARIAN

VS FORM 17-140 (MAR 98) Previous edition may be used.

The certificate is authorized by law 21 U.S.C. 112). While you are not required to respond, no health certificate can be validated unless the data requested is provided. FORM APPROVED - OMB NO. 0579-0020 and 0101

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): Bouvry Exports Hay #3 East SW17-9-25-W4 Fort MacLeod, Alberta

2. CERTIFICATE NO.: L029029

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 05/12/11

5. U.S. PORT OF EMBARKATION (City and State): Sweetgrass, MT

6. STATE CODE: 30

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): Bar S Feedlot, 1 Benjamin Rd.

8. CONSIGNOR'S CITY (or Town): Shelby

12. CONSIGNOR'S STATE: Montana

13. STATE CODE: 30

14. ZIP CODE: 59474

9. SEMEN ("X" if yes): [ ]

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [X] 2 - Truck [ ] 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address): Bouvry Exports SW17-9-25-W4 Fort MacLeod, Alberta

DESTINATION COUNTRY: Canada

ENTER CODE: CA

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

NEGATIVE TUBERCULIN READING: [ ] 48 HRS [ ] 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

CERTIFIED BRUCELLOSIS FREE AREA

NEGATIVE RESULTS OF OTHER TESTS: DISEASE / TYPE TEST / DATE

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

MODIFIED ACCREDITED AREA (TB)

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

Bar S Feedlot
1 Benjamin Road
Shelby, MT 59474

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

27 Head of mixed horses for slaughter only. These horses have been inspected on the above date and found fit for travel. These animals have resided in the United States or Canada since birth as best as can be determined. 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. All horses are identified by an Official USDA Equine Slaughter backtag. During the previous twenty-one (21) days, the animals in this shipment have not been in the States of Texas or New Mexico. Brand Inspection #1260322.

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	DISEASE / TYPE TEST / DATE M	DISEASE / TYPE TEST / DATE N	DISEASE / TYPE TEST / DATE O
USGG...					Neck Tag #...									
9578 Brown	A	N	QT		101									
9579 Red Roan	A	F	QT		106									
9580 Grey	A	F	QT		106									
9581 Chestn	A	F	QT2		109									
9582 Black	A	F	QT		110									
9583 Bay	A	N	QT		111									
9584 Bay	A	F	QT		116									
9585 Dun	A	F	QT		118									
9586 Chestn	A	N	QT		119									

These animals were, 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.

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: 5-12-11

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial - please print): C. Hardee Clark, DVM

21. STATUS: [ ] 2 Federal [ ] 1 State [X] 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 27 (Twenty-Seven)

23. Signature of Endorsing Federal Veterinarian: J. Becker DVM

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): Jim Becker DVM

25. SIGNATURE OF ISSUING VETERINARIAN

VS FORM 17-140 (MAR 99) Previous edition may be used.

PART E - ISSUING VETERINARIAN

...required by law 21 U.S.C. 112). While you are not required to respond, no health certificate can be validated unless the data requested is provided. FORM APPROVED - OMB NO. 0579-0020 and 0101

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): Bouvry Exports Hwy #3 East SW17-9-25-W4 Fort MacLeod, Alberta

2. CERTIFICATE NO.: L029025

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 05/11/11

5. U.S. PORT OF EMBARKATION (City and State): Sweetgrass, MT

6. STATE CODE: 30

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): Bar S Feedlot, 1 Benjamin Rd.

8. CONSIGNOR'S CITY (or Town): Shelby

12. CONSIGNOR'S STATE: Montana

13. STATE CODE: 30

14. ZIP CODE: 59474

9. SEMEN ("X" if yes): [ ]

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [X] 2 - Truck [ ] 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address): Bouvry Exports SW17-9-25-W4 Fort MacLeod, Alberta

DESTINATION COUNTRY: Canada

ENTER CODE: CA

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

NEGATIVE TUBERCULIN READING: [ ] 48 HRS [ ] 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS: DISEASE / TYPE TEST / DATE; DISEASE / TYPE TEST / DATE; DISEASE / TYPE TEST / DATE

CERTIFIED BRUCELLOSIS FREE AREA

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

MODIFIED ACCREDITED AREA (TB)

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

Bar S feedlot
1 Benjamin Road
Shelby, MT 59474

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

27 Head of mixed horses for slaughter only. These horses have been inspected on the above date and found fit for travel. These animals have resided in the United States or Canada since birth as best as can be determined. 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. All horses are identified by an Official USDA Equine Slaughter backtag. During the previous twenty-one (21) days, the animals in this shipment have not been in the States of Texas or New Mexico. Brand Inspection #1760318.

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
USGG...					Neck Tag #...									
9470 Blk/Wht	A	F	Paint		706									
9471 Chestn	A	F	QT		726									
9472 Chestn	A	N	QT		748									
9473 Brn/Wht	A	F	Paint		749									
9486 Dun	A	F	QT		750									
9487 Bay	A	F	QT		751									
9488 Black	A	F	QT		752									
9489 Chestn	A	F	QT		753									
9490 Chestn	A	N	QT		754									

These animals were, 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.

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: 5-11-11

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, - please print): C. Hardee Clark, DVM

21. STATUS: [ ] 2 Federal [ ] 1 State [X] 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 27 (Twenty-Seven)

23. Signature of Endorsing Federal Veterinarian

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

25. SIGNATURE OF ISSUING VETERINARIAN

VS FORM 17-140 (MAR 98) Previous edition may be used.

PART 5 - ISSUING VETERINARIAN

The certificate is authorized by law 21 U.S.C. 112). While you are not required to respond, no health certificate can be validated unless the data requested is provided. FORM APPROVED - OMB NO. 0579-0020 and 0101

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): Bouvry Exports Hwy #3 East SW17-9-25-W4 Fort MacLeod, Alberta

2. CERTIFICATE NO.: L029027

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 05/11/11

5. U.S. PORT OF EMBARKATION (City and State): Sweetgrass, MT

6. STATE CODE: 30

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): Bar S Feedlot, 1 Benjamin Rd.

8. CONSIGNOR'S CITY (or Town): Shelby

12. CONSIGNOR'S STATE: Montana

13. STATE CODE: 30

14. ZIP CODE: 59474

9. SEMEN ("X" if yes): [ ]

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [X] 2 - Truck [ ] 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address): Bouvry Exports SW17-9-25-W4 Fort MacLeod, Alberta

DESTINATION COUNTRY: Canada

ENTER CODE: CA

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

NEGATIVE TUBERCULIN READING: [ ] 48 HRS [ ] 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

DISEASE	DISEASE	DISEASE
TYPE TEST	TYPE TEST	TYPE TEST

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

MODIFIED ACCREDITED AREA (TB)

CERTIFIED BRUCELLOSIS FREE AREA

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

Bar S Feedlot
1 Benjamin Road
Shelby, MT 59474

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

15 Head of mixed horses fro slaughter only. These horses have been inspected on the above date and found fit for travel. These animals have resided in the United States or Canada since birth as best as can be determined. 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. All horses are identified by an Official USDA Equine Slaughter backtag. During the previous twenty-one (21) days, the animals in this shipment have not been in the States of Texas or New Mexico. Brand Inspection #1260XIX.20.

These animals were, 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.

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
USDC...					Neck Tag #...									
9563 Wht/Brn	A	F	Paint		66									
9564 Brn/Wht	A	M N	Paint		70									
9565 Brown	A	F	QT		88									
9566 Brown	A	N	Pony		87									
9567 Pal	A	N	QT		84									
9568 Brown	A	F	QT		82									
9569 Bay	A	M	QT		81									
9570 Bay	A	F	QT		80									
9571 Chestn	A	F	QT		79									

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: 5-11-11

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial - please print): C. Hardee Clark, DVM

21. STATUS: [ ] 2 Federal [ ] 1 State [X] 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 15 (Fifteen)

23. Signature of Endorsing Federal Veterinarian: DVM

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): Jim Bickel DVM

25. SIGNATURE OF ISSUING VETERINARIAN

VS FORM 17-140 (MAR 98) Previous edition may be used.

PART 5. ISSUING VETERINARIAN

The certificate is authorized by law 21 U.S.C. 112). While you are not required to respond, no health certificate can be validated unless the data requested is provided. FORM APPROVED - OMB NO. 0579-0020 and 0101

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): Bouvry Exports, Hwy #3 East, SW17-9-25-W4 Fort MacLeod, Alberta

2. CERTIFICATE NO.: L029026

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 5/11/11

5. U.S. PORT OF EMBARKATION (City and State): Sweetgrass, MT

6. STATE CODE: 30

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): Bar S Feedlot, 1 Benjamin Road

8. CONSIGNOR'S CITY (or Town): Shelby

12. CONSIGNOR'S STATE: Montana

13. STATE CODE: 30

14. ZIP CODE: 59474

9. SEMEN ("X" if yes): [ ]

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [X] 2 - Truck [ ] 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address): Bouvry Exports, SW17-9-25-W4 Fort MacLeod, Alberta

DESTINATION COUNTRY: Canada

ENTER CODE: CA

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

NEGATIVE TUBERCULIN READING: [ ] 48 HRS [ ] 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

CERTIFIED BRUCELLOSIS FREE AREA

NEGATIVE RESULTS OF OTHER TESTS: DISEASE / TYPE TEST

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

17. FARM ORIGIN
Owner's name (Last name, two initials, or business name)
Owner's street address
Owner's city/town, State code (FIPS code on reverse) & zip code

Bar S Feedlot
1 Benjamin Road
Shelby, MT 59474

MODIFIED ACCREDITED AREA (TB)

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

27 Head pf mixed horses for slaughter only. ThesaThorses have been inspected on the abvoe date and found fit for travel. These animals have resided in the United States or Canada since birth as best as can be determined. The exporter had 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. All horses are identified by an official USDA Equine Slaughter backtag. During the previous twenty-one (21) days, the animals in this shipment have not been in the state of Texas or New Mexico.

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
USGG...					Neck TAg...							Brand Inspection #1260319		
9524 Chestn	A	F	QH		46									
9525 Brn/W	A	F	NNPaint		15									
9526 Brown	A	N	QH		88									
9527 Brown	A	N	QH		8									
9528 Brown	A	N	QH		940									
9529 Chestn	A	F	QH		57									
9530 Palomino	A	F	QH		922									
9531 Chestn	A	N	QH		44									
9532 Chestn	A	F	QH		927									
9533 Brn/W	A		Paint		24									

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: 5-11-11

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, - please print): C. Hardee Clark, DVM

21. STATUS: [ ] 2 Federal [ ] 1 State [X] 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 27 (Twenty-Seven)

23. Signature of Endorsing Federal Veterinarian: H. Beck DVM

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): J. Beck DVM

25. SIGNATURE OF ISSUING VETERINARIAN

VS FORM 17-140 (MAR 98) Previous edition may be used.

The certificate is authorized by law (21 U.S.C. 112). While you are not required to respond, no health certificate can be validated unless the data requested is provided. FORM APPROVED - OMB NO. 0579-0020 and 0101

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): Bouvry Exports Hwy #3 East SW17-9-25-W4 Fort MacLeod, Alberta

2. CERTIFICATE NO.: L029022 (72)

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 05/10/11

5. U.S. PORT OF EMBARKATION (City and State): Sweetgrass, MT

6. STATE CODE: 30

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): Bar S Feedlot, 1 Benjamin Rd.

8. CONSIGNOR'S CITY (or Town): Shelby

12. CONSIGNOR'S STATE: Montana

13. STATE CODE: 30

14. ZIP CODE: 59474

9. SEMEN (X if yes): [ ]

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [X] 2 - Truck [ ] 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address): Bouvry Exports SW17-9-25-W4 Fort MacLeod, Alberta

DESTINATION COUNTRY: Canada

ENTER CODE: CA

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

NEGATIVE TUBERCULIN READING: [ ] 48 HRS [ ] 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

CERTIFIED BRUCELLOSIS FREE AREA

NEGATIVE RESULTS OF OTHER TESTS: DISEASE / TYPE TEST / DISEASE / TYPE TEST / DISEASE / TYPE TEST

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

17. FARM ORIGIN
Owner's name (Last name, two initials, or business name)
Owner's street address
Owner's city/town, State code (FIPS code on reverse) & zip code

MODIFIED ACCREDITED AREA (TB)

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

27 Head of mixed horses for slaughter only. These horses have been inspected on the above date and found fit for travel. These animals have resided in the United States or Canada since birth as best as can be determined. 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. All horses are identified by an Official USDA Equine Slaughter backtag. During the previous twenty-one (21) days, the animals in this shipment have not been in the States of Texas or New Mexico. Brand Inspection #1260315.

Bar S Feedlot
1 Benjamin Road
Shelby, MT 59474

These animals were, 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.

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
USDA...					Neck Tag #...									
9390 Black	A	F	QT		807									
9391 Pal	A	M	QT		829									
9393 Red Roan	A	F	QT		830									
9394 Buckskin	A	F	QT		832									
9395 Brown	A	M	QT		837									
9396 Grey	A	F	QT		840									
9397 Chestn	A	F	QT		841									
9398 Pal	A	F	QT		850									
9399 Wht/Tan	A	M	Paint		851									

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: 5-10-11

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, - please print): C. Hardee Clark, DVM

21. STATUS: [ ] 2 Federal [ ] 1 State [X] 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 27 (Twenty-Seven)

23. Signature of Endorsing Federal Veterinarian: DVM

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): Jim Baker DVM

25. SIGNATURE OF ISSUING VETERINARIAN

VS FORM 17-140 (MAR 98) Previous edition may be used.

PART 5 - ISSUING VETERINARIAN

The certificate is authorized by law 21 U.S.C. 112). While you are not required to respond, no health certificate can be validated unless the data requested is provided. FORM APPROVED - OMB NO. 0579-0020 and 0101

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): Bouvry Exports Buy #3 East SW17-9-25-W4 Fort MacLeod, Alberta

2. CERTIFICATE NO.: L029023

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 05/10/11

5. U.S. PORT OF EMBARKATION (City and State): Sweetgrass, MT

6. STATE CODE: 30

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): Bar S Feedlot, 1 Benjamin Rd.

8. CONSIGNOR'S CITY (or Town): Shelby

12. CONSIGNOR'S STATE: Montana

13. STATE CODE: 30

14. ZIP CODE: 59474

9. SEMEN ("X" if yes): [ ]

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [X] 2 - Truck [ ] 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address): Bouvry Exports SW17-9-25-W4 Fort MacLeod, Alberta

DESTINATION COUNTRY: Canada

ENTER CODE: CA

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

NEGATIVE TUBERCULIN READING: [ ] 48 HRS [ ] 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

CERTIFIED BRUCELLOSIS FREE AREA

NEGATIVE RESULTS OF OTHER TESTS: DISEASE / TYPE TEST / DISEASE / TYPE TEST / DISEASE / TYPE TEST

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

MODIFIED ACCREDITED AREA (TB)

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

Bar S Feedlot
1 Benjamin Road
Shelby, MT 59474

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	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DATE M	DATE N	DATE O
26 Head of mixed horses for slaughter only. These horses have been inspected on the above date and found fit for travel. These animals have resided in the United States or Canada since birth as best as can be determined. 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 inthe shipment to be refused entry to Canada. All horses are identified by an Official USDA Equine Slaughter backtag. During the previous twenty-one (21) days, the animals in this shipment have not been in the States of Texas or New Mexico. Brand Inspection #1268316.													
USCC...					Neck Tag #...								
9444 Brn/Wht	A	F	Paint		91								
9445 Brown	A	F	QT		99								
9446 Brn/Wht	A	N	Paint		113								
9447 Red Roan	A	F	QT		121								
9448 Bay	A	N	QT		122								
9449 Pal	A	F	QT		129								
9450 Grey	A	F	QT		130								
9451 Brn/Wht	A	N	Paint		131								
9452 Chestn	A	F	QT		141								

These animals were, 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.

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: 5-10-11

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial - please print): C. Hardee Clark, DVM

21. STATUS: [ ] 2 Federal [ ] 1 State [X] 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 26 (Twenty-Six)

23. Signature of Endorsing Federal Veterinarian

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

25. SIGNATURE OF ISSUING VETERINARIAN

VS FORM 17-140 (MAR 98) Previous edition may be used.

PART 5. ISSUING VETERINARIAN

The certificate is authorized by law 21 U.S.C. 112). While you are not required to respond, no health certificate can be validated unless the data requested is provided. FORM APPROVED - OMB ... 0579-0020 and 0101

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): Bouvry Exports Hwy #3 East SW17-9-25-W4 Fort MacLeod, Alberta

2. CERTIFICATE NO.: L029024

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 05/10/11

5. U.S. PORT OF EMBARKATION (City and State): Sweetgrass, MT

6. STATE CODE: 30

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): Bar S Feedlot, 1 Benjamin Rd.

8. CONSIGNOR'S CITY (or Town): Shelby

12. CONSIGNOR'S STATE: Montana

13. STATE CODE: 30

14. ZIP CODE: 59474

9. SEMEN ("X" if yes): [ ]

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [X] 2 - Truck [ ] 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address): Bouvry Exports SW17-9-25-W4 Fort MacLeod, Alberta

DESTINATION COUNTRY: Canada

ENTER CODE: CA

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

NEGATIVE TUBERCULIN READING: [ ] 48 HRS [ ] 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

CERTIFIED BRUCELLOSIS FREE AREA

NEGATIVE RESULTS OF OTHER TESTS: DISEASE / TYPE TEST; DISEASE / TYPE TEST; DISEASE / TYPE TEST

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

MODIFIED ACCREDITED AREA (TB)

17. FARM ORIGIN
Owner's name (Last name, two initials, or business name)
Owner's street address
Owner's city/town, State code (FIPS code on reverse) & zip code

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

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
12 Head of mixed horses for slaughter only. These horses have been inspected on the above date and found fit for travel. These animals have resided in the United States or Canada since birth as best as can be determined. 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. All horses are identified by an Official USDA Equine Slaughter backtag. During the previous twenty-one (21) days, the animals in this shipment have not been in the States of Texas or New Mexico. Brand Inspection # USGG...					Neck Tag #...									
9475 Bay	A	F	QT		100									
9476 Bay	A	F	QT		102									
9477 Bay	A	N	QT		104									
9478 Grey	A	F	QT		112									
9479 Buck	A	N	QT		123									
9480 Brn/Wht	A	N	Paint		126									
9481 Chestn	A	N	QT		128									
9482 Brn/Wht	A	F	Paint		130									
9483 Bay	A	N	QT		131									

Bar S Feedlot
1 Benjamin Road
Shelby, MT 59474

These animals were, 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.

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: 5-10-11

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial - please print): C. Harlan Clark, DVM

21. STATUS: [ ] 2 Federal [ ] 1 State [X] 3 Accredited

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

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): Jim B. Kerr DVM

25. SIGNATURE OF ISSUING VETERINARIAN

23. Signature of Endorsing Federal Veterinarian

VS FORM 17-140 (MAR 98) Previous edition may be used.

