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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 12:45 AM

DATE: 10-20-08

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE:

(b)(6),

NAME OF AUCTION/MARKET:

CONSIGNOR (OWNER/SHIPPER) NAME: Dean Moore

CONSIGNEE (RECEIVER/DESTINATION) NAME:

STREET ADDRESS: 90 Hoover

STREET ADDRESS:

CITY, STATE, ZIP CODE: Jonestown PA 17038

CITY, STATE, ZIP CODE:

AREA CODE & TELEPHONE NO.: 717-222-9171

AREA CODE & TELEPHONE NO.:

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USEW	4863	X										X	X				
2		4864				X							X			X		
3		4865	X						X					X				
4		4866	X										X			X		
5		4867				X							X	X				
6		4868						X	X							X		
7		4869	X						X					X				
8		4870	X										X			X		
9		4871					X			X						X		
10		4872						X					X	X				
11		4873					X			X				X				
12		4874	X						X							X		
13		4875						X		X						X		
14		4876	X						X					X				
15		4877					X		X							X		

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

SIGNATUR (b)(6),

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

SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to

(b)(6),

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

FOIA11-804000002

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE

DATE

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Jonestown PA

VEHICLE LICENSE NO. AND DRIVER'S NAME

NAME OF AUCTION/MARKET: —

CONSIGNOR (OWNER/SHIPPER) NAME: Brian Moore

CONSIGNEE (RECEIVER/DESTINATION) NAME: Cavel Canada Export Inc.

STREET ADDRESS: 94 Hoover DR.

STREET ADDRESS: 517 Rang St. Julie Est.

CITY, STATE, ZIP CODE: Jonestown, PA 17038

CITY, STATE, ZIP CODE: St. Andre-Avellin

AREA CODE & TELEPHONE NO.: 717-865-7586

AREA CODE & TELEPHONE NO.: —

0.8.9

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USFA	4190	X							X				X				
2		4191	X							X						X		
3		4192					X				X			X				
4		4193					X			X				X				
5		4194					X				X			X				
6		4195					X				X			X				
7		4196	X										X	X				
8		4197					X			X				X				
9		4198	X										X	X				
10		4199	X										X	X				
11		4200					X			X						X		
12		4201					X		X					X				
13		4202	X						X					X				
14		4203	X						X					X				
15		4204	X							X				X				

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

SIGNAT (b)(6),

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

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

(b)(6),

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

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

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

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USFA	4205	X						X					X				
17		4206	X						X					X				
18		4207	X						X					X				
19		4208	X						X					X				
20		4209					X			X						X		
21		4210	X						X							X		
22		4211	X						X					X				
23		4212					X		X							X		
24		4213						X		X				X				
25		4214	X							X						X		
26		4215	X							X						X		
27		4216	X							X						X		
28		4217					X						X			X		
29		4218	X										X			X		
30		4219	X						X							X		
31																		
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SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6),

Page: 6 of 106

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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FOA 11-804000004
FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE:
DATE:
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Jonestown PA

VEHICLE LICENSE NO. AND DRIVER'S NAME:
NAME OF AUCTION/MARKET: —

CONSIGNOR (OWNER/SHIPPER) NAME: Brian Moore
STREET ADDRESS: 94 Hoover DR.
CITY, STATE, ZIP CODE: Jonestown PA 17038
AREA CODE & TELEPHONE NO.: 717-865-7586

CONSIGNEE (RECEIVER/DESTINATION) NAME: Cavel Canada Export Inc.
STREET ADDRESS: 517 Rang St. Julie est.
CITY, STATE, ZIP CODE: St. Andre - Avellin
AREA CODE & TELEPHONE NO.: —

6-8-10

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USFA	4160					X		X							X		
2		4161					X		X					X				
3		4162				X				X						X		
4		4163	X							X						X		
5		4164	X							X				X				
6		4165					X				X					X		
7		4166						X		X						X		
8		4167	X							X				X				
9		4168	X							X				X				
10		4169	X							X				X				
11		4170						X		X						X		
12		4171	X							X				X				
13		4172	X							X				X				
14		4173					X						X	X				
15	✓	4174	X										X	X				

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

SIGNA (b)(6),

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

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

(b)(6),

CANADIAN FOOD INSPECTION AGENCY (CFIA)
EST.
DATE
TIME

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

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

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

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USFA	4175					X			X						X		
17		4176				X				X				X				
18		4177						X		X				X				
19		4178					X			X				X				
20		4179	X							X						X		
21		4180	X							X				X				
22		4181	X							X				X				
23		4182	X							X				X				
24		4183	X						X					X				
25		4184					X		X					X				
26		4185	X						X							X		
27		4186	X						X							X		
28		4187	X						X					X				
29		4188	X						X							X		
30		4189		X					X						X			
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SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6),

674791

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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FOIA 11-804000006

FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE

DATE

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Jonestown PA

VEHICLE LICENSE NO. AND DRIVER'S NAME

NAME OF AUCTION/MARKET

CONSIGNOR (OWNER/SHIPPER) NAME: Brian Moore

CONSIGNEE (RECEIVER/DESTINATION) NAME: Cavel Canada Export Inc

STREET ADDRESS: 94 Hoover Drive

STREET ADDRESS: 517 Rang St. Julie est.

CITY, STATE, ZIP CODE: Jonestown PA 17038

CITY, STATE, ZIP CODE: St. Andre Avellin

AREA CODE & TELEPHONE NO.: 717-865-7586

AREA CODE & TELEPHONE NO.