PART 5 - ISSUING VETERINARIAN

The certificate is authorized by law 21 U.S.C. 112). While you are not required to respond, no health certificate can be validated unless the data requested is provided. FORM APPROVED - OMB NO. 0579-0020 and 0101

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): Bouvry Exports Ray #3 East SW17-9-25-W4 Fort MacLeod, Alberta

2. CERTIFICATE NO.: L029021

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 05/09/11

5. U.S. PORT OF EMBARKATION (City and State): Sweetgrass, MT

6. STATE CODE: 30

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): Bar S Feedlot, 1 Benjamin Rd.

8. CONSIGNOR'S CITY (or Town): Shelby

12. CONSIGNOR'S STATE: Montana

13. STATE CODE: 30

14. ZIP CODE: 59474

9. SEMEN ("X" if yes): ☐

10. NO. DOSES OF SEMEN:

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

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address):

DESTINATION COUNTRY:

ENTER CODE:

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

NEGATIVE TUBERCULIN READING: ☐ 48 HRS ☐ 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS: DISEASE / TYPE TEST / DATE

CERTIFIED BRUCELLOSIS FREE AREA

MODIFIED ACCREDITED AREA (TB)

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

Bar S Feedlot
1 Benjamin Road
Shelby, MT 59474

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

27 Head of mixed horses for slaughter only. These horses have been inspected on the above date and found fit for travel. These animals have resided in the United States or Canada since birth as best as can be determined. 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. All horses are identified by an Official USDA Equine Slaughter backtag. During the previous twenty-one (21) days, the animals in this shipment have not been in the States of Texas or New Mexico. Brand Inspection #1260314.

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
USDC...					Neck Tag #...									
9363 Buck	A	F	QT		6									
9364 Bay	A	N	QT		18									
9365 Chestn	A	F	QT		34									
9366 Bay	A	N	QT		35									
9367 Brown	A	N	QT		14									
9368 Chestn	A	F	QT		37									
9369 Blk/Wht	A	F	Paint		38									
9370 Chestn	A	F	QT		39									
9371 Chestn	A	N	QT		40									

These animals were, 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.

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: 5-9-11

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, - please print): C. Hardee Clark, DVM

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): 27 (Twenty-Seven)

23. Signature of Endorsing Federal Veterinarian: DVM

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): Jim Parker DVM

25. SIGNATURE OF ISSUING VETERINARIAN

VS FORM 17-140 (MAR 98) Previous edition may be used.

PART 5 - ISSUING VETERINARIAN

The certificate is authorized by law 21 U.S.C. 112). While you are not required to respond, no health certificate can be validated unless the data requested is provided. FORM APPROVED - OMB NO. 0579-0020 and 0101

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): Bouvry Exports Hwy #3 East SW17-9-25-W4 Fort MacLeod, Alberta

2. CERTIFICATE NO.: L029020

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 05/09/11

5. U.S. PORT OF EMBARKATION (City and State): Sweetgrass, MT

6. STATE CODE: 30

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): Bar S Feedlot, 1 Benjamin Rd.

8. CONSIGNOR'S CITY (or Town): Shelby

12. CONSIGNOR'S STATE: Montana

13. STATE CODE: 30

14. ZIP CODE: 59474

9. SEMEN ("X" if yes): [ ]

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [X] 2 - Truck [ ] 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address): Bouvry Exports SW17-9-25-W4 Fort MacLeod, Alberta

DESTINATION COUNTRY: Canada

ENTER CODE: CA

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

NEGATIVE TUBERCULIN READING: [ ] 48 HRS [ ] 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS: DISEASE / TYPE TEST; DISEASE / TYPE TEST; DISEASE / TYPE TEST

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

MODIFIED ACCREDITED AREA (TB)

CERTIFIED BRUCELLOSIS FREE AREA

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

Bar S Feedlot
1 Benjamin Road
Shelby, MT 59474

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

27 Head of mixed horses for slaughter only. These horses have been inspected on the above date and found fit for travel. These animals have resided in the United States or Canada since birth as best as can be determined. 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. All horses are identified by an Official USDA Equine Slaughter Backtag. During the previous twenty-one (21) days, the animals in this shipment have not been in the States of Texas or New Mexico. Brand Inspection # 1260313.

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
USDA...					Neck Tag #...									
9417 Wht/Brn	A	N	Paint		5									
9418 Brown	A	F	QT		504									
9419 Black	A	N	Mule		8									
9420 Chestn	A	N	QT		7									
9421 Black	A	F	QT		4									
9422 Bay	A	F	QT		13									
9423 Chestn	A	N	QT		36									
9424 Red/Wht	A	F	Paint		32									
9425 Chestn	A	N	QT		31									

These animals were, 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.

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: 5-9-11

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, please print): C. Hardee Clark, DVM

21. STATUS: [ ] 2 Federal [ ] 1 State [X] 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 27 (Twenty-Seven)

23. Signature of Endorsing Federal Veterinarian: DVM

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): Jim Becker DVM

25. SIGNATURE OF ISSUING VETERINARIAN

VS FORM 17-140 (MAR 98) Previous edition may be used.

PART B - ISSUING VETERINARIAN

21 U.S.C. 112). While you are not required to respond, no health certificate can be validated unless the data requested is provided. FORM APPROVED - OMB NO. 0579-0020 and 0101

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): Bouvry Exports Hwy #3 East SW17-9-25-W4 Fort MacLeod, Alberta

2. CERTIFICATE NO.: L029018

3. PAGE NO.: 1 OF 2

4. ISSUED: 6/06/11

5. U.S. PORT OF EMBARKATION (City and State): Sweetgrass, MT

6. STATE CODE: 30

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): Bar S Feedlot, 1 Benjamin Rd.

8. CONSIGNOR'S CITY (or Town): Shelby

12. CONSIGNOR'S STATE: Montana

13. STATE CODE: 30

14. ZIP CODE: 59474

9. SEMEN ("X" if yes): [ ]

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [X] 2 - Truck [ ] 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address): Bouvry Exports SW17-9-25-W4 Fort MacLeod, Alberta

DESTINATION COUNTRY: Canada

ENTER CODE: CA

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

NEGATIVE TUBERCULIN READING: [ ] 48 HRS [ ] 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

CERTIFIED BRUCELLOSIS FREE AREA

NEGATIVE RESULTS OF OTHER TESTS: DISEASE / TYPE TEST / DISEASE / TYPE TEST / DISEASE / TYPE TEST

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

MODIFIED ACCREDITED AREA (TB)

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

Bar S Feedlot
1 Benjamin Road
Shelby, MT 59474

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

27 Head of mixed horses for slaughter only. These horses have been inspected on the above date and found fit for travel. These animals have resided in the United States or Canada since birth as best as can be determined. 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. All horses are identified by an Official USDA Equine Slaughter backtag. During the previous twenty-one (21) days, the animals in this shipment have not been in the States of Texas or New Mexico. Brand Inspection # 1260309

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
USDA...					Neck Tag #...									
9309 Elk/Wht	A	M	Paint		32									
9310 Chestn	A	F	QT		38									
9311 Brown	A	M	QT		69									
9312 Chestn	A	M	QT		94									
9313 Chestn	A	F	QT		97									
9314 Bay	A	F	QT		105									
9315 Pal	A	F	QT		106									
9316 Brn/Wht	A	M	Paint		109									
9317 Black	A	M	Pony		110									

These animals were, 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.

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: 5-Dec-11

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, - please print): C. Hardee Clark, DVM

21. STATUS: [ ] 2 Federal [ ] 1 State [X] 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 27 (Twenty-Seven)

23. Signature of Endorsing Federal Veterinarian: DVM

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): Jim Brooker DVM

25. SIGNATURE OF ISSUING VETERINARIAN

VS FORM 17-140 (MAR 98) Previous edition may be used.

PART 5 - ISSUING VETERINARIAN

The certificate is authorized by law 21 U.S.C. 112). While you are not required to respond, no health certificate can be validated unless the data requested is provided. FORM APPROVED - OMB NO. 0579-0020 and 0101

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): Bouvry Exports Hwy #3 East SW17-9-25-W4 Fort MacLeod, Alberta

2. CERTIFICATE NO.: L029019

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 05/06/11

5. U.S. PORT OF EMBARKATION (City and State): Sweetgrass, MT

6. STATE CODE: 30

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): Bar S Feedlot, 1 Benjamin Rd.

8. CONSIGNOR'S CITY (or Town): Shelby

12. CONSIGNOR'S STATE: Montana

13. STATE CODE: 30

14. ZIP CODE: 59474

9. SEMEN ("X" if yes): [ ]

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [X] 2 - Truck [ ] 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address): Bouvry Exports SW17-9-25-W4 Fort MacLeod, Alberta

DESTINATION COUNTRY: Canada

ENTER CODE: CA

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

NEGATIVE TUBERCULIN READING: [ ] 48 HRS [ ] 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

CERTIFIED BRUCELLOSIS FREE AREA

NEGATIVE RESULTS OF OTHER TESTS: DISEASE / TYPE TEST; DISEASE / TYPE TEST; DISEASE / TYPE TEST

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

17. FARM ORIGIN
Owner's name (Last name, two initials, or business name)
Owner's street address
Owner's city/town, State code (FIPS code on reverse) & zip code

Bar S Feedlot
1 Benjamin Road
Shelby, MT 59474

MODIFIED ACCREDITED AREA (TB)

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

27 Head of mixed horses for slaughter only. These horses have been inspected on the above date and found fit for travel. Those animals have resided in the United states or Canada since birth as best as can be determined. 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. All horses are identified by an Official USDA Equine Slaughter backtag. During the previous twenty-one (21) days, the animals in this shipment have not been in the States of TExas or New Mexico. Brand Inspection #1260310.

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	Y E	DATE F	Y G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DATE M	DATE N	DATE O
USDA...					Neck Tag #...									
9336 Dun	A	F	QT		703									
9337 Chestn	A	N	QT		704									
9338 Chestn	A	N	QT		705									
9339 Chestn	A	N	QT		721									
9340 Chestn	A	F	QT		722									
9341 Chestn	A	F	QT		723									
9342 Chestn	A	F	QT		724									
9343 Brown	A	N	QT		727									
9344 Black	A	F	QT		728									

These animals were, 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.

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: 5-6-11

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, - please print): C. Hardee Clark, DVM

21. STATUS: [ ] 2 Federal [ ] 1 State [X] 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include hos. from all attached VS Forms 17-140A): 27 (Twenty-Seven)

23. Signature of Endorsing Federal Veterinarian: DVM

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): Jim Becker DVM

25. SIGNATURE OF ISSUING VETERINARIAN

VS FORM 17-140 (MAR 98) Previous edition may be used.

PART 5 - ISSUING VETERINARIAN

The certificate is authorized by law 21 U.S.C. 112). While you are not required to respond, no health certificate can be validated unless the data requested is provided. FORM APPROVED - OMB NO. 0579-0020 and 0101

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): Bouvry Exports Hwy #3 East SW17-9-25-W4 Fort MacLeod, Alberta

2. CERTIFICATE NO.: L029049

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 05 /27/11

5. U.S. PORT OF EMBARKATION (City and State): Sweetgrass, MT

6. STATE CODE: 30

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): Bar S Feedlot, 1 Benjamin Rd.

8. CONSIGNOR'S CITY (or Town): Shelby

12. CONSIGNOR'S STATE: Montana

13. STATE CODE: 30

14. ZIP CODE: 59474

9. SEMEN ("X" if yes): [ ]

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [X] 2 - Truck [ ] 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address): Bouvry Exports SW17-9-25-W4 Fort MacLeod, Alberta

DESTINATION COUNTRY: Canada

ENTER CODE: CA

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

NEGATIVE TUBERCULIN READING: [ ] 48 HRS [ ] 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

CERTIFIED BRUCELLOSIS FREE AREA

NEGATIVE RESULTS OF OTHER TESTS: DISEASE / TYPE TEST

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

MODIFIED ACCREDITED AREA (TB)

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

Bar S Feedlot
1 Benjamin Road
Shelby, MT 59474

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

13 Head of mixed horses for slaughter only. These horses have ben inspected on the above date and found fit for travel. These animals have resided in the United States or Canada since birth as best as can be determined. 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. All horses are identified by an Official USDA Equine Slaughter backtag. During the previous twenty-one (21) days, the animals in this shipment have not been in the States of Texas or New Mexico. Brand Inspection #1260341.

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	Y E	DATE F	Y G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DATE M	DATE N	DATE O
[illegible] USGS...					Neck TAg #...									
0019 Wht/Brn	A	M	Paint		182									
0020 Chestn	A	M	QT		188									
0021 Chestn	A	M	QT		192									
0022 Dun X	A	M	QT		193									
0023 Chestn	A	M	QT		194									
0024 Brn/Wht	A	M	Paint		195									
0025 Wht/Brn	A	M	Paint		196									
0026 Chestn	A	M	QT		197									
0027 Chestn	A	M	QT		198									

These animals were, 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.

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: 5-27-11

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial - please print): C. Hardee Clark, DVM

21. STATUS: [ ] 2 Federal [ ] 1 State [X] 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 13 (Thirteen)

23. Signature of Endorsing Federal Veterinarian: DVM

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): Jim B. Ker DVM

25. SIGNATURE OF ISSUING VETERINARIAN

VS FORM 17-140 (MAR 98) Previous edition may be used.

PART E - ISSUING VETERINARIAN

The certificate is authorized by law 21 U.S.C. 112). While you are not required to respond, no health certificate can be validated unless the data requested is provided. FORM APPROVED - OMB NO. 0579-0020 and 0101

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): Bouvry Exports Ray #3 East Sw17-9-25-W4 Fort MacLeod, Alberta

2. CERTIFICATE NO.: L029048

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 05/26/11

5. U.S. PORT OF EMBARKATION (City and State): Sweetgrass, MT

6. STATE CODE: 30

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): Bar S Feedlot, 1 Benjamin Rd.

8. CONSIGNOR'S CITY (or Town): Shelby

12. CONSIGNOR'S STATE: Montana

13. STATE CODE: 30

14. ZIP CODE: 59474

9. SEMEN ("X" if yes): [ ]

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [X] 2 - Truck [ ] 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address): Bouvry Exports SW17-9-25-W4 Fort MacLeod, Alberta

DESTINATION COUNTRY: Canada

ENTER CODE: CA

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

NEGATIVE TUBERCULIN READING: [ ] 48 HRS [ ] 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

CERTIFIED BRUCELLOSIS FREE AREA

NEGATIVE RESULTS OF OTHER TESTS: DISEASE / TYPE TEST / DISEASE / TYPE TEST / DISEASE / TYPE TEST

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

MODIFIED ACCREDITED AREA (TB)

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

Bar S Feedlot
1 Benjamin Road
Shelby, MT 59474

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

77 Head of mixed horses for slaughter only. These horses have been inspected on the above date and found fit for travel. These animals have resided in the United States or Canada since birth as best as can be determined. 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. All horses are identified by an Official USDA Equine Slaughter backtag. During the previous twenty-one (21) days, the animals in this shipment have not been in the States of Texas or New Mexico. Brand Inspection # 1260388

These animals were, 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.

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
USGG...					Neck Tag #...									
9898 Gray	A	M	QT		5									
9899 Brown	A	F	QT		6									
9900 Bay	A	F	QT		7									
9901 Pal	A	F	QT		8									
9902 Chestn	A	F	QT		9									
9903 Black	A	F	QT		10									
9904 Red Roan	A	M	QT		11									
9905 Pal	A	F	QT		12									
9906 Chestn	A	M	QT		13									

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: 5-26-11

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, - please print): G. Hardee Clark, DVM

21. STATUS: [ ] 2 Federal [ ] 1 State [X] 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 27 (Twenty-Seven)

23. Signature of Endorsing Federal Veterinarian

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): Jim Beck DVM

25. SIGNATURE OF ISSUING VETERINARIAN

VS FORM 17-140 (MAR 98) Previous edition may be used.

The certificate is authorized by law 21 U.S.C. 112). While you are not required to respond, no health certificate can be validated unless the data requested is provided. FORM APPROVED - OMB NO. 0579-0020 and 0101

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): Bouvry Exports Hwy #3 East SW17-9-25-W4 Fort MacLeod, Alberta

2. CERTIFICATE NO.: L029047

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 05/26/11

5. U.S. PORT OF EMBARKATION (City and State): Sweetgrass, MT

6. STATE CODE:

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): Bar S Feedlot, 1 Benjamin Rd.

8. CONSIGNOR'S CITY (or Town): Shelby

12. CONSIGNOR'S STATE: Montana

13. STATE CODE: 30

14. ZIP CODE: 59474

9. SEMEN ("X" if yes): [ ]

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [X] 2 - Truck [ ] 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address): Bouvry Exports SW17-9-25-W4 Fort MacLeod, Alberta

DESTINATION COUNTRY: Canada

ENTER CODE: CA

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

NEGATIVE TUBERCULIN READING: [ ] 48 HRS [ ] 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

CERTIFIED BRUCELLOSIS FREE AREA

NEGATIVE RESULTS OF OTHER TESTS: DISEASE / TYPE TEST / DISEASE / TYPE TEST / DISEASE / TYPE TEST

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

17. FARM ORIGIN
Owner's name (Last name, two initials, or business name)
Owner's street address
Owner's city/town, State code (FIPS code on reverse) & zip code

Bar S Feedlot
1 Benjamin Road
Shelby, MT 59474

MODIFIED ACCREDITED AREA (TB)

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

13 Head of mixed horses for slaughter only. These horses have been inspected on the above date and found fit for travel. These animals have resided in the United States or Canada since birth as best as can be determined. 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. All horses are identified by an Official USDA Equine Slaughter backtag. During the previous twenty-one (21) days, the animals in this shipment have not been in the States of Texas or New Mexico. Brand Inspection #1260339

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
Back Tag #...														
0006 Chestn	A	M	Draft		169									
0007 Bay	A	M	QT		170									
0008 Bay	A	M	QT		173									
0009 Bay	A	M	QT		176									
0010 Bay	A	M	QT		177									
0011 Grey	A	M	QT		179									
0012 Chestn	A	M	QT		180									
0013 Blk/Wht	A	M	Paint		183									
0014 Grey	A	M	QT		184									

These animals were, 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.

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: 5-26-11

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, - please print): C. Burdee Clark, DVM

21. STATUS: [ ] 2 Federal [ ] 1 State [X] 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 13 (Thirteen)

23. Signature of Endorsing Federal Veterinarian: A. Bell DVM

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): Jim Bell DVM

25. SIGNATURE OF ISSUING VETERINARIAN: C. Burdee Clark

VS FORM 17-140 (MAR 98) Previous edition may be used.

PART 5 - ISSUING VETERINARIAN

The certificate is authorized by law 21 U.S.C. 112). While you are not required to respond, no health certificate can be validated unless the data requested is provided. FORM APPROVED - OMB NO. 0579-0020 and 0101

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): Bouvry Exports Hwy #3 East SW17-9-25-W4 Fort MacLeod, Alberta

2. CERTIFICATE NO.: L029046

3. PAGE NO.: 1 OF 2 (72)

4. DATE ISSUED: 05/24/11

5. U.S. PORT OF EMBARKATION (City and State): Sweetgrass, MT

6. STATE CODE: 30

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): Bar S Feedlot, 1 Benjamin Rd.