6.10.10

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USFA	4220				X				X				X				
2		4221				X				X				X				
3		4222	X						X							X		
4		4223	X						X					X				
5		4224				X				X					X			
6		4225			X				X					X				
7		4226			X				X					X				
8		4227					X			X						X		
9		4228					X			X				X				
10		4229				X				X				X				
11		4230				X				X				X				
12		4231	X										X			X		
13		4232						X			X					X		
14		4233					X				X					X		
15		4234	X						X					X				

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

SIGNATU (b)(6),

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

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

(b)(6),

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

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

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

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USFA	4235				X				X				X				
17		4236						X		X				X				
18		4237					X			X						X		
19		4238				X				X				X				
20		4239	X						X							X		
21		4240					X			X				X				
22		4241	X										X			X		
23		4242					X			X				X				
24		4243					X			X						X		
25		4244	X										X	X				
26		4245	X										X			X		
27		4246	X										X			X		
28		4247					X			X				X				
29		4248			X					X					X			
30		4249						X		X					X			
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SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6),

L/761400

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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FOIA1 -804000008

FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE:

DATE:

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Jonestown PA

VEHICLE LICENSE NO. AND DRIVER'S NAME:

NAME OF AUCTION/MARKET: —

CONSIGNOR (OWNER/SHIPPER) NAME: Brian Mone

STREET ADDRESS: 94 Hower DR.

CITY, STATE, ZIP CODE: Jonestown PA 17038

AREA CODE & TELEPHONE NO.: 717-865-7586

CONSIGNEE (RECEIVER/DESTINATION) NAME: Cavel Canada Export inc.

STREET ADDRESS: 517 Rang St. Julie Est.

CITY, STATE, ZIP CODE: St. Adolphe - Avillon - Canada

AREA CODE & TELEPHONE NO.: —

6.15.10

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USFA	4280			X						X			X				
2		4281	X										X	X				
3		4282				X				X						X		
4		4283	X							X				X				
5		4284	X							X						X		
6		4285					X				X					X		
7		4286				X				X				X				
8		4287	X							X				X				
9		4288				X				X				X				
10		4289	X							X				X				
11		4290	X							X				X				
12		4291	X							X						X		
13		4292	X							X				X				
14		4293						X		X				X				
15		4294					X			X					X			

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

SIGNATU (b)(6),

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

(b)(6),

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

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

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

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USFA	4295					X		X					X				
17		4296	X										X			X		
18		4297	X										X			X		
19		4298	X							X						X		
20		4299	X							X				X				
21		4300					X			X				X				
22		4301					X		X							X		
23		4302					X		X					X				
24		4303	X										X	X				
25		4304	X										X			X		
26		4305	X						X					X				
27		4306	X										X	X				
28		4307	X										X			X		
29		4308				X				X				X				
30		4309						X		X				X				
31																		
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SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6),

L061399

FOIA 11-804000010

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE

DATE

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Jonestown PA

VEHICLE LICENSE NO. AND DRIVER'S NAME

NAME OF AUCTION/MARKET: —

CONSIGNOR (OWNER/SHIPPER) NAME: Brian Moore

STREET ADDRESS: 94 Hoover Drive

CITY, STATE, ZIP CODE: Jonestown PA 17038

AREA CODE & TELEPHONE NO.: 717-865-7586

CONSIGNEE (RECEIVER/DESTINATION) NAME: CAVEI LA Nada Export Inc.

STREET ADDRESS: 517 Rang St, Julia est,

CITY, STATE, ZIP CODE: St Andre Avellin

AREA CODE & TELEPHONE NO.:

6/15/10

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USFA	4250						X			X					X		
2		4251				X				X				X				
3		4252				X				X				X				
4		4253					X			X				X				
5		4254						X		X						X		
6		4255				X				X				X				
7		4256				X				X				X				
8		4257	X						X					X				
9		4258	X						X							X		
10		4259	X						X					X				
11		4260	X										X	X				
12		4261	X							X				X				
13		4262				X				X						X		
14		4263					X			X				X				
15		4264	X							X						X		

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

SIGNAT (b)(6),

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

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

(b)(6),

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

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

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

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USFA	4265	X							X				X				
17		4266	X							X				X				
18		4267	X						X						X			
19		4268	X							X					X			
20		4269	X						X					X				
21		4270					X				X					X		
22		4271	X							X						X		
23		4272	X							X				X				
24		4273					X		X					X				
25		4274	X						X					X				
26		4275	X							X				X				
27		4276	X						X							X		
28		4277	X						X							X		
29		4278	X							X				X				
30		4279						X		X				X				
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SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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FOIA11-804000012

FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE

DATE

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Jonestown PA

VEHICLE LICENSE NO. AND DRIVER'S NAME

NAME OF AUCTION/MARKET

CONSIGNOR (OWNER/SHIPPER) NAME: Brian Moore

CONSIGNEE (RECEIVER/DESTINATION) NAME: Lavel Canada Export Inc

6.15.10

STREET ADDRESS: 94 Hoover Drive

STREET ADDRESS: 517 Rang St, Julie est.

CITY, STATE, ZIP CODE: Jonestown PA 17038

CITY, STATE, ZIP CODE: St Andre Avellin Canada

AREA CODE & TELEPHONE NO.: 717-865-7506

AREA CODE & TELEPHONE NO.