8. CONSIGNOR'S CITY (or Town): Shelby

12. CONSIGNOR'S STATE: Montana

13. STATE CODE: 30

14. ZIP CODE: 59474

9. SEMEN (X if yes): [ ]

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [X] 2 - Truck [ ] 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address): Bouvry Exports SW17-9-25-W4 Fort MacLeod, Alberta

DESTINATION COUNTRY: Canada

ENTER CODE: CA

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

NEGATIVE TUBERCULIN READING: [ ] 48 HRS [ ] 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

CERTIFIED BRUCELLOSIS FREE AREA

NEGATIVE RESULTS OF OTHER TESTS: DISEASE / TYPE TEST; DISEASE / TYPE TEST; DISEASE / TYPE TEST

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

MODIFIED ACCREDITED AREA (T6)

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

Bar S Feedlot
1 Benjamin Road
Shelby, MT 59474

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	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DATE M	DATE N	DATE O
27 Head of mixed horses for slaughter only. These horses have been inspected on the above date and found fit for travel. These animals have resided in the United States or Canada since birth as best as can be determined. 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. All horses are identified by an Official USDA Equine Slaughter backtag. During the previous twenty-one (21) days, the animals in this shipment have not been in the States of Texas or New Mexico. Brand Inspection #1260330.														
USCC...					Back Tag #...									
9979 Chestn	A	M	QT		54									
9980 Red Roan	A	F	QT		96									
9981 Chestn	A	M	QT		51									
9982 Pal	A	F	QT		86									
9983 Pal	A	F	QT		73									
9984 Wht/Brn	A	F	Paint		71									
9985 Wht/Brn	A	F	Paint		19									
9986 Chestn	A	F	QT		47									
9987 Brown	A	F	QT		21									

These animals were, 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.

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: 5-24-11

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, - please print): C. Harden Clark, DVM

21. STATUS: [ ] 2 Federal [ ] 1 State [X] 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 27 (Twenty-Seven)

23. Signature of Endorsing Federal Veterinarian: DVM

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): Jim Baker DVM

25. SIGNATURE OF ISSUING VETERINARIAN

VS FORM 17-140 (MAR 98) Previous edition may be used.

PART 5 - ISSUING VETERINARIAN

The certificate is authorized by law 21 U.S.C. 112). While you are not required to respond, no health certificate can be validated unless the data requested is provided. FORM APPROVED - OMB NO. 0579-0020 and 0101

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): Bouvry Exports Hwy #3 East SW17-9-25-W4 Fort MacLeod, Alberta

2. CERTIFICATE NO.: L029045

3. PAGE NO.: 1 OF 2

4. DATE ISSUED:

5. U.S. PORT OF EMBARKATION (City and State): Sweetgrass, MT

6. STATE CODE: 30

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): Bar S Feedlot, 1 Benjamin Rd.

8. CONSIGNOR'S CITY (or Town): Shelby

9. SEMEN ("X" if yes): [ ]

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [X] 2 - Truck [ ] 4 - Ocean

12. CONSIGNOR'S STATE: Montana

13. STATE CODE: 30

14. ZIP CODE: 59474

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

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address): Bouvry Exports SW17-9-25-W4 Fort MacLeod, Alberta

DESTINATION COUNTRY: Canada

ENTER CODE: CA

NEGATIVE TUBERCULIN READING: [ ] 48 HRS [ ] 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS: DISEASE / TYPE TEST / DATE

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

Bar S Feedlot
1 Benjamin Road
Shelby, MT 59474

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

MODIFIED ACCREDITED AREA (TB)

CERTIFIED BRUCELLOSIS FREE AREA

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	DISEASE / TYPE TEST / DATE M	DISEASE / TYPE TEST / DATE N	DISEASE / TYPE TEST / DATE O
27 Head of mixed horses for slaughter only. These horses have been inspected on the above date and found fit for travel. These animals have resided in the United States or Canada since birth as best as can be determined. 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. All horses are identified by an Official USDA Equine Slaughter backtag. During the previous twenty-one (21) days, the animals in this shipment have not been in the States of Texas or New Mexico. Brand Inspection # 1260137													
USDA...						Back Tag #...							
9952 Blk		A	F	QH			A							
9953 Chest			N	QH			18							
9954 Chest			F	QH			33							
9955 Bay			F	TB			22							
9956 Bay			F	QH			46							
9957 Chest			M	QH			12							
9958 Chest			F	QH			7							
9959 Chest			F	QH			40							
9960 Blk			M	QH			24							

These animals were, 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.

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 on route, except those meeting these health requirements. The shipment must be accompanied to the port of export with this certificate.

19. DATE ENDORSED: 5-20-11

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, please print): C. Hardee Clark, DVM

21. STATUS: [ ] 2 Federal [ ] 1 State [X] 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): Twenty Seven (27)

23. Signature of Endorsing Federal Veterinarian

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

25. SIGNATURE OF ISSUING VETERINARIAN

VS FORM 17-140 (MAR 98) Previous edition may be used.

PART 5 - ISSUING VETERINARIAN

P.L. 104-127). While you are not required to respond, no health certificate can be validated unless the data requested is provided. FORM APPROVED - OMB NO. 0579-0020 and 0101

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): Bouvry Exports Hwy #3 East SW17-9-25-W4 Fort MacLeod, Alberta

2. CERTIFICATE NO.: L029044

3. PAGE NO.: 1 OF 2

4. DATE ISSUED:

5. U.S. PORT OF EMBARKATION (City and State): Sweetgrass, MT

6. STATE CODE: 30

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): Bar S Feedlot, 1 Benjamin Rd.

8. CONSIGNOR'S CITY (or Town): Shelby

12. CONSIGNOR'S STATE: Montana

13. STATE CODE: 30

14. ZIP CODE: 59474

9. SEMEN ("X" if yes): [ ]

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [X] 2 - Truck [ ] 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address): Bouvry Exports SW17-9-25-W4 Fort MacLeod, Alberta

DESTINATION COUNTRY: Canada

ENTER CODE: CA

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

NEGATIVE TUBERCULIN READING: [ ] 48 HRS [ ] 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

CERTIFIED BRUCELLOSIS FREE AREA

NEGATIVE RESULTS OF OTHER TESTS: DISEASE / TYPE TEST; DISEASE / TYPE TEST; DISEASE / TYPE TEST

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

MODIFIED ACCREDITED AREA (TB)

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

Bar S Feedlot
1 Benjamin Road
Shelby, MT 59474

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	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DATE M	DATE N	DATE O
13 head of mixed horses for slaughter only. These horses have been inspected on the above date and found fit for travel. These animals have resided in the United States or Canada since birth as near as can be determined. 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. All horses are identified by an Official USDA Equine Slaughter backtag. During the previous twenty-one (21) days, the animals in this shipment have not been in the States of Texas or New Mexico. Brand Inspection # 1268334													
USCG ...					Neck Tag #...									
9885 Bay	A	M	QH				36							
9886 B Roan							38							
9887 Bay							48							
9888 Bay							49							
9889 Bay							57							
9890 Chest							59							
9891 Chest							60							
9892 Bay							110							
9893 Bay							113							

These animals were, 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.

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: 5-24-11

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, - please print): C. Hardee Clark, DVM

21. STATUS: [ ] 2 Federal [ ] 1 State [X] 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 13 (thirteen)

23. Signature of Endorsing Federal Veterinarian

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): Jim Baker DVM

25. SIGNATURE OF ISSUING VETERINARIAN

VS FORM 17-140 (MAR 98) Previous edition may be used.

The certificate is authorized by law 21 U.S.C. 112). While you are not required to respond, no health certificate can be validated unless the data requested is provided. FORM APPROVED - OMB NO. 0579-0020 and 0101

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): Bouvry Exports Hwy #3 East SW17-9-25-W4 Fort MacLeod, Alberta

2. CERTIFICATE NO.: L029042

3. PAGE NO.: 1 OF 2

4. DATE ISSUED:

5. U.S. PORT OF EMBARKATION (City and State): Sweetgrass, MT

6. STATE CODE: 30

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): Bar S Feedlot, 1 Benjamin Rd.

8. CONSIGNOR'S CITY (or Town): Shelby

12. CONSIGNOR'S STATE: Montana

13. STATE CODE: 30

14. ZIP CODE: 59474

9. SEMEN ("X" if yes): [ ]

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [X] 2 - Truck [ ] 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address): BouvSyFExports SW17-9-25-W4 Fort MacLeod, Alberta

DESTINATION COUNTRY: Canada

ENTER CODE: CA

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

NEGATIVE TUBERCULIN READING: [ ] 48 HRS [ ] 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS: DISEASE / TYPE TEST / DATE

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

MODIFIED ACCREDITED AREA (TB)

CERTIFIED BRUCELLOSIS FREE AREA

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	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE / TYPE TEST / DATE M	DISEASE / TYPE TEST / DATE N	DISEASE / TYPE TEST / DATE O
27 Head of mixed horses for slaughter only. These horses have been inspected on the above date and found fit for travel. These animals have resided in the United States or Canada since birth as best as can be determined. The exporter has been advised that any deterioration in health or physical condition of theanimals that may render animals unfit for transport may result in the shipment to be refused entry to Canada. All horses are identified by an Official USDA Equine Slaughter backtag. During the previous twenty-one (21) days, the animals in this shipment have not been in the States of Texas or New Mexico. Brand Inspection # 12604													
USCG...					Neck Tag #...								
9845 Chest	A	F	QH				95						
9846 Grey	A	F	QH				96						
9847 Dun	A	M	QH				97						
9848 Grey	A	F	QH				98						
9849 Bay	A	M	QH				99						
9850 Chest	A	F	QH				100						
9851 Brown	A	F	QH				102						
9852 Brn/wht	A	F	Appy				103						
9853 Chest	A	F	QH				104						

Bar S Feedlot
1 Benjamin Road
Shelby, MT 59474

These animals were, 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.

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: 5-22-11

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, - please print): C. Hardee Clark, DVM

21. STATUS: [ ] 2 Federal [ ] 1 State [X] 3 Accredited

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

23. Signature of Endorsing Federal Veterinarian

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

25. SIGNATURE OF ISSUING VETERINARIAN

VS FORM 17-140 (MAR 98) Previous edition may be used.

The certificate is authorized by law 21 U.S.C. 112). While you are not required to respond, no health certificate can be validated unless the data requested is provided.

FORM APPROVED - OMB NO. 0579-0020 and 0101

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): Bouvry Exports Hwy #3 East SW17-9-25-W4 Fort MacLeod, Alberta

2. CERTIFICATE NO.: L029043

3. PAGE NO.: 1 OF 2

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4. DATE ISSUED: May 20,2011

5. U.S. PORT OF EMBARKATION (City and State): Sweetgrass, MT

6. STATE CODE: 30

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): Bar S Feedlot, 1 Benjamin Rd.

8. CONSIGNOR'S CITY (or Town): Shelby

12. CONSIGNOR'S STATE: Montana

13. STATE CODE: 30

14. ZIP CODE: 59474

9. SEMEN ("X" if yes): [ ]

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [X] 2 - Truck [ ] 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address): Bouvry Exports SW17-9-25-W4 Fort MacLeod, Alberta

DESTINATION COUNTRY: Canada

ENTER CODE: CA

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

NEGATIVE TUBERCULIN READING: [ ] 48 HRS [ ] 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

CERTIFIED BRUCELLOSIS FREE AREA

NEGATIVE RESULTS OF OTHER TESTS: DISEASE / TYPE TEST; DISEASE / TYPE TEST; DISEASE / TYPE TEST

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

MODIFIED ACCREDITED AREA (TB)

17. FARM ORIGIN
Owner's name (Last name, two initials, or business name)
Owner's street address
Owner's city/town, State code (FIPS code on reverse) & zip code

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

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
Head of mixed horses for slaughter only. These horses have been inspected on the above date and found fit for travel. These animals have resided in the United States or Canada since birth as best as can be determined. 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. All horses are identified by an Official USDA Equine Slaughter backtag. During the previous twenty-one (21) days, the animals in this shipment have not been in the States of Texas or New Mexico. Brand Inspection #														
USGG...							Neck Tag #...							
9872 Bay	A	M	QH				5							
9873 Chest	A	M	Draft				8							
9874 Bay	A	M	QH				162							
9875 Bay	A	M	QH				164							
9876 Bay	A	M	QH				166							
9877 Grey	A	M	QH				167							
9878 Blk	A	M	QH				168							
9879 Chest	A	M	QH				171							
9880 Chest	A	M	QH				204							

Bar S Feedlot
1 Benjamin Road
Shelby, MT 59474

These animals were, 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.

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

23. Signature of Endorsing Federal Veterinarian

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: 5-20-11

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, please print): C. Harden Clark, DVM

21. STATUS: [ ] 2 Federal [ ] 1 State [X] 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 13

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): Jim Bocken DVM

25. SIGNATURE OF ISSUING VETERINARIAN

VS FORM 17-140 (MAR 98) Previous edition may be used.

PART 5 - ISSUING VETERINARIAN

The certificate is authorized by law 21 U.S.C. 112). While you are not required to respond, no health certificate can be validated unless the data requested is provided. FORM APPROVED - OMB NO. 0579-0020 and 0101

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): Bouvry Exports Hwy #3 East SW17-9-25-W4 Fort MacLeod, Alberta

2. CERTIFICATE NO.: L029076

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 6-29-11

5. U.S. PORT OF EMBARKATION (City and State): Sweetgrass, MT

6. STATE CODE: 30

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): Bar S Feedlot, 1 Benjamin Rd.

8. CONSIGNOR'S CITY (or Town): Shelby

12. CONSIGNOR'S STATE: Montana

13. STATE CODE: 30

14. ZIP CODE: 59474

9. SEMEN ("X" if yes): [ ]

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [X] 2 - Truck [ ] 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address): Bouvry Exports SW17-9-25-W4 Fort MacLeod, Alberta

DESTINATION COUNTRY: Canada

ENTER CODE: CA

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

NEGATIVE TUBERCULIN READING: [ ] 48 HRS [ ] 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS: DISEASE / TYPE TEST / DISEASE / TYPE TEST / DISEASE / TYPE TEST

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

MODIFIED ACCREDITED AREA (TB)

CERTIFIED BRUCELLOSIS FREE AREA

17. FARM ORIGIN
Owner's name (Last name, two initials, or business name)
Owner's street address
Owner's city/town, State code (FIPS code on reverse) & zip code

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

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
27 Head of mixed horses for slaughter only. These horses have been inspected on the above date and found fit for travel. These animals have resided in the United States or Canada since birth as best as can be determined. 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. All horses are identified by an Official USDA Equine Slaughter backtag. During the previous twenty-one (21) days, the animals in this shipment have not been in the States of Texas or New Mexico. Brand Inspection #1260365.														
USGH...					Neck Tag...									
0512 Chestn	A	M	QT		9									
0513 Dun	A	M F	QT		31									
0514 Red Roan	A	F	QT		32									
0515 Bay	A	F	Mule		35									
0516 Chestn	A	F	QT		36									
0517 Pal	A	F	QT		37									
0518 Bay	A	N	Mule		39									
0519 Blk/Wht	A	F	Appy		40									
0520 Brown	A	F	Mule		41									

Bar S Feedlot
1 Benjamin Road
Shelby, MT 59474

These animals were, 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.

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

CERTIFICATION BY ISSUING VETERINARIAN

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

19. DATE ENDORSED: 6-30-2011

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, - please print): C. Hardee Clark, DVM

21. STATUS: [ ] 2 Federal [ ] 1 State [X] 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 27 (Twenty-Seven)

23. Signature of Endorsing Federal Veterinarian: A Bell DVM

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): Jim Bailey DVM

25. SIGNATURE OF ISSUING VETERINARIAN

VS FORM 17-140 (MAR 98) Previous edition may be used.

PART 5 - ISSUING VETERINARIAN

The certificate is authorized by law 21 U.S.C. 112). While you are not required to respond, no health certificate can be validated unless the data requested is provided. FORM APPROVED - OMB NO. 0579-0020 and 0101 77

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*): Bouvry Exports Hwy #3 East SW17-9-25-W4 Fort MacLeod, Alberta

2. CERTIFICATE NO.: L029074

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 06/28/11

5. U.S. PORT OF EMBARKATION (*City and State*): Sweetgrass, MT

6. STATE CODE: 30

7. CONSIGNOR'S STREET ADDRESS (*Mailing Address*): Bar S Feedlot, 1 Benjamin Rd.

8. CONSIGNOR'S CITY (*or Town*): Shelby

12. CONSIGNOR'S STATE: Montana

13. STATE CODE: 30

14. ZIP CODE: 59474

9. SEMEN (*"X" if yes*): ☐

10. NO. DOSES OF SEMEN:

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

16. CONSIGNEE'S NAME AND STREET ADDRESS (*Mailing Address*): Bouvry Exports SW17-9-25-W4 Fort MacLeod, Alberta

DESTINATION COUNTRY: Canada

ENTER CODE: CA

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

NEGATIVE TUBERCULIN READING: ☐ 48 HRS ☐ 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS: DISEASE / TYPE TEST / DATE

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

Bar S Feedlot
1 Benjamin Road
Shelby, MT 59474

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

MODIFIED ACCREDITED AREA (TB)

CERTIFIED BRUCELLOSIS FREE AREA

27 Head of mixed horses for slaughter only. These horses have been inspected on the above date and found fit for travel. These animals have resided in the United States or Canada since birth as best as can be determined. 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. All horses are identified by an Official USDA Equine Slaughter backtag. During the previous twenty-one (21) days, the animals in this shipment have not been in the States of Texas or New Mexico. Brand Inspection #126033.

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
USCH...					Neck Tag #...									
0472 Chestn	A	N	QT		8									
0473 Brn/Wht	A	F	Paint		34									
0474 Tan/Wht	A	N	Appy		38									
0475 Chestn	A	N	QT		48									
0476 Bay	A	N	QT		59									
0477 Red Roan	A	N	QT		95									
0478 Pal	A	N	QT		96									
0479 Chestn	A	F	QT		97									
0480 Bay	A	N	QT		98									

These animals were, 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.

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

CERTIFICATION BY ISSUING VETERINARIAN

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

19. DATE ENDORSED: 6-27-2011

20. NAME OF ISSUING VETERINARIAN (*Last name, first name, middle initial, - please print*): C. Hardee Clark, DVM

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): 27 (Twenty-Seven)

23. Signature of Endorsing Federal Veterinarian: J. Baker DVM

24. NAME OF ENDORSING FEDERAL VET (*Type, print, or stamp*): Jim Baker DVM

25. SIGNATURE OF ISSUING VETERINARIAN

VS FORM 17-140 (MAR 98) Previous edition may be used.

PART 5 - ISSUING VETERINARIAN

If you are required to respond, no health certificate can be validated unless the data requested is provided. FORM APPROVED - OMB NO. 0579-0020 and 0101

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): Bouvry Exports Hwy #3 East SW17-9-25-W4 Fort MacLeod, Alberta

2. CERTIFICATE NO.: L029075

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 6-29-11

5. U.S. PORT OF EMBARKATION (City and State): Sweetgrass, MT

6. STATE CODE: 30

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): Bar S Feedlot, 1 Benjamin Rd.

8. CONSIGNOR'S CITY (or Town): Shelby

12. CONSIGNOR'S STATE: Montana

13. STATE CODE: 30

14. ZIP CODE: 59474

9. SEMEN (X if yes): [ ]

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [X] 2 - Truck [ ] 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address): Bouvry Exports SW17-9-25-W4 Fort Macleod, Alberta

DESTINATION COUNTRY: Canada

ENTER CODE: CA

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

NEGATIVE TUBERCULIN READING: [ ] 48 HRS [ ] 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

CERTIFIED BRUCELLOSIS FREE AREA

NEGATIVE RESULTS OF OTHER TESTS

DISEASE	DISEASE	DISEASE
TYPE TEST	TYPE TEST	TYPE TEST
DATE M	DATE N	DATE O

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

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	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DATE M	DATE N	DATE O
13 Head of mixed horses for slaughter only. These horses have been inspected on the above date and found fit for travel. These animals have resided in the United States or Canada since birth as best as can be determined. 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. All horses are identified by an Official USdA Equine Slaughter backtag. During the previous twenty-one (21) days, the animals in this shipment have not been in the X States of Texas or New Mexico. Brand Inspection #1260364.														
USGH...					Neck Tag #...									
0499 Red Roan	A	M	QT		93									
0500 Brn/Wht	A	M	XX Paint		94									
0501 Bay	A	M	QT		702									
0502 Chestn	A	M	QT		703									
0503 Brown	A	M	QT		704									
0504 Bay	A	M	QT		705									
0505 Brown	A	M	QT		721									
0506 Brown	A	M	QT		722									
XX 0507 R Roan	A	M	QT		723									

Bar S Feedlot
1 Benjamin Road
Shelby, MT 59474

These animals were, 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.

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

CERTIFICATION BY ISSUING VETERINARIAN

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

19. DATE ENDORSED: 6-29-2011

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, - please print): C. Hardee Clark, DVM

21. STATUS: [ ] 2 Federal [ ] 1 State [X] 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 13 (Thirteen)

23. Signature of Endorsing Federal Veterinarian: C. Hardee Clark DVM

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): Jim R. K... DVM

25. SIGNATURE OF ISSUING VETERINARIAN

VS FORM 17-140 (MAR 98) Previous edition may be used.

PART 5- ISSUING VETERINARIAN

The certificate is authorized by law 21 U.S.C. 112). While you are not required to respond, no health certificate can be validated unless the data requested is provided. FORM APPROVED - OMB NO. 0579-0020 and 0101

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): [redacted] (b)(6)
Lawler, IA 52154

2. CERTIFICATE NO.: L028497

3. PAGE NO.: 1 OF 3

4. DATE ISSUED: 6-27-11

5. U.S. PORT OF EMBARKATION (City and State): Sweetgrass, MT

6. STATE CODE: 30

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): Inspected @ Billings Live

8. CONSIGNOR'S CITY (or Town): Billings

12. CONSIGNOR'S STATE: Montana

13. STATE CODE: 30

14. ZIP CODE: 59101

9. SEMEN ("X" if yes): [ ]

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [X] 2 - Truck [ ] 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address): CAvelle-CAnada
3401 53rd Ave,LaComb,Alberta,CA

DESTINATION COUNTRY: Canada

ENTER CODE: CA

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

NEGATIVE TUBERCULIN READING: [ ] 48 HRS [ ] 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

CERTIFIED BRUCELLOSIS FREE AREA

NEGATIVE RESULTS OF OTHER TESTS

DISEASE	DISEASE	DISEASE
TYPE TEST	TYPE TEST	TYPE TEST

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

MODIFIED ACCREDITED AREA (TB)

17. FARM ORIGIN
Owner's name (Last name, two initials, or business name)
Owner's street address
Owner's city/town, State code (FIPS code on reverse) & zip code

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

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
Billings Livestock Commission	#1351-Bay/wht	7y	F	PNT	star,strip,snip,4 sokks							USHA	4251	
2443 N Frontage Rd	1191 Dun	4y	G	QH	star,strip,snip,RH socks								4252	
Billings, MT 59101	1240 Black	3y	F	PNT	blaze, RF sock								4253	
	1496 Chstnt	5y	G	QH	star,strip,snip								4254	
PERMANENT EXPORT ONLY!	1418 Blue Rn	6y	G		star								4255	
	1359 Chstnt	10y	F		star								4256	
	1079 Blue Rn	1y	G		no marks								4257	
All animals are identified	1207 Buck	22y	F		star								4258	
with USDA green tags	1521 Gray	9y	F		4 socks								4259	
	1483 Chstnt	8y	F		star,strip,hind socks								4260	
	1082 Chstnt	3y	F		star,strip,anuip,4 socks								4261	
	1381 Brown	10y	G		star,hind socks								4262	
	1390 Chstnt	7y	F	RPP	star,strip,snip,LH sock								4263	
	1171 Bay	24y	F	QH	star								4264	
	1539 Bay	14y	F		star,strip,hind socks								4265	
	1193 Gray	11y	F		no marks								4266	
	1176 Black	5y	G		no marks								4267	
	1025 Bay	11y	F		star,hind socks								4268	
	1370 Black	6y	F		star,strip,snip,LH sock								4269	
	1040 Red Rn	20y	F											

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

CERTIFICATION BY ISSUING VETERINARIAN

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

19. DATE ENDORSED: 6-28-2011

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

21. STATUS: [ ] 2 Federal [ ] 1 State [X] 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen). (Include nos. from all attached VS Forms 17-140A): twenty nine (29)

23. Signature of Endorsing Federal Veterinarian: A. B. [illegible] DVM

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): J. Becker DVM

25. SIGNATURE OF ISSUING VETERINARIAN

VS FORM 17-140 (MAR 98) Previous edition may be used.

PART 5 - ISSUING VETERINARIAN

The certificate is authorized by law 21 U.S.C. 112). While you are not required to respond, no health certificate can be validated unless the data requested is provided. FORM APPROVED - OMB NO. 0579-0020 and 0101

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): [redacted] (b)(6)
Lawler, IA 52154

2. CERTIFICATE NO.: L028499

3. PAGE NO.: 1 OF 3

4. DATE ISSUED: 6-27-11

5. U.S. PORT OF EMBARKATION (City and State): Sweetgrass, MT

6. STATE CODE: 30

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): Inspected @ Billings ,ive

8. CONSIGNOR'S CITY (or Town): Billings

12. CONSIGNOR'S STATE: Montana

13. STATE CODE: 30

14. ZIP CODE: 59101

9. SEMEN ("X" if yes): [ ]

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [x] 2 - Truck [ ] 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address): Cavelle- Canada
3401 53rd Ave; LaComb,Alberta,CA

DESTINATION COUNTRY: Canada

ENTER CODE: CA

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

NEGATIVE TUBERCULIN READING: [ ] 48 HRS [ ] 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

CERTIFIED BRUCELLOSIS FREE AREA

NEGATIVE RESULTS OF OTHER TESTS

DISEASE	DISEASE	DISEASE
TYPE TEST	TYPE TEST	TYPE TEST

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

MODIFIED ACCREDITED AREA (TB)

17. FARM ORIGIN
Owner's name (Last name, two initials, or business name)
Owner's street address
Owner's citytown, State code (FIPS code on reverse) & zip code

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	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DATE M	DATE N	DATE O
Billings Livestock Commission	# 1280 Bay	5y	F	OH	star,hind socks							USHA	5551	
2443 N Frontage Rd	1058 Bay	4y	F		snip,RF/RH/LH socks								5552	
Billings, MT 59101	1412 Sorr	10y	F		star,LF/RH socks								5553	
	1286 Gray	5y	F		star,strip,snip								5554	
	1436 RedRn	2y	F		star,strip,snip,RF/RH socks								5555	
	1340 Brown	26y	F		star,snip,RF sock								5556	
PERMANENT EXPORT ONLY!	1270 Sorr	6y	F		star,strip								5557	
	1266 Gray	6y	F		star,strip,LF sock								5558	
	1422 RedRn	2y	F		star								5559	
All animals are identified with	1064 Bay	13y	F		star,RH sock								5560	
green USDA tags	1060 Sorr	20y	G		blaze,4 socks								5561	
	1410 Gray	14y	G		no marks								5562	
	1472 Bay	5y	F	PMT	star,4 socks								5563	
	1277 Sorr	8y	F	OH	blaze								5564	
	1069 Gray	13y	F		no marks								5565	
	1433 Dun	16y	G		star,stirp,snip								5566	
	1458 Chstnt	7y	G	APP	star,strip,snip								5567	
	1459 Bay	14y	G	PMT	star,strip,snip,# socks-RF/RF/LH								5568	
	1433 Black	9y	G	OH	no marks								5569	

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

CERTIFICATION BY ISSUING VETERINARIAN

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

19. DATE ENDORSED: 6-28-2011

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

21. STATUS: [ ] 2 Federal [ ] 1 State [x] 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): ~~twenty eight~~ 28

23. Signature of Endorsing Federal Veterinarian: A. Becker - DVM

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): Jim Becker DVM

25. SIGNATURE OF ISSUING VETERINARIAN: Jeff Peila

VS FORM 17-140 (MAR 98) Previous edition may be used.

PART 5 - ISSUING VETERINARIAN

The certificate is authorized by law 21 U.S.C. 112). While you are not required to respond, no health certificate can be validated unless the data requested is provided. FORM APPROVED - OMB NO. 0579-0020 and 0101

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): Bouvry Exports Hwy #3 East SW17-9-25-W4 Fort MacLeod, Alberta

2. CERTIFICATE NO.: L029072

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 06/27/11

5. U.S. PORT OF EMBARKATION (City and State): Sweetgrass, MT

6. STATE CODE: 30

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): Bar S Feedlot, 1 Benjamin Rd.

8. CONSIGNOR'S CITY (or Town): Shelby

12. CONSIGNOR'S STATE: Montana

13. STATE CODE: 30

14. ZIP CODE: 59474

9. SEMEN ("X" if yes): [ ]

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [X] 2 - Truck [ ] 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address): Bouvry Exports SW17-9-25-W4 Fort MacLeod, Alberta

DESTINATION COUNTRY: Canada

ENTER CODE: CA

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

NEGATIVE TUBERCULIN READING: [ ] 48 HRS [ ] 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS: DISEASE / TYPE TEST / DATE

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

MODIFIED ACCREDITED AREA (TB)

CERTIFIED BRUCELLOSIS FREE AREA

17. FARM ORIGIN
Owner's name (Last name, two initials, or business name)
Owner's street address
Owner's city/town, State code (FIPS code on reverse) & zip code

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

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	DISEASE / TYPE TEST / DATE M	DISEASE / TYPE TEST / DATE N	DISEASE / TYPE TEST / DATE O
13 Head of mixed horses for slaughter only. These horses have been inspected on the above date and found fit for travel. These animals have resided in the United States or Canada since birth as best as can be determined. 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. All horses are identified by an Official USDA Equine Slaughter backtag. During the previous twenty-one (21) days, the animals in this shipment have not been in the States of Texas or New Mexico. Brand Inspeciton #1260361.													
USGH...					Neck Tag #...								
0432 Chestn	A	M	QT		730								
0433 Bay	A	M	QT		731								
0434 Bay	A	M	QT		732								
0435 Red Roan	A	M	QT		733								
0436 Red Roan	A	M	QT		734								
0437 Black	A	M	QT		735								
0438 Chestn	A	M	QT		736								
0439 Chestn	A	M	QT		737								
0440 Brown	A	M	QT		738								

Bar S Feedlot
1 Benjamin Road
Shelby, MT 59474

These animals were, 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

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

CERTIFICATION BY ISSUING VETERINARIAN

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

19. DATE ENDORSED: 6-28-2011

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, - please print): C. Hardee Clark, DVM

21. STATUS: [ ] 2 Federal [ ] 1 State [X] 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 13 (Thirteen)

23. Signature of Endorsing Federal Veterinarian

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

25. SIGNATURE OF ISSUING VETERINARIAN

VS FORM 17-140 (MAR 98) Previous edition may be used.

PART 5 - ISSUING VETERINARIAN

The certificate is authorized by law 21 U.S.C. 112). While you are not required to respond, no health certificate can be validated unless the data requested is provided. FORM APPROVED - OMB NO. 0579-0020 and 0101

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): Bouvry Exports Hwy #3 East SW17-9-25-W4 Fort MacLeod, Alberta

2. CERTIFICATE NO.: L029073

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 06/28/11

5. U.S. PORT OF EMBARKATION (City and State): Sweetgrass, MT

6. STATE CODE: 30

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): Bar S Feedlot, 1 Benjamin Rd.

8. CONSIGNOR'S CITY (or Town): Shelby

12. CONSIGNOR'S STATE: Montana

13. STATE CODE: 30

14. ZIP CODE: 59474

9. SEMEN ("X" if yes): [ ]

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [X] 2 - Truck [ ] 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address): Bouvry Exports SW17-9-25-W4 Fort MacLeod, Alberta

DESTINATION COUNTRY: Canada

ENTER CODE: CA

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

NEGATIVE TUBERCULIN READING: [ ] 48 HRS [ ] 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

CERTIFIED BRUCELLOSIS FREE AREA

NEGATIVE RESULTS OF OTHER TESTS: DISEASE / TYPE TEST / DISEASE / TYPE TEST / DISEASE / TYPE TEST

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

MODIFIED ACCREDITED AREA (TB)

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

Bar S Feedlot
1 Benjamin Road
Shelby, MT 59474

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

27 Head of mixed horses for slaughter only. These horses have been inspected on the above date and found fit for travel. These animals have resided in the United States or Canada since birth as best as can be determined. 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. All horses are identified by an Official USDA Equine Slaughter backtag. During the previous twenty-one (21) days, the animals in this shipment have not been in the States of Texas or New Mexico. Brand Inspection #1260362.

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
USGH...					Neck Tag #...									
0405 Chestn	A	N	QT		115									
0406 Bay	A	N	QT		119									
0407 Bay	A	F	QT		122									
0408 Chestn	A	F	QT		126									
0409 Bay	A	N	QT		127									
0410 Brown	A	F	QT		128									
0411 Dun	A	F	QT		129									
0412 Bay	A	F	QT		130									
0413 Chestn	A	N	QT		131									

These animals were, 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.

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

CERTIFICATION BY ISSUING VETERINARIAN

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

19. DATE ENDORSED: 6-28-2011

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial,- please print): C. Hardee Clark, DVM

21. STATUS: [ ] 2 Federal [ ] 1 State [X] 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 27 (Twenty-Seven)

23. Signature of Endorsing Federal Veterinarian: J. Baker DVM

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): Jim Baker DVM

25. SIGNATURE OF ISSUING VETERINARIAN

VS FORM 17-140 (MAR 98) Previous edition may be used.

PART 5 - ISSUING VETERINARIAN

The certificate is authorized by law 21 U.S.C. 112). While you are not required to respond, no health certificate can be validated unless the data requested is provided. FORM APPROVED - OMB NO. 0579-0020 and 0101

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): Bouvry Exports Ray #3 East SW17-9-25-W4 Fort MacLeod, Alberta

2. CERTIFICATE NO.: L029071

3. PAGE NO.: 72 — 1 OF 2

4. DATE ISSUED: 06/27/11

5. U.S. PORT OF EMBARKATION (City and State): Sweetgrass, MT

6. STATE CODE: 30

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): Bar S Feedlot, 1 Benjamin Rd.

8. CONSIGNOR'S CITY (or Town): Shelby

12. CONSIGNOR'S STATE: Montana

13. STATE CODE: 30

14. ZIP CODE: 59474

9. SEMEN ("X" if yes): [ ]

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [X] 2 - Truck [ ] 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address): Bouvry Exports SW17-9-25-W4 Fort MacLeod, Alberta

DESTINATION COUNTRY: Canada

ENTER CODE: CA

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

NEGATIVE TUBERCULIN READING: [ ] 48 HRS [ ] 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

DISEASE	DISEASE	DISEASE
TYPE TEST	TYPE TEST	TYPE TEST
DATE M	DATE N	DATE O

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

MODIFIED ACCREDITED AREA (TB)

CERTIFIED BRUCELLOSIS FREE AREA

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

Bar S Feedlot
1 Benjamin Road
Shelby, MT 59474

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

27 Head of mixed horses for slaughter only. These horses have been inspected on the above date and found fit for travel. These animals have resided in the United States or Canada since birth as best as can be determined. 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. All horses are identified by an Official USDA Equine Slaughter backtag. During the previous twenty-one (21) days, the animals in this shipment have not been in the States of Texas or New Mexico. Brand Inspectio #1260360.

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
USGH...					Neck Tag #...									
0445 Chestn	A	N	QT		510									
0446 Chestn	A	F	QT		532									
0447 Bay	A	N	QT		572									
0448 Bay	A	F	QT		550									
0449 Chestn	A	F	QT		574									
0450 Brn/Wht	A	F	Paint		XXX 585									
0451 Pal	A	F	QT		XXX 555									
0452 Chestn	A	N	QT		XXX 571									
0453 Cream	A	F	QT		577									

These animals were, 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.

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

CERTIFICATION BY ISSUING VETERINARIAN

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

19. DATE ENDORSED: 6-27-2011

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, - please print): C. Bardue Clark, DVM

21. STATUS: [ ] 2 Federal [ ] 1 State [X] 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 27 (Twenty-Seven)

23. Signature of Endorsing Federal Veterinarian: J. Becker DVM

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): Jim Becker DVM

25. SIGNATURE OF ISSUING VETERINARIAN

VS FORM 17-140 (MAR 98) Previous edition may be used.

PART 5 - ISSUING VETERINARIAN

The certificate is authorized by law 21 U.S.C. 112). While you are not required to respond, no health certificate can be validated unless the data requested is provided. FORM APPROVED - OMB NO. 0579-0020 and 0101

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): Bouvry Exports Swy #3 East SW17-9-25-W4 Fort MacLeod, Alberta

2. CERTIFICATE NO.: L029068

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 6-23-11

5. U.S. PORT OF EMBARKATION (City and State): Sweetgrass, MT

6. STATE CODE: 30

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): Bar S Feedlot, 1 Benjamin Rd.

8. CONSIGNOR'S CITY (or Town): Shelby

12. CONSIGNOR'S STATE: Montana

13. STATE CODE: 30

14. ZIP CODE: 59474

9. SEMEN ("X" if yes): [ ]

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [XX] 2 - Truck [ ] 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address): Bouvry Exports Sw17-9-25-W4 Fort MacLeod, Alberta

DESTINATION COUNTRY: Canada

ENTER CODE: CA

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

NEGATIVE TUBERCULIN READING: [ ] 48 HRS [ ] 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

CERTIFIED BRUCELLOSIS FREE AREA

NEGATIVE RESULTS OF OTHER TESTS: DISEASE / TYPE TEST / DISEASE / TYPE TEST / DISEASE / TYPE TEST

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

MODIFIED ACCREDITED AREA (TB)

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

Bar S Feedlot
1 Benjamin Rd
Shelby, MT 59474

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	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DATE M	DATE N	DATE O
27 Head of mixed horses for slaughter only. These horses have been inspected on the above date and found fit for travel. These animals have resided in the United States of Canada since birth as best as can be determined. 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. All horses are identified by an Official USDA Equine Slaughter backtag. During the previous twenty-one (21) days, the animals in this shipment have not been in the States of Texas or New Mexico. Brand Inspection #1260359.													
USGH...	NRRT...				Neck Tag #...									
	0378 Bay	A	N	TB	922									
	0379 Chestn	A	N	QT	944									
	0380 Blk	A	N	QT	933									
	0381 Bay	A	N	QT	921									
	0382 Brown	A	F	Mule	984									
	0383 Blk	A	F	QT	53									
	0384 Chestn	A	F	QT	936									
	0385 Blk	A	F	Draft	XXX 989									
	0386 Brown	A	N	Mule	971									

These animals were, 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.