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USFA	4340	X						X						X			
2		4341	X						X							X		
3		4342					X			X				X				
4		4343					X			X						X		
5		4344					X		X							X		
6		4345						X					X			X		
7		4346	X							X						X		
8		4347	X							X						X		
9		4348					X		X					X				
10		4349	X							X						X		
11		4350					X			X						X		
12		4351					X			X						X		
13		4352					X			X						X		
14		4353	X							X						X		
15		4354	X							X						X		

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

SIGNAT (b)(6),

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

(b)(6),

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

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

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

(Please type or print in ink)

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FORM APPROVED OMB NO. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USFA	4355	X						X					X				
17		4356	X						X					X				
18		4357					X		X					X				
19		4358						X		X				X				
20		4359					X		X					X				
21		4360					X			X				X				
22		4361						X		X				X				
23		4362					X			X						X		
24		4363	X							X						X		
25		4364	X										X			X		
26		4365	X										X			X		
27		4366					X				X					X		
28		4367	X						X							X		
29		4368					X				X			X				
30		4369					X		X							X		
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(b)(6),

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE:

DATE:

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Jonestown PA

VEHICLE LICENSE NO. AND DRIVER'S NAME:

NAME OF AUCTION/MARKET: —

CONSIGNOR (OWNER/SHIPPER) NAME: Brian Moore

STREET ADDRESS: 94 Hoover Drive

CITY, STATE, ZIP CODE: Jonestown PA 17038

AREA CODE & TELEPHONE NO.: 717-865-7586

CONSIGNEE (RECEIVER/DESTINATION) NAME: Cavel Canada Export Inc

STREET ADDRESS: 517 Rang St. Julie est

CITY, STATE, ZIP CODE: St. Andre Avellin Canada

AREA CODE & TELEPHONE NO.:

6-23-10

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USFA	4310	X							X					X			
2		4311	X							X				X				
3		4312					X			X				X				
4		4313					X			X				X				
5		4314					X			X				X				
6		4315					X			X				X				
7		4316	X							X				X				
8		4317					X		X					X				
9		4318	X						X							X		
10		4319				X							X	X				
11		4320					X			X				X				
12		4321					X			X				X				
13		4322					X			X				X				
14		4323	X							X						X		
15		4324					X			X				X				

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

SIGNATURE (b)(6),

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

(b)(6),

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

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

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

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	VSFA	4325					X			X				X				
17		4326	X						X							X		
18		4327	X										X			X		
19		4328	X										X	X				
20		4329	X										X			X		
21		4330					X						X			X		
22		4331	X										X	X				
23		4332					X			X						X		
24		4333	X										X			X		
25		4334	X										X	X				
26		4335	X						X						X			
27		4336				X							X			X		
28		4337	X										X	X				
29		4338	X						X					X				
30		4339	X							X						X		
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SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6),

page 1 L061371

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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FOIA1 -804000016

FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE:

DATE:

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Jonestown, PA

VEHICLE LICENSE NO. AND DRIVER'S NAME:

NAME OF AUCTION/MARKET: —

CONSIGNOR (OWNER/SHIPPER) NAME: Brian Moore

STREET ADDRESS: 94 Hoover DR.

CITY, STATE, ZIP CODE: Jonestown, PA 17038

AREA CODE & TELEPHONE NO.: 717-865-7586

CONSIGNEE (RECEIVER/DESTINATION) NAME: Cavel Canada Export Inc.

STREET ADDRESS: 517 Rang St Julie Est

CITY, STATE, ZIP CODE: St. Andre - Avellin

AREA CODE & TELEPHONE NO.: —

6-23-10

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USDA	4400						X			X			X				
2		4401	X							X				X				
3		4402	X							X						X		1 eye
4		4403	X										X	X				
5		4404					X			X				X				
6		4405	X										X			X		
7		4406	X										X			X		
8		4407	X										X			X		
9		4408					X						X	X				
10		4409	X										X			X		
11		4410	X								X			X				
12		4411					X				X			X				
13		4412	X										X			X		
14		4413	X										X			X		
15		4414	X										X			X		

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

SIGNATURE

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

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

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

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

(Please type or print in ink)

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FORM APPROVED OMB NO. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USFA	4415	X										X	X				
17		4416	X										X	X				
18		4417	X										X			X		
19		4418	X										X	X				
20		4419	X										X			X		
21		4420	X										X			X		
22		4421	X										X			X		
23		4422	X						X							X		
24		4423	X										X	X				
25		4424	X										X			X		
26		4425	X							X				X				
27		4426	X										X	X				
28		4427					X			X						X		
29		4428	X										X	X				
30		4429	X						X					X				
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SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE

DATE

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Jonestown PA

VEHICLE LICENSE NO. AND DRIVER'S NAME

NAME OF AUCTION/MARKET: —

CONSIGNOR (OWNER/SHIPPER) NAME: Brian Moore

STREET ADDRESS: 94 Hoover Drive

CITY, STATE, ZIP CODE: Jonestown PA 17038

AREA CODE & TELEPHONE NO.: 717-865-7586

CONSIGNEE (RECEIVER/DESTINATION) NAME: Cavel Canada Export Inc.