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

CERTIFICATION BY ISSUING VETERINARIAN

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

19. DATE ENDORSED: 6/24/11

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, - please print): C. Hardee Clark, DVM

21. STATUS: [ ] 2 Federal [ ] 1 State [XX] 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 13 (Thirteen)

23. Signature of Endorsing Federal Veterinarian

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

25. SIGNATURE OF ISSUING VETERINARIAN

VS FORM 17-140 (MAR 98) Previous edition may be used.

PART 5 - ISSUING VETERINARIAN

The certificate is authorized by law 21 U.S.C. 112. While you are not required to respond, no health certificate can be validated unless the data requested is provided. FORM APPROVED - OMB NO. 0579-0020 and 0101

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): Bouvry Exports Hwy #3 East SW17-9-25-W4 Fort MacLeod, Alberta

2. CERTIFICATE NO.: L029066

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 06/ 22 / 11

5. U.S. PORT OF EMBARKATION (City and State): Sweetgrass, MT

6. STATE CODE: 30

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): Bar S Feedlot, 1 Benjamin Rd.

8. CONSIGNOR'S CITY (or Town): Shelby

12. CONSIGNOR'S STATE: Montana

13. STATE CODE: 30

14. ZIP CODE: 59474

9. SEMEN ("X" if yes): [ ]

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [X] 2 - Truck [ ] 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address): Bouvry Exports SW17-9-25-W4 Fort MacLeod, Alberta

DESTINATION COUNTRY: Canada

ENTER CODE: CA

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

NEGATIVE TUBERCULIN READING: [ ] 48 HRS [ ] 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

CERTIFIED BRUCELLOSIS FREE AREA

NEGATIVE RESULTS OF OTHER TESTS: DISEASE / TYPE TEST / DATE

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

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	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DISEASE / TYPE TEST / DATE M	DISEASE / TYPE TEST / DATE N	DISEASE / TYPE TEST / DATE O
13 Head of mixed horses for slaughter only. These horses have been inspected on the above date and found fit for travel. These animals have resided in the United States or Canada since birth as best as can be determined. 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. All horses are identified by an Official USDA Equine Slaughter backtag. During the previous twenty-one (21) days, the animals in this shipment have not been in the States of Texas or New Mexico. Brand Inspection # 1260357													
USGH...					Neck Tag #...								
0365 Brown	A	M	QT		745								
0366 Chestn	A	M	QT		746								
0367 Pal	A	M	QT		747								
0368 Chestn	A	M	QT		800								
0369 Chestn	A	M	QT		823								
0370 Red Roan	A	M	QT		827								
0371 Pal	A	M	QT		839								
0372 Chestn	A	M	QT		846								
0373 Bay	A	M	QT		852								

Owner's name: Bar S Feedlot
Owner's street address: 1 Benjamin Road
Owner's city/town, State code & zip code: Shelby, MT 59474

These animals were, 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.

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

APPROVED

23. Signature of Endorsing Federal Veterinarian

CERTIFICATION BY ISSUING VETERINARIAN

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

19. DATE ENDORSED: 6/23/11

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, - please print): C. Hardee Clark, DVM

21. STATUS: [ ] 2 Federal [ ] 1 State [X] 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 13 (Thirteen)

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

25. SIGNATURE OF ISSUING VETERINARIAN

VS FORM 17-140 (MAR 98) Previous edition may be used.

PART 5 - ISSUING VETERINARIAN

The certificate is authorized by law 21 U.S.C. 112). While you are not required to respond, no health certificate can be validated unless the data requested is provided. FORM APPROVED - OMB NO. 0579-0020 and 0101

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): Bouvry Exports Hwy #3 East SW17-9-25-W4 Fort MacLeod, Alberta

2. CERTIFICATE NO.: L029067

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 6-22-11

5. U.S. PORT OF EMBARKATION (City and State): Sweetgrass, MT

6. STATE CODE: 30

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): Bar S Feedlot, 1 Benjamin Rd.

8. CONSIGNOR'S CITY (or Town): Shelby

12. CONSIGNOR'S STATE: Montana

13. STATE CODE: 30

14. ZIP CODE: 59474

9. SEMEN ("X" if yes): [ ]

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [X] 2 - Truck [ ] 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address): Bouvry Exports SW17-9-25-W4 Fort MacLeod, Alberta

DESTINATION COUNTRY: Canada

ENTER CODE: CA

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

NEGATIVE TUBERCULIN 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 city/town, State code (FIPS code on reverse) & zip code

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

MODIFIED ACCREDITED AREA (TB) — CERTIFIED BRUCELLOSIS FREE AREA

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	DISEASE / TYPE TEST / DATE M	DISEASE / TYPE TEST / DATE N	DISEASE / TYPE TEST / DATE O
27 Head of mixed horses for slaughter only. These horses have been inspected on the above date and found fit for travel. These animals have resided in the United States or Canada since birth as best as can be determined. 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. All horses are identified by an Official USDA Equine Slaughter backtag. During the previous twenty-one (21) days the animals in this shipment have not been in the States of Texas or New Mexico. Brand Inspection # 1260358													
USDA...					Neck Tag #...								
0338 Chestn	A	F	QT		159								
0339 Chestn	A	F	QT		160								
0340 Chestn	A	G-H	QT		161								
0341 Brn/Wht	A	F	Appy		162								
0342 Chestn	A	F	QT		166								
0343 Chestn	A	F	QT		168								
0344 Buckskin	A	F	QT		171								
0345 Wht/Blk	A	N	Paint		174								
0346 Chestn	A	F	QT		181								

Bar S Feedlot
1 Benjamin Road
Shelby, MT 59474

These animals were, 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.

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

CERTIFICATION BY ISSUING VETERINARIAN

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

19. DATE ENDORSED: 6/23/11

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, - please print): C. Hardee Clark, DVM

21. STATUS: [ ] 2 Federal [ ] 1 State [X] 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 27 (Twenty-seven)

23. Signature of Endorsing Federal Veterinarian

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

25. SIGNATURE OF ISSUING VETERINARIAN

VS FORM 17-140 (MAR 98) Previous edition may be used.

PART 5 - ISSUING VETERINARIAN

FORM APPROVED - OMB NO. 0579-0020 and 0101

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): Bouvry Exports Hwy #3 East SW17-9-25-W4 Fort MacLeod, Alberta

2. CERTIFICATE NO.: L029065

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 06/21/11

5. U.S. PORT OF EMBARKATION (City and State): Sweetgrass, MT

6. STATE CODE: 30

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): Bar S Feedlot, 1 Benjamin Rd.

8. CONSIGNOR'S CITY (or Town): Shelby

12. CONSIGNOR'S STATE: Montana

13. STATE CODE: 30

14. ZIP CODE: 59474

9. SEMEN ("X" if yes): [ ]

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [X] 2 - Truck [ ] 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address): Bouvry Exports SW17-9-25-W4 Fort MacLeod, Alberta

DESTINATION COUNTRY: Canada

ENTER CODE: CA

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

NEGATIVE TUBERCULIN READING: [ ] 48 HRS [ ] 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS: DISEASE / TYPE TEST; DISEASE / TYPE TEST; DISEASE / TYPE TEST

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

MODIFIED ACCREDITED AREA (TB)

CERTIFIED BRUCELLOSIS FREE AREA

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

Bar S Feedlot
1 Benjamin Road
Shelby, MT 59474

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

27 Head ofmixed horses for slaughter only. These horses have been inspected on the above date and found fit for travel. These animals have resided in the United States or Canada since birth as best as can be determined. 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. All horses are identified by an Official USDA Equine Slaughter backtag. During the previous twenty-one (21) days, the animals in this shipment have not been in the States of Texas or New Mexico. Brand Inspection #1260356.

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
USGH...					Neck Tag #...									
0311 Brown	A	F	QT		726									
0312 Pal	A	F	QT		743									
0313 Bay	A	F	QT		748									
0314 Bay	A	F	QT		749									
0315 Bay	A	N	QT		750									
0316 Grey	A	F	QT		751									
0317 Dun	A	F	QT		752									
0318 Grey	A	F	QT		753									
0319 Red Roan	A	F	QT		754									

These animals were, 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.

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

APPROVED

23. Signature of Endorsing Federal Veterinarian: Glen Bailey

CERTIFICATION BY ISSUING VETERINARIAN

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

19. DATE ENDORSED: 6/21/2011

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, - please print): C. Hardee Clark, DVM

21. STATUS: [ ] 2 Federal [ ] 1 State [X] 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 27 (Twenty-Seven)

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

25. SIGNATURE OF ISSUING VETERINARIAN

VS FORM 17-140 (MAR 98) Previous edition may be used.

PART 5 - ISSUING VETERINARIAN

The certificate is authorized by law 21 U.S.C. 112). While you are not required to respond, no health certificate can be validated unless the data requested is provided. FORM APPROVED - OMB NO. 0579-0020 and 0101 72

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): Bouvry Exports Hwy #3 East SW17-9-25-W4 Fort MacLeod, Alberta

2. CERTIFICATE NO.: L029064

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 06/20/11

5. U.S. PORT OF EMBARKATION (City and State): Sweetgrass, MT

6. STATE CODE: 30

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): Bar S Feedlot, 1 Benjamin Rd.

8. CONSIGNOR'S CITY (or Town): Shelby

9. SEMEN ("X" if yes): [ ]

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [X] 2 - Truck [ ] 4 - Ocean

12. CONSIGNOR'S STATE: Montana

13. STATE CODE: 30

14. ZIP CODE: 59474

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

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address): Bouvry Exports SW17-9-25-W4 Fort MacLeod, Alberta

DESTINATION COUNTRY: Canada

ENTER CODE: CA

NEGATIVE TUBERCULIN READING: [ ] 48 HRS [ ] 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

CERTIFIED BRUCELLOSIS FREE AREA

NEGATIVE RESULTS OF OTHER TESTS: DISEASE / TYPE TEST / DATE

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

MODIFIED ACCREDITED AREA (TB)

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

Bar S Feedlot
1 Benjamin Road
Shelby, MT 59474

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

27 Head of mixed horses for slaughter only. These horses have been inspected on the above date and found fit for travel. These animals have resided inthe United States or Canada since birth as best as can beddetermined. 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 Canddda All horses are identified by an Official USDA Equine Slaughter backtag. During the previous twenty-one (21) days, the animals in this shipment have not been in the States of Texas or New Mexico. Brand Inspection # 1260355.

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
USGH...					Neck Tag #...									
0297 Black	A	N	QT		2									
0271 Chestn	A	F	QT		3									
0272 Chestn	A	F	QT		4									
0273 Brown	A	N	Mule		66									
0274 Brown	A	F	QT		69									
0275 Blk/Wht	A	F	Appy		70									
0276 Chestn	A	N	QT		71									
0277 Bay	A	F	QT		73									
0278 Bay	A	F	QT		75									

These animals were, 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.

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

CERTIFICATION BY ISSUING VETERINARIAN

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

19. DATE ENDORSED: 6/20/11

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, - please print): C. Hardee Clark, DVM

21. STATUS: [ ] 2 Federal [ ] 1 State [X] 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 27 (Twenty-Seven)

23. Signature of Endorsing Federal Veterinarian

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

25. SIGNATURE OF ISSUING VETERINARIAN

VS FORM 17-140 (MAR 98) Previous edition may be used.

PART 5 - ISSUING VETERINARIAN

The certificate is authorized by law 21 U.S.C. 112). While you are not required to respond, no health certificate can be validated unless the data requested is provided. FORM APPROVED - OMB NO. 0579-0020 and 0701

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): Bouvry Exports, SW17-9-25-W4, Hwy 3 East Fort MacLeod, Alberta

2. CERTIFICATE NO.: L029013

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 05/04/11

5. U.S. PORT OF EMBARKATION (City and State): Sweetgrass, MT

6. STATE CODE: 30

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): Bar S Feedlot, 1 Benjamin Rd.

8. CONSIGNOR'S CITY (or Town): Shelby

12. CONSIGNOR'S STATE: Montana

13. STATE CODE: 30

14. ZIP CODE: 59474

9. SEMEN ("X" if yes): [ ]

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [X] 2 - Truck [ ] 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address): Bouvry Exports SW17-9-25-W4 Fort MacLeod, Alberta

DESTINATION COUNTRY: Canada

ENTER CODE: CA

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

NEGATIVE TUBERCULIN READING: [ ] 48 HRS [ ] 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

CERTIFIED BRUCELLOSIS FREE AREA

NEGATIVE RESULTS OF OTHER TESTS: DISEASE / TYPE TEST / DISEASE / TYPE TEST / DISEASE / TYPE TEST

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

MODIFIED ACCREDITED AREA (TB)

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

Bar S Feedlot
1 Benjamin Road
Shelby, MT 59474

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	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DATE M	DATE N	DATE O
27 Head of mixed horses for slaughter only. These horses have been inspected on the above date and found fit for travel. These animals have resided in the United States or Canada since birth as best as can be determined. 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. All horses are identified by an Official USDA Equine Slaughter backtag. During the previous twenty-one (21) days, the animals in this shipment have not been in the States of Texas or New Mexico. Brand Inspection #1260307.														
USDA...					Neck Tag #...									
9256 Brown	A	F	QT		210									
9257 Bay	A	F	QT		307									
9258 Blt/Wht	A	F	Paint		527									
9259 White	A	F	QT		528									
9260 Chestn	A	F	QT		785									
9261 Chestn	A	F	QT		786									
9262 Chestn	A	F	QT		787									
9263 Black	A	F	QT		788									
9264 Red Roan	A	F	QT		789									

These animals were, 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.

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 the 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: 5-4-11

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial - please print): C. Hardee Clark, DVM

21. STATUS: [ ] 2 Federal [ ] 1 State [X] 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 27 (Twenty-Seven)

23. Signature of Endorsing Federal Veterinarian: [signature] DVM

24. NAME OF ENDORSING FEDERAL VET (Type, print or stamp): Jim Baker DVM

25. SIGNATURE OF ISSUING VETERINARIAN: [signature]

VS FORM 17-140 (MAR 98) Previous edition may be used.

PART 5 - ISSUING VETERINARIAN

The certificate is authorized by law 21 U.S.C. 112). While you are not required to respond, no health certificate can be validated unless the data requested is provided. FORM APPROVED - OMB NO. 0579-0020 and 0101

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): Bouvry Exports Hwy #3 East SW17-9-25-W4 Fort MacLeod, Alberta

2. CERTIFICATE NO.: L029017

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 05/05/11

5. U.S. PORT OF EMBARKATION (City and State): Sweetgrass, MT

6. STATE CODE: 30

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): Bar S Feedlot, 1 Benjamin rd.

8. CONSIGNOR'S CITY (or Town): Shelby

12. CONSIGNOR'S STATE: Montana

13. STATE CODE: 30

14. ZIP CODE: 59474

9. SEMEN ("X" if yes): [ ]

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [X] 2 - Truck [ ] 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address): Bouvry Exports SW17-9-25-W4 Fort MacLeod, Alberta

DESTINATION COUNTRY: Canada

ENTER CODE: CA

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

NEGATIVE TUBERCULIN READING: [ ] 48 HRS [ ] 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

CERTIFIED BRUCELLOSIS FREE AREA

NEGATIVE RESULTS OF OTHER TESTS: DISEASE / TYPE TEST; DISEASE / TYPE TEST; DISEASE / TYPE TEST

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

MODIFIED ACCREDITED AREA (TB)

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

Bar S Feedlot
1 Benjamin Road
Shelby, MT 59474

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

27 Head of mixed horses for slaughter only. These horses have been inspected on the above date and found fit for travel. These animals have resided in the United States or Canada since birth as best as can be determined. 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. All horses are identified by an Official USDA Equine Slaughter backtag. During the previous twenty-one (21) days, the animals in this shipment have not been in the States of Texas or New Mexico. Brand Inspection #1260306.

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
USDG...					Neck Tag #...									
9229 Dun	A	F	QT		25									
9280 Chestn	A	N	QT		943									
9284 Pal	A	N	QT		41									
9285 Chestn	A	N	QT		10									
9286 Bay	A	F	QT		85									
9287 Grey	A	F	QT		933									
9288 Chestn	A	F	QT		64									
9289 Bay	A	F	QT		66									
9290 Chestn	A	F	QT		31									

These animals were, 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.

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: 5-5-11

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial - please print): C. Harden Clark, DVM

21. STATUS: [ ] 2 Federal [ ] 1 State [X] 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 27 (Twenty-Seven)

23. Signature of Endorsing Federal Veterinarian: C. Harden Clark DVM

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): Jim Baker DVM

25. SIGNATURE OF ISSUING VETERINARIAN

VS FORM 17-140 (MAR 98) Previous edition may be used.

PART 5 - ISSUING VETERINARIAN

The certificate is authorized by law (21 U.S.C. 112). While you are not required to respond, no health certificate can be validated unless the data requested is provided. FORM APPROVED - OMB NO. 0579-0020 and 0101

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): Bouvry Exports Bay #3 East SW17-9-25-W4 Fort MacLeod, Alberta

2. CERTIFICATE NO.: L029012

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 05/04/11

5. U.S. PORT OF EMBARKATION (City and State): Sweetgrass, MT

6. STATE CODE:

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): Bar S Feedlot, 1 Benjamin Rd.

8. CONSIGNOR'S CITY (or Town): Shelby

12. CONSIGNOR'S STATE: Montana

13. STATE CODE: 30

14. ZIP CODE: 59474

9. SEMEN (X if yes): [ ]

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [X] 2 - Truck [ ] 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address): Bouvry Exports SW17-9-25-W4 Fort MacLeod, Alberta

DESTINATION COUNTRY: Canada

ENTER CODE: CA

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

NEGATIVE TUBERCULIN READING: [ ] 48 HRS [ ] 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS: DISEASE / TYPE TEST / DISEASE / TYPE TEST / DISEASE / TYPE TEST

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

MODIFIED ACCREDITED AREA (TB)

CERTIFIED BRUCELLOSIS FREE AREA

17. FARM ORIGIN
Owner's name (Last name, two initials, or business name)
Owner's street address
Owner's city/town, State code (FIPS code on reverse) & zip code

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

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
27 Head of mixed horses for slaughter only. These horses have been inspected on the above date and found fit for travel. These animals have resided in the United States or Canada since birth as best as can be determined. 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. All horses are identified by an Official USDA Equine Slaughter backtag. During the previous twenty-one (21) days, the animals in this shipment have not been in the States of Texas or New Mexico. Brand Inspection #1260305.													
Bar S Feedlot													
1 Benjamin Road													
Shelby, MT 59474													
USDA...					Neck Tag #...								
9227 Bay	A	F	QT		124								
9228 Pal	A	F	QT		3								
9231 Pal	A	S	QT		4								
9232 Red Roan	A	N	QT		5								
9233 Wht/Blck	A	N	Paint		6								
9234 Black	A	N	QT		7								
9235 Chestn	A	F	QT		8								
9236 Black	A	F	Draft		9								
9237 Chestn	A	N	QT		10								

These animals were, 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.

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: 5-4-11

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, please print): C. Hardee Clark, DVM

21. STATUS: [ ] 2 Federal [ ] 1 State [X] 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 27 (Twenty-Seven)

23. Signature of Endorsing Federal Veterinarian: C. Hardee Clark DVM

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

25. SIGNATURE OF ISSUING VETERINARIAN:

VS FORM 17-140 (MAR 98) Previous edition may be used.

PART 5. ISSUING VETERINARIAN

This certificate is authorized by law (21 U.S.C. 112). While you are not required to respond, no health certificate can be validated unless the data requested is provided. FORM APPROVED - OMB NO. 0579-0020 and 0101

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): Bouvry Exports Hwy #3 East SW17-9-25-W4 Fort MacLeod, Alberta

2. CERTIFICATE NO.: L029011

3. PAGE NO.: 72 — 1 OF 2

4. DATE ISSUED: 03/03/11

5. U.S. PORT OF EMBARKATION (City and State): Sweetgrass, MT

6. STATE CODE: 30

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): Bar S Feedlot, 1 Benjamin Rd.

8. CONSIGNOR'S CITY (or Town): Shelby

12. CONSIGNOR'S STATE: Montana

13. STATE CODE: 30

14. ZIP CODE: 59474

9. SEMEN ("X" if yes): [ ]

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [X] 2 - Truck [ ] 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address): Bouvry Exports SW17-9-25-W4 Fort MacLeod, Alberta

DESTINATION COUNTRY: Canada

ENTER CODE: CA

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

NEGATIVE TUBERCULIN READING: [ ] 48 HRS [ ] 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

CERTIFIED BRUCELLOSIS FREE AREA

NEGATIVE RESULTS OF OTHER TESTS: DISEASE / TYPE TEST; DISEASE / TYPE TEST; DISEASE / TYPE TEST

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

MODIFIED ACCREDITED AREA (TB)

17. FARM ORIGIN
Owner's name (Last name, two initials, or business name)
Owner's street address
Owner's city/town, State code (FIPS code on reverse) & zip code

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

27 Head of mixed horses for slaughter only. These horses have been inspected on the above date and found fit for travel. These animals have resided in the United States or Canada since birth as best as can be determined. 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. All horses are identified by an Official USDA Equine Slaughter backtag. During the previous twenty-one (21) days, the animals in this shipment have not been in the States of tExas or New Mexico. Brand Inspection #1260303.

Bar S Feedlot
1 Benjamin Road
Shelby, MT 59474

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
USDA...					Neck Tag #...									
9201 Grey	A	F	QT		95									
9202 Brn/Wht	A	F	Paint		98									
9203 Buck	A	F	QT		100									
9204 Chestn	A	N	QT		101									
9205 Chestn	A	N	QT		102									
9206 Chestn	A	N	QT		103									
9207 Chestn	A	F	QT		104									
9208 Chestn	A	F	QT		105									
9209 Bay	A	F	QT		106									

These animals were, 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.

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: 3-4-11

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, please print): C. Hardee Clark, DVM

21. STATUS: [ ] 2 Federal [ ] 1 State [X] 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 27 (Twenty-Seven)

23. Signature of Endorsing Federal Veterinarian

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

25. SIGNATURE OF ISSUING VETERINARIAN

VS FORM 17-140 (MAR 98) Previous edition may be used.

PART 5 - ISSUING VETERINARIAN

The certificate is authorized by law 21 U.S.C. 112). While you are not required to respond, no health certificate can be validated unless the data requested is provided. FORM APPROVED - OMB NO. 0579-0020 and 0101

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): Bouvry Exports Hwy #3 East SW17-9-25-W4 Fort MacLeod, Alberta

2. CERTIFICATE NO.: L029009

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 05/02/11

5. U.S. PORT OF EMBARKATION (City and State): Sweetgrass, MT

6. STATE CODE: 30

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): Bar S Feedlot, 1 Benjamin Rd.

8. CONSIGNOR'S CITY (or Town): Shelby

12. CONSIGNOR'S STATE: Montana

13. STATE CODE: 30

14. ZIP CODE: 59474

9. SEMEN ("X" if yes): [ ]

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [X] 2 - Truck [ ] 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address): Bouvry Exports SW17-9-25-W4 Fort MacLeod, Alberta

DESTINATION COUNTRY: Canada

ENTER CODE: CA

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

NEGATIVE TUBERCULIN READING: [ ] 48 HRS [ ] 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS: DISEASE / TYPE TEST; DISEASE / TYPE TEST; DISEASE / TYPE TEST

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

MODIFIED ACCREDITED AREA (T6): [ ]

CERTIFIED BRUCELLOSIS FREE AREA: [ ]

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

Bar S Feedlot
1 Benjamin Road
Shelby, MT 59474

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	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DATE M	DATE N	DATE O
27 Head of mixed horses for slaughter only. These horses have been inspected on the above date and found fit for travel. These animals have resided in the United States or Canada since birth as best as can be determined. 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. All horses are identified by an Official USDA Equine Slaughter backtag. During the previous twenty-one (21) days, the animals in this shipment have not been in the States of Texas or New Mexico. Brand Inspection #1260302.														
USCG...					Back Tag #...									
9147 Black	A	M	QT		710									
9148 Brn/Wht	A	F	Paint		713									
9149 Black	A	M	QT		714									
9150 Bay	A	M	QT		715									
9151 Yel/Wht	A	F	Paint		716									
9152 Black	A	F	QT		717									
9153 Black	A	F	QT		718									
9154 White	A	F	QT		719									
9155 Chestn	A	F	Draft		720									

These animals were, 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.

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: 5-2-11

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, - please print): C. Barclay Clark, DVM

21. STATUS: [ ] 2 Federal [ ] 1 State [X] 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 27 (Twenty-Seven)

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

25. SIGNATURE OF ISSUING VETERINARIAN

23. Signature of Endorsing Federal Veterinarian

VS FORM 17-140 (MAR 98) Previous edition may be used.

The certificate is authorized by law 21 U.S.C. 112). While you are not required to respond, no health certificate can be validated unless the data requested is provided. FORM APPROVED - OMB NO. 0579-0020 and 0101

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): Bouvry Exports Bay #3 East SW17-9-25-W4 Fort MacLeod, Alberta

2. CERTIFICATE NO.: L029010

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 05/03/11

5. U.S. PORT OF EMBARKATION (City and State): Sweetgrass, MT

6. STATE CODE: 30

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): Bar S Feedlot, 1 Benjamin Rd.

8. CONSIGNOR'S CITY (or Town): Shelby

12. CONSIGNOR'S STATE: Montana

13. STATE CODE: 30

14. ZIP CODE: 59474

9. SEMEN ("X" if yes): [ ]

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [X] 2 - Truck [ ] 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address): Bouvry Exports SW17-9-25-W4 Fort MacLeod, Alberta

DESTINATION COUNTRY: Canada

ENTER CODE: CA

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

NEGATIVE TUBERCULIN READING: [ ] 48 HRS [ ] 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

CERTIFIED BRUCELLOSIS FREE AREA

NEGATIVE RESULTS OF OTHER TESTS: DISEASE / TYPE TEST / DISEASE / TYPE TEST / DISEASE / TYPE TEST

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

17. FARM ORIGIN
Owner's name (Last name, two initials, or business name)
Owner's street address
Owner's city/town, State code (FIPS code on reverse) & zip code

Bar S Feedlot
1 Benjamin Road
Shelby, MT 59474

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	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DATE M	DATE N	DATE O
27 Head of mixed horses for slaughter only. These horses have been inspected on the above date and found fit for travel. These animals have resided in the United States or Canada since birth as best as can be determined. 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. All horses are identified by an Official USDA Equine Slaughter backtag. During the previous twenty-one (21) days, the animals in this shipment have not been in the States of Texas or New Mexico. Brand Inspection #1260302.													
USDG...					Neck Tag #...								
9174 Cheatn	A	F	QT		518								
9175 Bay	A	F	QT		628								
9176 Red Roan	A	F	QT		552								
9177 Cheatn	A	F	QT		581								
9178 Bru/Wht	A	F	Paint		597								
9179 Bay	A	F	QT		701								
9180 Bay	A	F	QT		800								
9181 Bay	A	F	QT		823								
9182 Bay	A	F	QT		824								

These animals were, to the best of the knowledge and belief of the issuing veterinarian, not exposed to any communicable disease within 50 days preceding the date of inspection.

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: 5-3-11

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, - please print): C. Hardee Clark, DVM

21. STATUS: [ ] 2 Federal [ ] 1 State [X] 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 27 (Twenty-Seven)

23. Signature of Endorsing Federal Veterinarian: DVM

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): Jim Baker DVM

25. SIGNATURE OF ISSUING VETERINARIAN

VS FORM 17-140 (MAR 98) Previous edition may be used.

PART 5 - ISSUING VETERINARIAN

While you are not required to respond, no health certificate can be validated unless the data requested is provided. FORM APPROVED - OMB NO. 0579-0020 and 0101

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): Bouvry Exports Hwy #3 East SW17-9-25-W4 Fort MacLeod, Alberta

2. CERTIFICATE NO.: L029007

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 05/02/11

5. U.S. PORT OF EMBARKATION (City and State): Sweetgrass, MT

6. STATE CODE: 30

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): Bar S Feedlot, 1 Benjamin Rd.

8. CONSIGNOR'S CITY (or Town): Shelby

12. CONSIGNOR'S STATE: Montana

13. STATE CODE: 30

14. ZIP CODE: 59474

9. SEMEN ("X" if yes): [ ]

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [X] 2 - Truck [ ] 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address): Bouvry Exports SW17-9-25-W4 Fort MacLeod, Alberta

DESTINATION COUNTRY: Canada

ENTER CODE: CA

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

NEGATIVE TUBERCULIN READING: [ ] 48 HRS [ ] 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

CERTIFIED BRUCELLOSIS FREE AREA

NEGATIVE RESULTS OF OTHER TESTS

DISEASE	DISEASE	DISEASE
TYPE TEST	TYPE TEST	TYPE TEST

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

17. FARM ORIGIN
Owner's name (Last name, two initials, or business name)
Owner's street address
Owner's city/town, State code (FIPS code on reverse) & zip code

Bar S Feedlot
1 Benjamin Road
Shelby, MT 59474

MODIFIED ACCREDITED AREA (TB)

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

27 Head of mixed horses for slaughter only. These horses have been inspected on the above date and found fit for travel. These animals have resided in the United States or Canada since birth as best we can be determined. 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. All horses are identified by an Official USDA Equine Slaughter backtag. During the previous twenty-one (21) days, the animals in this shipment have not been in the States of Texas or New Mexico. Brand Inspection #1260300.

ID NO. OR DESCRIPTION A	AGE B	SEX C	BREED D	V E	DATE F	V G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DATE M	DATE N	DATE O
USGG...					Neck Tag #...									
9093 Chestn	A	M	QT		121									
9094 Chestn	A	N	QT		129									
9095 Black	A	N	QT		131									
9096 Brown	A	N	QT		141									
9097 Chestn	A	F	QT		143									
9098 Red Roan	A	N	QT		144									
9099 Chestn	A	F	QT		145									
9100 Brn/Wht	A	F	Paint		146									
9101 Wht/Brn	MHaN		Appy		147									

These animals were, 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.

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: 5-2-11

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, - please print): C. Hardee Clark, DVM

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): 27 (Twenty-Seven)

23. Signature of Endorsing Federal Veterinarian: DVM

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): Joe Parker DVM

25. SIGNATURE OF ISSUING VETERINARIAN

VS FORM 17-140 (MAR 98) Previous edition may be used.

PART 5 - ISSUING VETERINARIAN

PRIVACY ACT STATEMENT: While you are not required to respond, no health certificate can be validated unless the data requested is provided. FORM APPROVED - OMB NO. 0579-0020 and 0101

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): Bouvry Exports Bay #3 East SW17-9-25-W4 Fort MacLeod, Alberta

2. CERTIFICATE NO.: L029008

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 05/02/11

5. U.S. PORT OF EMBARKATION (City and State): Sweetgrass, MT

6. STATE CODE: 30

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): Bar S Feedlot, 1 Benjamin Rd.

8. CONSIGNOR'S CITY (or Town): Shelby

12. CONSIGNOR'S STATE: Montana

13. STATE CODE: 30

14. ZIP CODE: 59474

9. SEMEN (X if yes): ☐

10. NO. DOSES OF SEMEN:

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

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address): Bouvry Exports SW17-9-25-W4 Fort MacLeod, Alberta

DESTINATION COUNTRY: Canada

ENTER CODE: CA

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

NEGATIVE TUBERCULIN READING: ☐ 48 HRS ☐ 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS: DISEASE / TYPE TEST / DISEASE / TYPE TEST / DISEASE / TYPE TEST

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

MODIFIED ACCREDITED AREA (TB)

CERTIFIED BRUCELLOSIS FREE AREA

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

Bar S Feedlot
1 Benjamin Road
Shelby, MT 59474

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

27 Head of mixed horses for slaughter only. These horses have been inspected on the above date and found fit for travel. These animals have resided in the United States or Canada since birth as best as can be determiend. 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. All horses are identified by an Official USDA equine Slaughter backtag. During the previous twenty-one (21) days, the animals in this shipment have not been in the States of Texas or New Mexico. Brand Inspection #1260301.

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
USGG...					Neck Tag #...									
9120 Wht/Brn	A	M	Appy		164									
9121 Red Roan	A	F	QT		167									
9122 Bay	A	F	QT		180									
9123 Black	A	M	Draft		182									
9124 Cheats	A	F	QT		183									
9125 Brown	A	F	QT		184									
9126 Brown	A	F	QT		185									
9127 Brn/Wht	A	F	Paint		187									
9128 Bay	A	F	QT		188									
9129 Bay	A	F	QT		189									

These animals were, 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.

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: 5-2-11

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, please print): C. Hardee Clark, DVM

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): 27 (Twenty-Seven)

23. Signature of Endorsing Federal Veterinarian: J. Barker DVM

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): J. Barker DVM

25. SIGNATURE OF ISSUING VETERINARIAN

VS FORM 17-140 (MAR 98) Previous edition may be used.

PART B - ISSUING VETERINARIAN

[illegible] required is deleted, no health certificate can be validated unless the data requested is provided.

FORM APPROVED - OMB NO. 0579-0020 and 0101

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): [redacted] (b)(6)
Lawler, IA 52154

2. CERTIFICATE NO.: L028473

3. PAGE NO.: 1 OF 3

4. DATE ISSUED: 3-28-11

5. U.S. PORT OF EMBARKATION (City and State): Sweetgrass, MT

6. STATE CODE: 30

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): Inspected @ Billings Live

8. CONSIGNOR'S CITY (or Town): Billings

12. CONSIGNOR'S STATE: Montana

13. STATE CODE: 30

14. ZIP CODE: 59101

9. SEMEN ("X" if yes): [ ]

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [X] 2 - Truck [ ] 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address): Cavelle-Canada
3401 53rd Ave LaComb,AB CA

DESTINATION COUNTRY: Canada

ENTER CODE: CA

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

NEGATIVE TUBERCULIN READING: [ ] 48 HRS [ ] 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

CERTIFIED BRUCELLOSIS FREE AREA

NEGATIVE RESULTS OF OTHER TESTS

DISEASE	DISEASE	DISEASE
TYPE TEST	TYPE TEST	TYPE TEST

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

17. FARM ORIGIN
Owner's name (Last name, two initials, or business name)
Owner's street address
Owner's city/town, State code (FIPS code on reverse) & zip code

Billings Livestock Commission
2443 N Frontage Rd
Billings, MT 59101

All animals are identified with back tags

PERMANENT EXPORT ONLY!

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	Y E	DATE F	Y G	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DATE M	DATE N	DATE O
# on Hip													USDA #	
1732 Sorrel	17y	F	QH				star,strip,snip,RH sock					USGB	5739	
1738 Black	10y	G	QH				star,snip						5740	
1238 Black	7y	G	QH				star,snip,LF/RH socks						5741	
1733 Sorrel	13y	F	QH				star						5742	
1173 Sor/Wht	6y	F	PNT				blaze, 4 socks						5743	
1745 Dun	20y	F	QH				star,strip,snip,RF/LH socks						5744	
1047 Brown	3y	G	MULE				no marks						5745	
1175 Red Rn	6y	F	QH				blaze hind socks						5746	
1031 Sorrel	5y	F	QH				blaze, RF/RH/LH socks						5747	
1107 Dun	9y	G	QHX				no marks						5748	
1743 Sorrel	17y	F	QH				blaze, RH sock						5749	
1182 Sor/Wht	7y	G	QH				blaze						5750	
1731 Roan	10y	F	QH				no marks						5651	
1036 Dun	4y	F	QH				no marks						5653	
1033 Bay	3y	F	QH				star,4 socks						5652	
1126 Brown	13y	F	MULE				no marks						5654	
1109 Gray	15y	F	DPT				no marks						5655	

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: 3-27-11

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, - please print): Peila, Jeffrey C

21. STATUS: [ ] 2 Federal [ ] 1 State [X] 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): twenty eight (28)

23. Signature of Endorsing Federal Veterinarian: DVM

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): Jim Baker DVM

25. SIGNATURE OF ISSUING VETERINARIAN: Jeffrey Peila

VS FORM 17-140 (MAR 98) Previous edition may be used.

PART 5 - ISSUING VETERINARIAN

...ed by law (7 U.S.C. 112). While you are not required to respond, no health certificate can be validated unless the data requested is provided. FORM APPROVED - OMB NO. 0579-0020 and 0101

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): Bouvry Exports Hwy #3 East SW17-9-25-W4 Fort MacLeod, Alberta

2. CERTIFICATE NO.: L029006

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 04/29/11

5. U.S. PORT OF EMBARKATION (City and State): Sweetgrass, MT

6. STATE CODE: 30

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): Bar S Feedlot, 1 Benjamin Rd.

8. CONSIGNOR'S CITY (or Town): Shelby

12. CONSIGNOR'S STATE: Montana

13. STATE CODE: 30

14. ZIP CODE: 59474

9. SEMEN (X if yes): [ ]

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [X] 2 - Truck [ ] 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address): Bouvry Exports SW17-9-25-W4 Fort MacLeod, Alberta

DESTINATION COUNTRY: Canada

ENTER CODE: CA

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

NEGATIVE TUBERCULIN READING: [ ] 48 HRS [ ] 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS: DISEASE / TYPE TEST / DATE; DISEASE / TYPE TEST / DATE; DISEASE / TYPE TEST / DATE

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

MODIFIED ACCREDITED AREA (TB)

CERTIFIED BRUCELLOSIS FREE AREA

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	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DATE M	DATE N	DATE O
27 Head of mixed horses for slaughter only. These horses have been inspected on the above date and found fit for travel. These animals have resided in the United States or Canada since birth as best as can be determined. 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. All horses are identified by an Official USDA Equine Slaughter backtag. During the previous twenty-one (21) days, the animals in this shipment have not been in the States of Texas or New Mexico. Brand Inspection #1260299.														
USGG...					Neck Tag #...									
9066 Brown	A	M	QT		100									
9067 Brown	A	F	QT		102									
9068 Brown	A	F	QT		103									
9069 Brown	A	F	QT		104									
9070 Black	A	F	QT		112									
9071 Red Roan	A	F	QT		123									
9072 Chestn	A	M	QT		125									
9073 Bay	A	M	QT		126									
9074 Chestn	A	M	QT		127									

Bar S Feedlot
1 Benjamin Road
Shelby, MT 59474

These animals were, 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.