STREET ADDRESS: 517 Rang St. Joliette

CITY, STATE, ZIP CODE: St Andre Avellin Canada

AREA CODE & TELEPHONE NO.: —

6-24-10

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USFA	4370					X			X				X				
2		4371	X						X							X		
3		4372				X				X				X				
4		4373	X										X	X				
5		4374					X		X							X		
6		4375					X		X							X		
7		4376				X				X				X				
8		4377	X						X							X		
9		4378	X							X						X		
10		4379	X							X						X		
11		4380	X							X				X				
12		4381						X					X			X		
13		4382				X				X				X				
14		4383	X						X							X		
15		4384	X							X				X				

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

SIGN (b)(6),

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

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

(b)(6),

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

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

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

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	VSFA	4385						X		X				X				
17		4386	X							X				X				
18		4387	X							X				X				
19		4388					X			X				X				
20		4389					X		X							X		
21		4390					X		X							X		
22		4391					X			X						X		
23		4392	X						X							X		
24		4393	X						X					X				
25		4394						X		X						X		
26		4395	X							X				X				
27		4396					X		X							X		
28		4397						X		X				X				
29		4398				X				X						X		
30		4399				X				X						X		
31																		
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SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6),

page 1 G 29792

FOIA11-804000020

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE

DATE

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Jonestown, PA

VEHICLE LICENSE NO. AND DRIVER'S NAME

NAME OF AUCTION/MARKET: —

CONSIGNOR (OWNER/SHIPPER) NAME: Brian Moore

STREET ADDRESS: 94 Hoover DR.

CITY, STATE, ZIP CODE: Jonestown PA 17038

AREA CODE & TELEPHONE NO.: 717-865-7586

CONSIGNEE (RECEIVER/DESTINATION) NAME: Cavel Canada Export Inc.

STREET ADDRESS: 517 Rang St. Julie Est

CITY, STATE, ZIP CODE: St. Andre-Avillin

AREA CODE & TELEPHONE NO.: —

6.29.10

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USFA	4430	X										X			X		
2		4431						X		X				X				
3		4432			X								X			X		
4		4433	X										X	X				
5		4434				X				X				X				
6		4435					X				X					X		
7		4436					X				X			X				
8		4437					X			X				X				
9		4438					X			X				X				
10		4439						X		X				X				
11		4440	X						X							X		
12		4441	X						X							X		
13		4442	X						X					X				
14		4443	X						X							X		
15		4444	X										X	X				

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

SIGNATU (b)(6),

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

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

(b)(6),

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

FOIA11-804000021

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

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

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USFA	4445	X										X	X				
17		4446	X						X					X				
18		4447	X							X						X		
19		4448				X				X				X				
20		4449	X							X				X				
21		4450	X							X						X		
22		4451	X							X				X				
23		4452	X							X				X				
24		4453	X							X						X		
25		4454	X							X					X			
26		4455	X										X			X		
27		4456	X										X	X				
28		4457					X						X			X		
29		4458					X			X						X		
30		4459	X						X						X			
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SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6),

'62973'

FOIA11-804000022

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE | DATE

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Jonestown PA

VEHICLE LICENSE NO. AND DRIVER'S NAME

NAME OF AUCTION/MARKET: —

CONSIGNOR (OWNER/SHIPPER) NAME: Brian Moore

CONSIGNEE (RECEIVER/DESTINATION) NAME: CAVEL CANADA Export Inc.

STREET ADDRESS: 94 Hoover Drive

STREET ADDRESS: 517 Rang St. Julie est.

CITY, STATE, ZIP CODE: Jonestown PA 17038

CITY, STATE, ZIP CODE: St Andre Avellin CANADA J0V 1P0

AREA CODE & TELEPHONE NO.: 717-865-7586

AREA CODE & TELEPHONE NO.: —

7.1.10

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	BLK.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USFA	4460	X										X			X		
2		4461	X							X				X				
3		4462	X							X				X				
4		4463	X										X	X				
5		4464					X			X				X				
6		4465					X			X				X				
7		4466					X			X				X				
8		4467	X						X					X				
9		4468	X						X					X				
10		4469	X						X					X				
11		4470					X		X					X				
12		4471	X										X	X				
13		4472	X										X			X		
14		4473	X							X						X		
15		4474	X							X				X				

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

SIGNATUR (b)(6),

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

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

(b)(6),

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

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

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

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USFA	4475	X							X				X				
17		4476					X						X			X		
18		4477	X							X				X				
19		4478					X			X						X		
20		4479	X										X			X		
21		4480					X			X				X				
22		4481	X							X						X		
23		4482					X			X						X		
24		4483						X		X				X				
25		4484					X			X				X				
26		4485	X							X				X				
27		4486					X			X				X				
28		4487						X		X						X		
29		4488				X				X				X				
30		4489					X			X				X				
31																		
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SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6),

FOIA11-804000024

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 6 AM

DATE: 9/3/10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Jonestown PA

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

NAME OF AUCTION/MARKET:

CONSIGNOR (OWNER/SHIPPER) NAME: Brian Moore

CONSIGNEE (RECEIVER/DESTINATION) NAME: Cavel Canada Export Inc.

STREET ADDRESS: 94 Hoover Drive

STREET ADDRESS: 517 Rang St. Julie est.