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: 4-29-11

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial - please print): C. Hardee Clark, DVM

21. STATUS: [ ] 2 Federal [ ] 1 State [X] 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 27 (Twenty-Seven)

23. Signature of Endorsing Federal Veterinarian: A. Barker DVM

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): Jim Barker DVM

25. SIGNATURE OF ISSUING VETERINARIAN

VS FORM 17-140 (MAR 98) Previous edition may be used.

The certificate is authorized by law (21 U.S.C. 112). While you are not required to respond, no health certificate can be validated unless the data requested is provided. FORM APPROVED - OMB NO. 0579-0020 and 0101

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): Bouvry Exports Hwy #3 East SW17-9-25-W4 Fort MacLeod, Alberta

2. CERTIFICATE NO.: L029063

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 06/15/11

5. U.S. PORT OF EMBARKATION (City and State): Sweetgrass, MT

6. STATE CODE: 30

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): Bar S Feedlot, 1 Benjamin Rd.

8. CONSIGNOR'S CITY (or Town): Shelby

12. CONSIGNOR'S STATE: Montana

13. STATE CODE: 30

14. ZIP CODE: 59474

9. SEMEN ("X" if yes): [ ]

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [X] 2 - Truck [ ] 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address): Bouvry Exports SW17-9-25-W4 Fort MacLeod, Alberta

DESTINATION COUNTRY: Canada

ENTER CODE: CA

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

NEGATIVE TUBERCULIN READING: [ ] 48 HRS [ ] 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

DISEASE	DISEASE	DISEASE
TYPE TEST	TYPE TEST	TYPE TEST

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

MODIFIED ACCREDITED AREA (TB)

CERTIFIED BRUCELLOSIS FREE AREA

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

Bar S Feedlot
1 Benjamin Road
Shelby, MT 59474

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

13 Head of mixed horses for slaughter only. These horses have been inspected on the above date and found fit for travel. These animals have resided in the United States or Canada since birth as best as can be determined. 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. All horses are identified by an Official USDA Equine Slaughter backtag. During the previous twenty-one (21) days, the animals in this shipment have not been in the States of Texas or New Mexico. Brand Inspection #1260354.

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
USGH...					Neck Tag #...									
0298 Dun	XMA	M	QT		706									
0299 Black	A	M	QT		707									
0300 Black	A	M	QT		708									
0301 Chestn	A	M	QT		709									
0302 Chestn	A	M	QT		710									
0303 Brn/Wht	A	M	Paint		713									
0304 Wht/Brn	A	M	Paint		714									
0305 Chestn	A	M	QT		715									
0306 Chestn	A	M	QT		716									

These animals were, 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.

OFFICIAL VETERINARY SEAL

CERTIFICATION BY ISSUING VETERINARIAN

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

19. DATE ENDORSED: 6-16-11

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, - please print): C. Hardee Clark, DVM

21. STATUS: [ ] 2 Federal [ ] 1 State [X] 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 13 (Thirteen)

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): Jim Baker DVM

25. SIGNATURE OF ISSUING VETERINARIAN

VS FORM 17-140a (MAR 2005) Previous edition may be used.

PART 5 - ISSUING VETERINARIAN

...requested is required, no health certificate can be validated unless the data requested is provided. FORM APPROVED - OMB NO. 0579-0020 and 0101

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): Bouvry Exports Hwy #3 East SW17-9-25-W4 Fort MacLeod, Alberta

2. CERTIFICATE NO.: L029062

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 06/14/11

5. U.S. PORT OF EMBARKATION (City and State): Sweetgrass, MT

6. STATE CODE: 30

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): Bar S Feedlot, 1 Benjamin Rd.

8. CONSIGNOR'S CITY (or Town): Shelby

12. CONSIGNOR'S STATE: Montana

13. STATE CODE: 30

14. ZIP CODE: 59474

9. SEMEN ("X" if yes): [ ]

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [X] 2 - Truck [ ] 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address): Bouvry Exports SW17-9-25-W4 Fort MacLeod, Alberta

DESTINATION COUNTRY: Canada

ENTER CODE: CA

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

NEGATIVE TUBERCULIN READING: [ ] 48 HRS [ ] 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

CERTIFIED BRUCELLOSIS FREE AREA

NEGATIVE RESULTS OF OTHER TESTS: DISEASE / TYPE TEST / DATE

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

MODIFIED ACCREDITED AREA (TB)

17. FARM ORIGIN
Owner's name (Last name, two initials, or business name)
Owner's street address
Owner's city/town, State code (FIPS code on reverse) & zip code

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

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
13 Head of mixed horses for slaughter only. These horses have been inspected on the above date and found fit for travel. These animals have resided in the United States or Canada since birth as best as can be determined. 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. All horses are identified by an Official USDA Equine Slaughter backtag. During the previous twenty-one (21) days, the animals in this shipment have not been in the States of Texas or New Mexico. Brand Inspection #1260353.													
USGH...					Neck Tag #...								
0258 Bay	A	M	QT		112								
0259 Red Roan	A	M	QT		133								
0260 Black	A	M	QT		176								
0261 Brown	A	M	QT		184								
0262 Brown	A	M	QT		199								
0263 Chestn	A	M	QT		200								
0264 Pal	A	M	QT		201								
0265 Chestn	A	M	QT		701								
0266 Chestn	A	M	QT		811								

Bar S Feedlot
1 Benjamin Road
Shelby, MT 59474

These animals were, 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.

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

CERTIFICATION BY ISSUING VETERINARIAN

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

19. DATE ENDORSED: 6-15-11

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, - please print): C. Hardee Clark, DVM

21. STATUS: [ ] 2 Federal [ ] 1 State [X] 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 13 (Thirteen)

23. Signature of Endorsing Federal Veterinarian: A. Bed. DVM

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): Jim Baker DVM

25. SIGNATURE OF ISSUING VETERINARIAN

VS FORM 17-140 (MAR 98) Previous edition may be used.

PART 5 - ISSUING VETERINARIAN

...is required, no health certificate can be validated unless the data requested is provided. FORM APPROVED - OMB NO. 0579-0020 and 0101

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): Bouvry Exports Hwy #3 East SW17-9-25-W4 Fort MacLeod, Alberta

2. CERTIFICATE NO.: L029061

3. PAGE NO.: R 1 OF 2

4. DATE ISSUED: 06/13/11

5. U.S. PORT OF EMBARKATION (City and State): Sweetgrass, MT

6. STATE CODE: 30

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): Bar S Feedlot, 1 Benjamin Rd.

8. CONSIGNOR'S CITY (or Town): Shelby

12. CONSIGNOR'S STATE: Montana

13. STATE CODE: 30

14. ZIP CODE: 59474

9. SEMEN ("X" if yes): [ ]

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [X] 2 - Truck [ ] 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address): Bouvry Exports SW17-9-25-W4 Fort MacLeod, Alberta

DESTINATION COUNTRY: Canada

ENTER CODE: CA

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

NEGATIVE TUBERCULIN 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 city/town, State code (FIPS code on reverse) & zip code

MODIFIED ACCREDITED AREA (TB)

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

CERTIFIED BRUCELLOSIS FREE AREA

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	DISEASE / TYPE TEST / DATE M	DISEASE / TYPE TEST / DATE N	DISEASE / TYPE TEST / DATE O
27 Head of mixed horses for slaughter only. These horses have been inspected on the above date and found fit for travel. These animals have resided in the United States or Canada since birth as best as can be determined. 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. All horses are identified by an Official USDA Equine Slaughter backtag. During the previous twenty-one (21) days, the animals in this shipment have not been in the States of Texas or New Mexico. Brand Inspection #1260352.													
USDA...					Neck Tag #...								
0231 Black	A	N	QT		812								
0232 Brn/Wht	A	F	Paint		818								
0233 Bay	A	F	QTx		825								
0234 Pal	A	F	QT		829								
0235 Red Roan	A	F	QT		832								
0236 Chestn	A	F	QT		837								
0237 Chestn	A	F	QT		840								
0238 Blu Roan	A	N	QT		841								
0239 Red Roan	A	N	QT		844								

Bar S Feedlot
1 Benjamin Road
Shelby, MT 59474

These animals were, 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.

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

CERTIFICATION BY ISSUING VETERINARIAN

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

19. DATE ENDORSED: 6-13-11

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, - please print): C. Hardee Clark, DVM

21. STATUS: [ ] 2 Federal [ ] 1 State [X] 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 27 (Twenty-Seven)

23. Signature of Endorsing Federal Veterinarian: A. Beck DVM

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): Jim Becker DVM

25. SIGNATURE OF ISSUING VETERINARIAN:

VS FORM 17-140 (MAR 98) Previous edition may be used.

PART 5 - ISSUING VETERINARIAN

If you are not required to respond, no health certificate can be validated unless the data requested is provided. FORM APPROVED - OMB NO. 0579-0020 and 0101

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): Bouvry Exports Hwy #3 East SW17-9-25-W4 Fort MacLeod, Alberta

2. CERTIFICATE NO.: L029054

3. PAGE NO.: R 1 OF 2

4. DATE ISSUED: 06/03/11

5. U.S. PORT OF EMBARKATION (City and State): Sweetgrass, MT

6. STATE CODE: 30

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): Bar S Feedlot, 1 Benjamin Rd.

8. CONSIGNOR'S CITY (or Town): Shelby

12. CONSIGNOR'S STATE: Montana

13. STATE CODE: 30

14. ZIP CODE: 59474

9. SEMEN ("X" if yes): [ ]

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [X] 2 - Truck [ ] 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address): Bouvry Exports SW17-9-25-W4 Fort MacLeod, Alberta

DESTINATION COUNTRY: Canada

ENTER CODE: CA

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

NEGATIVE TUBERCULIN READING: [ ] 48 HRS [ ] 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

CERTIFIED BRUCELLOSIS FREE AREA

NEGATIVE RESULTS OF OTHER TESTS

DISEASE	DISEASE	DISEASE
TYPE TEST	TYPE TEST	TYPE TEST

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

MODIFIED ACCREDITED AREA (TB)

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

Bar S Feedlot
1 Benajmin Road
Shelby, MT 59474

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

27 Head of mixed horses for slaughter only. These horses have been inspected on the above date and found fit for travel. These animals have resided in the United States or Canada since birth as best as can be determined. The exporter has been advised that any deterioration in health or physicla condition of the animals that may render animals unfit for transport may result in the shipment to be refused entry to Canada. All horses are identified by an Official USDA Equine Slaughter backtag. During the previous twenty-one (21) days, the animals in this shipment have not been in the States of Texas or New Mexico. Brand Inspection #1260343.

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
USGH...					Neck Tag #...									
0085 Bay	A	N	QT		2									
0086 Chestn	A	F	QT		3									
0087 Chestn	A	F	QT		4									
0088 Bay	A	N	QT		832									
0089 Bay	A	F	QT		837									
0090 Pal	A	F	QT		840									
0091 Brown	A	N	QT		841									
0092 Chestn	A	N	QT		844									
0093 Brown	A	N	TB		850									

These animals were, 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.

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

CERTIFICATION BY ISSUING VETERINARIAN

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

19. DATE ENDORSED: 6-3-11

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, - please print): C. Hardee Clark, DVM

21. STATUS: [ ] 2 Federal [ ] 1 State [X] 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 27 (Twenty-Seven)

23. Signature of Endorsing Federal Veterinarian: J. Becker DVM

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): Jim Becker DVM

25. SIGNATURE OF ISSUING VETERINARIAN

VS FORM 17-140 (MAR 98) Previous edition may be used.

PART 5 - ISSUING VETERINARIAN

The certificate is authorized by law 21 U.S.C. 112). While you are not required to respond, no health certificate can be validated unless the data requested is provided.

FORM APPROVED - OMB NO. 0579-0020 and 0101

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): Bouvry Exports Hwy #3 East SW17-9-25-W4 Fort MacLeod, Alberta

2. CERTIFICATE NO.: L029055

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 06/06/11

5. U.S. PORT OF EMBARKATION (City and State): Sweetgrass, MT

6. STATE CODE: 30

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): Bar S Feedlot, 1 Benjamin Rd.

8. CONSIGNOR'S CITY (or Town): Shelby

12. CONSIGNOR'S STATE: Montana

13. STATE CODE: 30

14. ZIP CODE: 59474

9. SEMEN ("X" if yes): [ ]

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [X] 2 - Truck [ ] 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address): Bouvry Exports SW17-9-25-W4 Fort MacLeod, Alberta

DESTINATION COUNTRY: Canada

ENTER CODE: CA

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

NEGATIVE TUBERCULIN READING: [ ] 48 HRS [ ] 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

CERTIFIED BRUCELLOSIS FREE AREA

NEGATIVE RESULTS OF OTHER TESTS: DISEASE / TYPE TEST; DISEASE / TYPE TEST; DISEASE / TYPE TEST

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

17. FARM ORIGIN
Owner's name (Last name, two initials, or business name)
Owner's street address
Owner's city/town, State code (FIPS code on reverse) & zip code

Bar S Feedlot
1 Benjamin Road
Shelby, MT 59474

MODIFIED ACCREDITED AREA (TB)

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

27 Head of mixed horses for slaughter only. These horses have been inspected on the above date and found fit for travel. These animals have resided in the United States or Canada since birth as best as can be determined. 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. All horses are identified by an Official USDA Equine Slaughter backtag. During the previous twenty-one (21) days, the animals in this shipment have not been in the States of Texas or New Mexico. Brand Inspection #1260346.

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
USDA...					Neck Tag #...									
0112 Bay	A	F	QT		28									
0113 Pal	A	N	QT		5									
0114 Bay	A	F	QT		16									
0115 Chestn	A	N	QT		13									
0116 Chestn	A	N	QT		9									
0117 Chestn	A	F	QT		19									
0118 Black	A	N	QT		15									
0119 Black	A	F	QT		2									
0120 Chestn	A	F	QT		1									

These animals were, 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.

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

CERTIFICATION BY ISSUING VETERINARIAN

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

19. DATE ENDORSED: 6-6-11

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, - please print): C. Hardee Clark, DVM

21. STATUS: [ ] 2 Federal [ ] 1 State [X] 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include hos. from all attached VS Forms 17-140A): 27 (Twenty-Seven)

23. Signature of Endorsing Federal Veterinarian: DVM

24. NAME OF ENDORSING FEDERAL VET. (Type, print, or stamp): Jim Becker DVM

25. SIGNATURE OF ISSUING VETERINARIAN

VS FORM 17-140 (MAR 98) Previous edition may be used.

PART E. - ISSUING VETERINARIAN

The certificate is authorized by law 21 U.S.C. 112). While you are not required to respond, no health certificate can be validated unless the data requested is provided. FORM APPROVED - OMB NO. 0579-0020 and 0101

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): Bouvry Exports Hwy #3 East SW17-9-25-W4 Fort MacLeod, Alberta

2. CERTIFICATE NO.: L029056

3. PAGE NO.: 72 — 1 OF 2

4. DATE ISSUED: 06/07/11

5. U.S. PORT OF EMBARKATION (City and State): Sweetgrass, MT

6. STATE CODE: 30

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): Bar S Feedlot, 1 Benjamin Rd.

8. CONSIGNOR'S CITY (or Town): Shelby

12. CONSIGNOR'S STATE: Montana

13. STATE CODE: 30

14. ZIP CODE: 59474

9. SEMEN ("X" if yes): [ ]

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [X] 2 - Truck [ ] 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address): Bouvry Exports SW17-9-25-W4 Fort MacLeod, Alberta

DESTINATION COUNTRY: Canada

ENTER CODE: CA

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

NEGATIVE TUBERCULIN READING: [ ] 48 HRS [ ] 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

CERTIFIED BRUCELLOSIS FREE AREA

NEGATIVE RESULTS OF OTHER TESTS: DISEASE / TYPE TEST / DISEASE / TYPE TEST / DISEASE / TYPE TEST

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

MODIFIED ACCREDITED AREA (TB)

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

Bar S Feedlot
1 Benjamin Road
Shelby, MT 59474

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

13 Head of mixed horses for slaughter only. These horses have been inspected on the above date and found fit for travel. These animals have resided in the United States or Canada since birth as best as can be determined. 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. All horses are identified by an Official USDA Equine Slaughter backtag. During the previous twenty-one (21) days, the animals in this shipment have not been in the States of Texas or New Mexico. Brand Inspection #1260347.

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
USGH...					Neck Tag #...									
0139 Chesta	A	M	Draft		18									
0140 Chesta	A	M	QT		33									
0141 Pal	A	M	QT		38									
0142 Dun	A	M	QT		110									
0143 Blk/Wht	A	M	Paint		169									
0144 Red Roan	A	M	QT		170									
0145 Chesta	A	M	QT		173									
0146 Chesta	A	M	QT		177									
0147 Chesta	A	M	QT		180									

These animals were, 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.

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

CERTIFICATION BY ISSUING VETERINARIAN

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

19. DATE ENDORSED: 6-7-11

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, - please print): C. Hardee Clark, DVM

21. STATUS: [ ] 2 Federal [ ] 1 State [X] 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 13 (Thirteen)

23. Signature of Endorsing Federal Veterinarian: A. B. [illegible] DVM

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): J. B. Koo DVM

25. SIGNATURE OF ISSUING VETERINARIAN

VS FORM 17-140 (MAR 98) Previous edition may be used.

PART 5 - ISSUING VETERINARIAN

This health certificate can be validated unless the data requested is provided.

FORM APPROVED - OMB NO. 0579-0020 and 0101

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): Bouvry Exports Hwy #3 East SW17-9-25-W4 Fort MacLeod, Alberta

2. CERTIFICATE NO.: L029057

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 06/08/11

5. U.S. PORT OF EMBARKATION (City and State): Sweetgrass, MT

6. STATE CODE: 30

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): Bar S Feedlot, 1 Benjamin Rd.

8. CONSIGNOR'S CITY (or Town): Shelby

12. CONSIGNOR'S STATE: Montana

13. STATE CODE: 30

14. ZIP CODE: 59474

9. SEMEN ("X" if yes): [ ]

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [X] 2 - Truck [ ] 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address): Bouvry Exports SW17-9-25-W4 Fort MacLeod, Alberta

DESTINATION COUNTRY: Canada

ENTER CODE: CA

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

NEGATIVE TUBERCULIN READING: [ ] 48 HRS [ ] 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

CERTIFIED BRUCELLOSIS FREE AREA

NEGATIVE RESULTS OF OTHER TESTS: DISEASE / TYPE TEST; DISEASE / TYPE TEST; DISEASE / TYPE TEST

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

MODIFIED ACCREDITED AREA (TB)

17. FARM ORIGIN
Owner's name (Last name, two initials, or business name)
Owner's street address
Owner's city/town, State code (FIPS code on reverse) & zip code

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

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
13 Head of mixed horses for slaughter only. These horses have been inspected on the above date and found fit for travel. These animals have resided in the United States or Canada since birth as best as can be determined. 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. All horses are identified by an Official USDA Equine Slaughter backtag. During the previous twenty-one (21) days, the animals in this shipment have not been in the States of Texas or New Mexico. Brand Inspection #1260348.														
USGH...					Neck Tag #...									
0152 Chestn	A	M	QT		792									
0153 Black	A	M	Draft		794									
0154 Wht/Brn	A	M	Paint		795									
0155 Black	A	M	QT		796									
0156 Bay	A	M	QT		797									
0157 Black	A	M	QT		798									
0158 Blnd/Wht	A	M	Paint		799									
0159 Bay	A	M	QT		802									
0160 Brn/Wht	A	M	Paint		803									

Bar S Feedlot
1 Benjamin Road
Shelby, MT 59474

These animals were, 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.

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

CERTIFICATION BY ISSUING VETERINARIAN

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

19. DATE ENDORSED: 6-8-11

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, - please print): C. Hardee Clark, DVM

21. STATUS: [ ] 2 Federal [ ] 1 State [X] 3 Accredited

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

13 (Thirteen)

23. Signature of Endorsing Federal Veterinarian: A. Baker DVM

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): Jim Baker DVM

25. SIGNATURE OF ISSUING VETERINARIAN

VS FORM 17-140 (MAR 98) Previous edition may be used.

PART A - ISSUING VETERINARIAN

...is authorized by law (21 U.S.C. 112). While you are not required to respond, no health certificate can be validated unless the data requested is provided. FORM APPROVED - OMB NO. 0579-0020 and 0101

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): Bouvry Exports Hwy #3 East SW17-9-25-W4 Fort MacLeod, Alberta

2. CERTIFICATE NO.: L029058

3. PAGE NO.: 2 — 1 OF 2

4. DATE ~~ISSUED~~: 06/09/11

5. U.S. PORT OF EMBARKATION (City and State): Sweetgrass, MT

6. STATE CODE: 30

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): Bar S Feedlot, 1 Benjamin Rd.

8. CONSIGNOR'S CITY (or Town): Shelby

12. CONSIGNOR'S STATE: Montana

13. STATE CODE: 30

14. ZIP CODE: 59474

9. SEMEN ("X" if yes): [ ]

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [X] 2 - Truck [ ] 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address): Bouvry Exports SW17-9-25-W4 Fort MacLeod, Alberta

DESTINATION COUNTRY: Canada

ENTER CODE: CA

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

NEGATIVE TUBERCULIN READING: [ ] 48 HRS [ ] 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

CERTIFIED BRUCELLOSIS FREE AREA

NEGATIVE RESULTS OF OTHER TESTS

DISEASE	DISEASE	DISEASE
TYPE TEST	TYPE TEST	TYPE TEST

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

MODIFIED ACCREDITED AREA (TB)

17. FARM ORIGIN
Owner's name (Last name, two initials, or business name)
Owner's street address
Owner's city/town, State code (FIPS code on reverse) & zip code

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

13 Head of mixed horses for slaughter only. These horses have been inspected on the above date and found fit for travel. These animals have resided in the United States or Canada since birth as best as can be determined. 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. All horses are identified by an Official USDA Equine Slaughter backtag. During the previous twenty-one (21) days, the animals in this shipment have not been in the States of Texas or New Mexico. Brand Inspection #1260349.

Bar S Feedlot
1 Benjamin Road
Shelby, MT 59474

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
USDA...					Neck Tag #...									
0165 Chestn	A	M	QT		49									
0166 Chestn	A	M	QT		76									
0167 Chestn	A	M	QT		88									
0168 Bay	A	M	QT		190									
0169 Black	A	M	QT		192									
0170 Bay	A	M	QT		193									
0171 Chestn	A	M	QT		203									
0172 Bay	A	M	QT		210									
0173 Chestn	A	M	QT		574									

These animals were, 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.

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

A. B. DVM

23. Signature of Endorsing Federal Veterinarian

CERTIFICATION BY ISSUING VETERINARIAN

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

19. DATE ENDORSED: 6-8-11

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, - please print): C. Hardee Clark, DVM

21. STATUS: [ ] 2 Federal [ ] 1 State [X] 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 13 (Thirteen)

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): Jim Becker DVM

25. SIGNATURE OF ISSUING VETERINARIAN

VS FORM 17-140 (MAR 98) Previous edition may be used.

PART 5 - ISSUING VETERINARIAN

The certificate is authorized by law 21 U.S.C. 112). While you are not required to respond, no health certificate can be validated unless the data requested is provided. FORM APPROVED - OMB NO. 0579-0020 and 0101

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): Bouvry Exports Hwy #3 East SW17-9-25-W4 Fort MacLeod, Alberta

2. CERTIFICATE NO.: L029059

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 06/09/10

5. U.S. PORT OF EMBARKATION (City and State): Sweetgrass, MT

6. STATE CODE:

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): Bar S Feedlot, 1 Benjamin Rd

8. CONSIGNOR'S CITY (or Town): Shelby

12. CONSIGNOR'S STATE: Montana

13. STATE CODE: 30

14. ZIP CODE: 59474

9. SEMEN ("X" if yes): [ ]

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [ ] 2 - Truck [ ] 4 - Ocean XX

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address): Bouvry Exports Sw17-9-25-W4 Fort MacLeod, Alberta

DESTINATION COUNTRY: Canada

ENTER CODE: CA

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) XX

NEGATIVE TUBERCULOSIS READING: [ ] 48 HRS [ ] 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS: DISEASE / TYPE TEST; DISEASE / TYPE TEST; DISEASE / TYPE TEST

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

17. FARM ORIGIN
Owner's name (Last name, two initials, or business name)
Owner's street address
Owner's city/town, State code (FIPS code on reverse) & zip code

MODIFIED ACCREDITED AREA (TB)

CERTIFIED BRUCELLOSIS FREE AREA

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	DATE H	VAC I	1/25 J	1/50 K	1/100 L	DATE M	DATE N	DATE O
27 Head of mixed horses for slaughter only. These horses have been inspected on the above date and found fit for travel. These animals have resided in the United States or Canada since birth as best as can be determined. 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. All horses are identified by an Official USDA Equine Slaughter backtag. During the previous twenty-one (21) days, the animals in this shipment have not been in the States of Texas or New Mexico. Brand Inspection [redacted]1260350.														
[redacted] USGH...														
[redacted]					Back Tag #...									
0178 Black	A	M	QT		111									
0179 Brn/Wht	A	F	Paint		112									
0180 Chestn	A	F	QT		115									
0181 Bay	A	M	QT		116									
0182 Brown	A	M	QT		117									
0183 Grey	A	M	QT		118									
0184 Bay	A	M	QT		119									
0185 Chestn	A	M	QT		121									

Bar S Feedlot
1 Benjamin Road
Shelby, MT 59474

These animals were, 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. JB

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

CERTIFICATION BY ISSUING VETERINARIAN

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

19. DATE ENDORSED: 6-9-11

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, - please print): C. Hardee Clark, DVM

21. STATUS: [ ] 2 Federal [ ] 1 State [X] 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 26 JR

23. Signature of Endorsing Federal Veterinarian: A. Bell DVM

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): Jim Barker DVM

25. SIGNATURE OF ISSUING VETERINARIAN:

27 (Twenty-Seven)

VS FORM 17-140 (MAR 98) Previous edition may be used.

PART 5 - ISSUING VETERINARIAN

The certificate is authorized by law 21 U.S.C. 112). While you are not required to respond, no health certificate can be validated unless the data requested is provided. FORM APPROVED - OMB NO. 0579-0020 and 0101

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): Bouvry Exports Bay #3 East SW17-9-25-W4 Fort MacLeod, Alberta

2. CERTIFICATE NO.: L029060

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 06/10/11

5. U.S. PORT OF EMBARKATION (City and State): Sweetgrass, MT

6. STATE CODE: 30

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): Bar S Feedlot, 1 Benjamin Rd.

8. CONSIGNOR'S CITY (or Town): Shelby

12. CONSIGNOR'S STATE: Montana

13. STATE CODE: 30

14. ZIP CODE: 59474

9. SEMEN ("X" if yes): [ ]

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [X] 2 - Truck [ ] 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address): Bouvry Exports SW17-9-25-W4 Fort MacLeod, Alberta

DESTINATION COUNTRY: Canada

ENTER CODE: CA

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

NEGATIVE TUBERCULIN READING: [ ] 48 HRS [ ] 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

CERTIFIED BRUCELLOSIS FREE AREA

NEGATIVE RESULTS OF OTHER TESTS: DISEASE / TYPE TEST / DATE

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

MODIFIED ACCREDITED AREA (TB)

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

Bar S Feedlot
1 Benjamin Road
Shelby, MT 59474

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

26 Head of mixed horses for slaughter only. These horses have been inspected on the above date and found fit for travel. These animals have resided in the United States or Canada since birth as best as can be determined. 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. All horses are identified by an Official USDA Equine Slaughter backtag. During the previous twenty-one (21) days, the animals in this shipment have not been in the States of Texas or New Mexico. Brand Inspection #1260351.

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
USGH...					Neck Tag #...									
0205 Bay	A	F	QT		5									
0206 Chestn	A	F	QT		6									
0207 Chestn	A	F	QT		7									
0208 Black	A	N	QT		8									
0209 Bay	A	F	QT		9									
0210 Chestn	A	N	QT		10									
0211 Chestn	A	F	QT		11									
0212 Dun	A	N	QT		12									
0213 Brn/Wht	A	N	Paint		13									

These animals were, 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.

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

CERTIFICATION BY ISSUING VETERINARIAN

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

19. DATE ENDORSED: 6-10-11

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, - please print): C. Hardee Clark, DVM

21. STATUS: [ ] 2 Federal [ ] 1 State [X] 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 26 (Twenty-Six)

23. Signature of Endorsing Federal Veterinarian: A Becker DVM

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): Jim Becker DVM

25. SIGNATURE OF ISSUING VETERINARIAN

VS FORM 17-140 (MAR 98) Previous edition may be used.

PART 5 - ISSUING VETERINARIAN

The certificate is authorized by law 21 U.S.C. 112). While you are not required to respond, no health certificate can be validated unless the data requested is provided. FORM APPROVED - OMB NO. 0579-0020 and 0102

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): Bouvry Exports Hwy #3 East SW17-9-25-W4 Fort MacLeod, Alberta

2. CERTIFICATE NO.: L029051

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 06/02/11

5. U.S. PORT OF EMBARKATION (City and State): Sweetgrass, MT

6. STATE CODE: 30

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): Bar S Feedlot, 1 Benjamin Rd.

8. CONSIGNOR'S CITY (or Town): Shelby

12. CONSIGNOR'S STATE: Montana

13. STATE CODE: 30

14. ZIP CODE: 59474

9. SEMEN ("X" if yes): [ ]

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [X] 2 - Truck [ ] 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address): Bouvry Exports SW17-9-25-W4 Fort MacLeod, Alberta

DESTINATION COUNTRY: Canada

ENTER CODE: CA

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

NEGATIVE TUBERCULIN READING: [ ] 48 HRS [ ] 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

CERTIFIED BRUCELLOSIS FREE AREA

NEGATIVE RESULTS OF OTHER TESTS: DISEASE / TYPE TEST / DISEASE / TYPE TEST / DISEASE / TYPE TEST

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

MODIFIED ACCREDITED AREA (TB)

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

Bar S Feedlot
1 Benjamin Road
Shelby, MT 59474

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

27 Head of mixed horses for slaughter only. These horses have been inspected on the above date and found fit for travel. These animals have resided in the United States or Canada since birth as best as can be determined. 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. All horses are identified by an Official USDA Equine Slaughter backtag. During the previous twenty-one (21) days, the animals in this shipment have not been in the States of tExas orNew Mexico. Brand Inspection #1260343.

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
USGH...					Neck Tag #...									
0032 Brn/Wht	A	F	Paint		66									
0033 Dun	A	F	QT		69									
0034 Brown	A	F	QT		70									
0035 Brn/Wht	A	F	Appy		71									
0036 Bay	A	F	QT		73									
0037 Brown	A	N	QT		75									
0038 Gray	A	N	QT		76									
0039 Brn/Wht	A	N	Paint		77									
0040 Chestn	A	N	QT		78									

These animals were, 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.

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

CERTIFICATION BY ISSUING VETERINARIAN

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

19. DATE ENDORSED: 6-2-11

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, - please print): C. Nardee Clark, DVM

21. STATUS: [ ] 2 Federal [ ] 1 State [X] 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include hos. from all attached VS Forms 17-140A): 27 (Twenty-Seven)

23. Signature of Endorsing Federal Veterinarian: A. Beck DVM

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): Jim Becker DVM

25. SIGNATURE OF ISSUING VETERINARIAN

VS FORM 17-140 (MAR 98) Previous edition may be used.

PART 5 - ISSUING VETERINARIAN

...certificate can be validated unless the data requested is provided. FORM APPROVED - OMB NO. 0579-0020 and 0101

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): Bouvry Exports Bay #3 East SW17-9-25-W4 Fort MacLeod, Alberta

2. CERTIFICATE NO.: L029053

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 06/02/11

5. U.S. PORT OF EMBARKATION (City and State): Sweetgrass, MT

6. STATE CODE: 30

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): Bar S Feedlot, 1 Benjamin Rd.

8. CONSIGNOR'S CITY (or Town): Shelby

12. CONSIGNOR'S STATE: Montana

13. STATE CODE: 30

14. ZIP CODE: 59474

9. SEMEN ("X" if yes): [ ]

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [X] 2 - Truck [ ] 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address): Bouvry Exports SW17-9-25-W4 Fort MacLeod, Alberta

DESTINATION COUNTRY: Canada

ENTER CODE: CA

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

NEGATIVE TUBERCULIN READING: [ ] 48 HRS [ ] 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

CERTIFIED BRUCELLOSIS FREE AREA

NEGATIVE RESULTS OF OTHER TESTS: DISEASE / TYPE TEST; DISEASE / TYPE TEST; DISEASE / TYPE TEST

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

MODIFIED ACCREDITED AREA (TB)

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

Bar S Feedlot
1 Benjamin Road
Shelby, MT 59474

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

27 Head of mixed horses for slaughter only. These horses have been inspected on the above date and found fit for travel. These animals have resided in the United States or Canada since birth as best as can be determined. The exporter has been advised that any deterioration in health or physicla condition of the animals that may render animals unfit for transport may result in the shipment to be refused entry to Canda. All horses are identified by an Official USDA Equine Slaughter backtag. During the previous twenty-one (21) days, the animals in this shipment have not been in the States of Texas or New Mexico. Brand Inspection #1260344.

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
USGH...					Back Tag #...									
0058 Red Roan	A	N	QT		40									
0059 Chestn	A	F	QT		25									
0060 Chestn	A	F	QT		87									
0061 Bay	A	F	QT		10									
0062 Chestn	A	F	QT		38									
0063 Blu Roan	A	N	QT		66									
0064 Bay	A	F	QT		45									
0065 Chestn	A	F	QT		36									
0066 Bay	A	F	QT		100									

These animals were, 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.

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

CERTIFICATION BY ISSUING VETERINARIAN

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

19. DATE ENDORSED: 6-2-11

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, - please print): C. Hardee Clark, DVM

21. STATUS: [ ] 2 Federal [ ] 1 State [X] 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 27 (Twenty-Seven)

23. Signature of Endorsing Federal Veterinarian: J. Becker DVM

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): Jim Becker DVM

25. SIGNATURE OF ISSUING VETERINARIAN

VS FORM 17-140 (MAR 98) Previous edition may be used.

PART 5 - ISSUING VETERINARIAN

The certificate is authorized by law 21 U.S.C. 112). While you are not required to respond, no health certificate can be validated unless the data requested is provided.

FORM APPROVED - OMB NO. 0579-0020 and 0101

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): Bouvry Exports Buy #3 East SW17-9-25-W4 Fort MacLeod, Alberta

2. CERTIFICATE NO.: L029050

3. PAGE NO.: 1 OF 2

4. DATE ISSUED: 06/01/11

5. U.S. PORT OF EMBARKATION (City and State): Sweetgrass, MT

6. STATE CODE: 30

7. CONSIGNOR'S STREET ADDRESS (Mailing Address): Bar S Feedlot, 1 Benjamin Rd.

8. CONSIGNOR'S CITY (or Town): Shelby

12. CONSIGNOR'S STATE: Montana

13. STATE CODE: 30

14. ZIP CODE: 59474

9. SEMEN ("X" if yes): [ ]

10. NO. DOSES OF SEMEN:

11. TRANSPORTATION CLASS: [ ] 1 - Rail [ ] 3 - Air [X] 2 - Truck [ ] 4 - Ocean

16. CONSIGNEE'S NAME AND STREET ADDRESS (Mailing Address): Bouvry Exports SW17-9-25-W4 Fort MacLeod, Alberta

DESTINATION COUNTRY: Canada

ENTER CODE: CA

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

NEGATIVE TUBERCULIN READING: [ ] 48 HRS [ ] 72 HRS

BRUCELLOSIS BLOOD SAMPLE COLLECTED

NEGATIVE RESULTS OF OTHER TESTS

DISEASE	DISEASE	DISEASE
TYPE TEST	TYPE TEST	TYPE TEST
DATE M	DATE N	DATE O

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

MODIFIED ACCREDITED AREA (TB)

CERTIFIED BRUCELLOSIS FREE AREA

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

Bar S Feedlot
1 Benjamin Road
Shelby, MT 59474

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

27 Head of mixed horses for slaughter only. These horses have been inspected on the above date and found fit for travel. These animals have resided in the United States or Canada since birth as best as can be determined. The exporter has been advised that any deterioration in health or physical condition oftheanimals that may render animals unfit for transport may result in the shipment to be refused entry to Canada. All horses are identified by an Official USDA Equine Slaughter backtag. During the previous twenty-one (21) days, the animals in this shipment have not been in the States ofTexas or New Mexico. Brand Inspection #1260342.

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
USCG...					Neck Tag #...									
9925 Bay	A	F	QT		36									
9926 Red Roan	A	N	QT		30									
9927 Chestn	A	N	QT		13									
9928 Chestn	A	F	QT		26									
9929 Black	A	N	QT		2									
9930 Chestn	A	N	QT		8									
9931 Red Roan	A	F	QT		7									
9932 Bay	A	N	QT		17									
9933 Chestn	A	N	QT		19									

These animals were, 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.

VALID ONLY IF USDA VETERINARY SEAL APPEARS HERE

CERTIFICATION BY ISSUING VETERINARIAN

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

19. DATE ENDORSED: 6-1-2011

20. NAME OF ISSUING VETERINARIAN (Last name, first name, middle initial, - please print): C. Hardee Clark, DVM

21. STATUS: [ ] 2 Federal [ ] 1 State [X] 3 Accredited

22. TOTAL NO. OF ANIMALS (Certified for export or donated semen) (Include nos. from all attached VS Forms 17-140A): 27 (Twenty-Seven)

23. Signature of Endorsing Federal Veterinarian: DVM

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp): Jim Becker DVM

25. SIGNATURE OF ISSUING VETERINARIAN

VS FORM 17-140 (MAR 98) Previous edition may be used.

PART 5 - ISSUING VETERINARIAN