CITY, STATE, ZIP CODE: Jonestown PA 17038

CITY, STATE, ZIP CODE: St Andre Avellin PQ

AREA CODE & TELEPHONE NO.: 717-865-7586

AREA CODE & TELEPHONE NO.:

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USFA	5180	X										X	X				
2		5181	X										X			X		
3		5182	X										X			X		
4		5183				X							X	X				
5		5184	X										X			X		
6		5185	X										X			X		
7		5186	X										X			X		
8		5187					X			X				X				
9		5188	X										X	X				
10		5189					X				X					X		
11		5190	X										X	X				
12		5191	X										X	X				
13		5192	X										X			X		
14		5193	X										X			X		
15		5194	X										X			X		

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

SIGNATUR (b)(6),

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

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

(b)(6),

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. 505

DATE 3 September 2010

TIME 14:00

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

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

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

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USFA	5195	X										X	X				
17		5196					X						X			X		
18		5197					X			X				X				
19		5198	X										X	X				
20		5199					X						X	X				
21		5200	X							X				X				
22		5201						X		X				X				
23		5202	X										X			X		
24		5203	X										X			X		
25		5204	X										X	X				
26		5205	X										X			X		
27		5206					X				X					X		
28		5207	X							X					X			
29		5208	X							X				X				
30		5209	X						X					X				
31																		
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SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6),

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

TCA11-804000026

TIME HORSES LOADED ON CONVEYANCE: 1:00 AM

DATE: 3-24-10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Jonestown PA

VE (b)(6),

NAME OF AUCTION/MARKET:

CONSIGNOR (OWNER/SHIPPER) NAME: Brian Moore

CONSIGNEE (RECEIVER/DESTINATION) NAME: Cavel Canada Export Inc.

STREET ADDRESS: 94 Hoover Drive

STREET ADDRESS: 517 Rang St. Julie est.

CITY, STATE, ZIP CODE: Jonestown PA 17038

CITY, STATE, ZIP CODE: St Andre Avellin Canada

AREA CODE & TELEPHONE NO.: 717-865-7586

AREA CODE & TELEPHONE NO.:

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USFA	3388					X		X					X				
2		3389	X							X						X		
3		3390			X					X				X				
4		3391	X							X				X				
5		3392	X										X	X				
6		3393	X										X	X				
7		3394	X						X					X				
8		3395					X			X				X				
9		3396	X										X			X		
10		3397	X										X			X		
11		3398	X						X					X				
12		3399	X										X			X		
13		3400				X				X				X				
14		3401	X										X			X		
15		3402	X						X							X		

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

SIGNATU (b)(6),

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

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

(b)(6),

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. 505

DATE 2010-03-24

TIME 12:30

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

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

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

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USFA	3403						X		X						X		
17		3404					X		X							X		
18		3405	X										X			X		
19		3406					X		X					X				
20		3407					X			X				X				
21		3408					X			X				X				
22		3409					X			X				X				
23		3410	X						X							X		
24		3411	X										X			X		
25		3412					X			X				X				
26		3413						X		X						X		
27		3414					X			X				X				
28		3415	X						X					X				
29		3416					X			X					X			
30		3417			X					X					X			
31																		
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SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6),

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 1:00 AM	DATE: 3-3-10
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Sonestown PA	
VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6),	NAME OF AUCTION/MARKET: —
CONSIGNOR (OWNER/SHIPPER) NAME: Brian Moore	CONSIGNEE (RECEIVER/DESTINATION) NAME: Cavel Canada Export Inc.
STREET ADDRESS: 94 Hoover Drive	STREET ADDRESS: 517 Rang St. Julie est.
CITY, STATE, ZIP CODE: Sonestown PA 17038	CITY, STATE, ZIP CODE: St. Andre Avellin
AREA CODE & TELEPHONE NO.: 717-865-7586	AREA CODE & TELEPHONE NO.: —

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USFA	3238						X		X				X				
2		3239	X							X						X		
3		3240	X						X							X		
4		3241					X			X				X				
5		3242					X			X				X				
6		3243					X			X						X		
7		3244	X						X							X		
8		3245	X										X	X				
9		3246	X						X					X				
10		3247	X						X					X				
11		3248	X							X				X				one eye
12		3249	X						X							X		
13		3250	X						X					X				
14		3251	X							X				X				
15		3252					X				X					X		

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

SIGN (b)(6),

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

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

(b)(6),

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. 505

DATE 2010-03-03

TIME 11:00

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

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

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

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USFA	3253					X				X					X		
17		3254					X			X				X				
18		3255					X			X						X		
19		3256	X										X			X		
20		3257	X										X			X		
21		3258					X			X				X				
22		3259						X		X						X		
23		3260	X										X			X		
24		3261					X			X				X				
25		3262				X				X				X				
26		3263					X				X					X		
27		3264					X			X				X				
28		3265	X										X			X		
29		3266					X			X				X				
30		3267	X										X			X		
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SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6),

2061376

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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

FSIS-11-804000030

FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 1:00 PM

DATE: 2-26-10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Jonestown PA

VE (b)(6),

NAME OF AUCTION/MARKET:

CONSIGNOR (OWNER/SHIPPER) NAME: Brian Moore

CONSIGNEE (RECEIVER/DESTINATION) NAME: CAVEL CANada Export Inc.

STREET ADDRESS: 94 Hoover Drive

STREET ADDRESS: 517 Rang St. Julie est.

CITY, STATE, ZIP CODE: Jonestown PA 17038

CITY, STATE, ZIP CODE: St Andre Avellin Canada

AREA CODE & TELEPHONE NO.: 717-865-7586

AREA CODE & TELEPHONE NO.:

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USFA	3178			X						X					X		
2		3179						X		X				X				
3		3180				X				X						X		
4		3181				X				X						X		
5		3182	X							X						X		
6		3183	X							X						X		
7		3184					X			X						X		
8		3185					X			X				X				
9		3186	X							X				X				
10		3187	X						X					X				
11		3188	X						X					X				
12		3189	X						X					X				
13		3190					X				X			X				
14		3191					X				X			X				
15		3192					X			X						X		

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

SIGNATI (b)(6),

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

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

(b)(6),

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. 505

DATE 2010-02-26

TIME 21:45

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

Previous editions are obslete

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

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

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USFA	3193				X				X				X				
17		3194	X							X					X			
18		3195				X				X						X		
19		3196	X						X					X				
20		3197	X						X							X		
21		3198	X						X							X		
22		3199					X		X					X				not Loaded
23		3200	X						X					X				
24		3201					X		X					X				
25		3202	X						X					X				
26		3203	X						X					X				
27		3204	X						X					X				
28		3205	X							X				X				
29		3206	X							X				X				
30		3207					X			X				X				
31																		
32																		
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SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6),

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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FORM APPROVED OMB NO. 0579-0160

FORM 11-804000032

TIME HORSES LOADED ON CONVEYANCE: 1:00 AM

DATE: 2-5-10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Jonestown PA

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

NAME OF AUCTION/MARKET:

CONSIGNOR (OWNER/SHIPPER) NAME: Brian Moore

STREET ADDRESS: 94 Hoover Drive

CITY, STATE, ZIP CODE: Jonestown PA 17038

AREA CODE & TELEPHONE NO.: 717-865-7586

CONSIGNEE (RECEIVER/DESTINATION) NAME: Avel Canada Export Inc.

STREET ADDRESS: 517 Rang St Julie est,

CITY, STATE, ZIP CODE: St. Andre Avellin Canada

AREA CODE & TELEPHONE NO.:

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USFA	3058	X										X			X		
2		3059	X										X	X				
3		3060					X			X						X		
4		3061	X										X	X				
5		3062	X										X	X				1 eye
6		3063					X						X			X		
7		3064	X										X			X		
8		3065			X					X				X				1 eye
9		3066	X										X			X		
10		3067	X										X			X		
11		3068	X										X	X				
12		3069	X										X	X				
13		3070					X						X	X				
14		3071					X						X			X		
15		3072			X								X	X				

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

SIGNA (b)(6),

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

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

(b)(6),

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. 505

DATE 2010-02-05

TIME 13:10

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

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

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

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USFA	3073	X										X	X				
17		3074					X						X	X				
18		3075					X				X					X		
19		3076					X				X					X		
20		3077			X						X					X		
21		3078					X				X					X		
22		3079	X							X						X		
23		3080					X			X						X		
24		3081					X			X						X		
25		3082	X							X						X		
26		3083				X				X						X		
27		3084					X				X			X				
28		3085					X			X						X		
29		3086				X				X				X				
30		3087	X						X							X		
31																		
32																		
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SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6),

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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

FOA11-804000034

FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 12 AM

DATE: 12/1/10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Jonestown PA

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

NAME OF AUCTION/MARKET: —

CONSIGNOR (OWNER/SHIPPER) NAME: Brian Moore

CONSIGNEE (RECEIVER/DESTINATION) NAME: Cavel Canada Export Inc.

STREET ADDRESS: 94 Hoover Drive

STREET ADDRESS: 517 Rang St. Julia est

CITY, STATE, ZIP CODE: Jonestown PA 17038

CITY, STATE, ZIP CODE: St Andre Avellin Canada

AREA CODE & TELEPHONE NO.: 717-865-7586

AREA CODE & TELEPHONE NO.: —

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USEZ	6681					X				X					X		
2		6682					X				X					X		
3		6683					X				X			X				
4		6684					X						X			X		
5		6685					X			X				X				
6		6686					X						X			X		
7		6687					X						X	X				
8		6688					X						X			X		
9		6689					X			X						X		
10		6690	X						X					X				
11		6691	X										X			X		
12		6692					X		X							X		
13		6693					X						X			X		
14		6694	X										X			X		
15		6695	X										X	X				

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

SIGNAT (b)(6),

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

(b)(6),

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. #505

DATE 01/12/2010

TIME 15h00

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

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

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

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USEZ	6696	X										X	X				
17		6697	X						X					X				
18		6698					X						X	X				
19		6699					X				X			X				
20		6700					X				X					X		
21		6701					X				X			X				
22		6702					X				X			X				
23		6703				X							X	X				
24		6704					X						X			X		Not on
25		6705						X					X			X		
26		6706	X										X			X		
27		6707	X										X			X		
28		6708	X							X						X		
29		6709	X										X			X		
30		6710	X										X			X		
31																		
32																		
33																		
34																		
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I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

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

(b)(6),

624798

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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EDA011-804000036

APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 430PM

DATE: 6/2/10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Jonestown PA

(b)(6),

NAME OF AUCTION/MARKET:

Brian Moore

STREET ADDRESS: 94 Hoover Drive

CITY, STATE, ZIP CODE: Jonestown PA 17038

AREA CODE & TELEPHONE NO.: 717-865-7586

CONSIGNEE (RECEIVER/DESTINATION) NAME: Cavel Canada Export Inc.

STREET ADDRESS: 517 Rang St. Julie est.

CITY, STATE, ZIP CODE: St Andre Avellin Canada

AREA CODE & TELEPHONE NO.:

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USFA	4100	X							X				X				
2		4101					X			X				X				
3		4102	X							X				X				
4		4103	X							X				X				
5		4104	X							X				X				
6		4105	X							X				X				
7		4106						X		X				X				
8		4107				X				X				X				
9		4108				X				X				X				
10		4109	X						X							X		
11		4110					X			X				X				
12		4111					X			X				X				
13		4112					X			X				X				
14		4113					X			X						X		
15		4114						X		X				X				

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

SIGNATU (b)(6),

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

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

(b)(6),

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. 505

DATE 2 June 2010

TIME 21

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

Canada

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

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

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	15FA	4115					X			X						X		
17		4116						X		X						X		
18		4117					X			X						X		
19		4118	X										X	X				
20		4119				X				X				X				
21		4120						X		X				X				
22		4121				X				X				X				
23		4122						X		X				X				
24		4123					X			X				X				
25		4124						X		X				X				
26		4125					X				X			X				
27		4126	X										X			X		
28		4127				X				X						X		
29		4128	X						X					X				
30		4129	X										X	X				
31																		
32																		
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SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6),

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 330 PM

DATE: 6 3 10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Jonestown PA

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

NAME OF AUCTION/MARKET:

CONSIGNOR (OWNER/SHIPPER) NAME: Brian Moore

CONSIGNEE (RECEIVER/DESTINATION) NAME: Cavel Canada Export Inc

STREET ADDRESS: 94 Hoover Drive

STREET ADDRESS: 517 Rang St, Julie est,

CITY, STATE, ZIP CODE: Jonestown PA 17038

CITY, STATE, ZIP CODE: St Andre Avellin Canada

AREA CODE & TELEPHONE NO.: 717-865-7586

AREA CODE & TELEPHONE NO.:

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USFA	4130					X			X				X				
2		4131				X				X						X		
3		4132					X			X				X				
4		4133	X										X			X		
5		4134					X				X					X		
6		4135	X										X			X		one eye
7		4136					X			X						X		
8		4137	X										X	X				one eye
9		4138			X								X	X				
10		4139				X				X				X				
11		4140	X							X						X		one eye
12		4141	X										X	X				
13		4142	X							X				X				
14		4143					X		X							X		
15		4144						X		X				X				

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

SIGN (b)(6),

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

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

(b)(6),

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. # 505

DATE June 4th, 2010

TIME 12h30

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

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

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

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USFA	4145			X					X						X		
17		4146	X										X	X				
18		4147				X				X				X				
19		4148			X					X						X		
20		4149					X			X						X		
21		4150						X		X						X		
22		4151	X										X			X		
23		4152	X						X					X				
24		4153	X						X					X				
25		4154	X						X					X				
26		4155	X										X	X				
27		4156	X						X					X				
28		4157			X				X							X		
29		4158						X		X						X		
30		4159					X			X				X				
31																		
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SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6),

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 1230 AM

DATE: 6/24/10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Jonestown PA

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

NAME OF AUCTION/MARKET:

CONSIGNOR (OWNER/SHIPPER) NAME: Brian Moore

STREET ADDRESS: 94 Hoover Drive

CITY, STATE, ZIP CODE: Jonestown PA 17038

AREA CODE & TELEPHONE NO.: 717-865-7586

CONSIGNEE (RECEIVER/DESTINATION) NAME: Cavel Canada Export Inc

STREET ADDRESS: 517 Rang St. Julie est

CITY, STATE, ZIP CODE: St. Andre Avellin Canada

AREA CODE & TELEPHONE NO.:

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USFA	4310	X							X					X			Vaccinated 12:01pm
2		4311	X							X				X				
3		4312					X			X				X				
4		4313					X			X				X				
5		4314					X			X				X				
6		4315					X			X				X				
7		4316	X							X				X				
8		4317					X		X					X				
9		4318	X						X							X		
10		4319				X							X	X				
11		4320					X			X				X				
12		4321					X			X				X				
13		4322					X			X				X				
14		4323	X							X						X		
15		4324					X			X				X				

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

SIGNATURE (b)(6),

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

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

(b)(6),

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. 505

DATE 24-06-2010

TIME 14:00

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

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

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

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	VSFA	4325					X			X				X				
17	✓	4326	X						X							X		
18	✓	4327	X										X			X		
19		4328	X										X	X				
20	✓	4329	X										X			X		
21	✓	4330					X						X			X		B.9 leg Behind
22		4331	X										X	X				
23		4332					X			X						X		
24		4333	X										X			X		
25	✓	4334	X										X	X				
26		4335	X						X						X			
27		4336				X							X			X		
28		4337	X										X	X				
29	✓	4338	X						X					X				B.9 leg Behind
30		4339	X							X						X		
31																		
32																		
33																		
34																		
35																		
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SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6),

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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FORM APPROVED OMB NO. 0579-0160

EQ011-804000042

TIME HORSES LOADED ON CONVEYANCE: 1:00 AM

DATE: 6/30/10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Jonestown, PA

NAME OF AUCTION/MARKET: —

(b)(6),

CONSIGNOR (OWNER/SHIPPER) NAME: Brian Moore

STREET ADDRESS: 94 Hoover DR.

CITY, STATE, ZIP CODE: Jonestown PA 17038

AREA CODE & TELEPHONE NO.: 717-865-7586

CONSIGNEE (RECEIVER/DESTINATION) NAME: Cavel Canada Export Inc.

STREET ADDRESS: 517 Rang St. Julie Est

CITY, STATE, ZIP CODE: St. Andre-Avellin

AREA CODE & TELEPHONE NO.: —

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USFA	4430	X										X			X		
2		4431						X		X				X				
3		4432			X								X			X		
4		4433	X										X	X				
5		4434				X				X				X				
6		4435					X				X					X		
7		4436					X				X			X				
8		4437					X			X				X				1 Eye
9		4438					X			X				X				1 Eye
10		4439						X		X				X				
11		4440	X						X							X		
12		4441	X						X							X		
13		4442	X						X					X				
14		4443	X						X							X		
15		4444	X										X	X				

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

SIGNATUR (b)(6),

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

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

(b)(6),

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. 506

DATE 30/6/10

TIME 14:30

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

PART 1 - INSPECTOR

FOIA11-804000043

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

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

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USFA	4445	X										X	X				
17		4446	X						X					X				
18		4447	X							X						X		
19		4448				X				X				X				
20		4449	X							X				X				
21		4450	X							X						X		
22		4451	X							X				X				
23		4452	X							X				X				
24		4453	X							X						X		
25		4454	X							X					X			
26		4455	X										X			X		
27		4456	X										X	X				
28		4457					X						X			X		
29		4458					X			X						X		
30		4459	X						X						X			
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I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

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

(b)(6),

G2973

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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

FORM 11-804 OPM
APPROVED
OMB NO.
0579-0160

TIME HORSES LOADED ON CONVEYANCE: 1:00 AM

DATE: 7-2-10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Jonestown PA

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

NAME OF AUCTION/MARKET: —

CONSIGNOR (OWNER/SHIPPER) NAME: Brian Moore

CONSIGNEE (RECEIVER/DESTINATION) NAME: CAVel CAnada Export Inc.

STREET ADDRESS: 94 Hoover Drive

STREET ADDRESS: 517 Rang St. Julie est.

CITY, STATE, ZIP CODE: Jonestown PA17038

CITY, STATE, ZIP CODE: St Andre Avellin CAnada

AREA CODE & TELEPHONE NO.: 717-865-7586

AREA CODE & TELEPHONE NO.: —

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	VSFA	4460	X										X			X		
2		4461	X							X				X				
3		4462	X							X				X				
4		4463	X										X	X				1 Eye
5		4464					X			X				X				
6		4465					X			X				X				
7		4466					X			X				X				
8		4467	X						X					X				
9		4468	X						X					X				
10		4469	X						X					X				
11		4470					X		X					X				
12		4471	X										X	X				
13		4472	X										X			X		1 Eye
14		4473	X							X						X		
15		4474	X							X				X				

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

SIGNATURE: (b)(6),

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

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

(b)(6),

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. SOS

DATE 2/7/2010

TIME 12:00

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

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

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

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USFA	4475	X							X				X				
17		4476					X						X			X		
18		4477	X							X				X				
19		4478					X			X						X		
20		4479	X										X			X		
21		4480					X			X				X				
22		4481	X							X						X		
23		4482					X			X						X		
24		4483						X		X				X				
25		4484					X			X				X				
26		4485	X							X				X				
27		4486					X			X				X				
28		4487						X		X						X		
29		4488				X				X				X				
30		4489					X			X				X				
31																		
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SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6),

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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FORM APPROVED OMB NO. 0579-0160

EOA11-804000046

TIME HORSES LOADED ON CONVEYANCE: 1:30

DATE: 9-1-10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Jonestown Pa

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

NAME OF AUCTION/MARKET: —

CONSIGNOR (OWNER/SHIPPER) NAME: Brian Moore

CONSIGNEE (RECEIVER/DESTINATION) NAME: Cavel Canada Export Inc.

STREET ADDRESS: 94 Hoover Drive

STREET ADDRESS: 517 Rang St. Suite est.

CITY, STATE, ZIP CODE: Jonestown Pa 17038

CITY, STATE, ZIP CODE: St Andre Avellin Canada

AREA CODE & TELEPHONE NO.: 717-865-7586

AREA CODE & TELEPHONE NO.: —

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USA	5150	X						X					X				
2		5151					X		X					X				
3		5152					X		X					X				
4		5153					X		X					X				
5		5154				X				X				X				
6		5155	X						X					X				
7		5156	X						X					X				
8		5157	X							X						X		
9		5158	X										X			X		
10		5159	X										X			X		
11		5160					X						X			X		
12		5161	X										X	X				
13		5162					X			X						X		
14		5163					X			X				X				
15		5164						X		X				X				

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

SIGNATUR (b)(6),

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

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

(b)(6),

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. 585

DATE 1 Sept 2010

TIME 1445

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

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

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

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USFA	5165						X		X						X		
17		5166					X			X						X		
18		5167				X				X						X		
19		5168	X							X				X				
20		5169					X			X				X				
21		5170					X			X				X				
22		5171						X		X						X		
23		5172					X			X				X				
24		5173	X						X					X				
25		5174					X		X					X				
26		5175	X						X							X		
27		5176	X						X					X				
28		5177	X						X					X				
29		5178	X						X					X				
30		5179	X										X			X		
31																		
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SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6),

VS FORM 10-13A
(SEP 2002)

Page 10 of 2060608

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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

FOIA11-804000048

FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 100 AM

DATE: 8/27/10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Jonestown PA

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

NAME OF AUCTION/MARKET: —

CONSIGNOR (OWNER/SHIPPER) NAME: Brian Moore

CONSIGNEE (RECEIVER/DESTINATION) NAME: Cavel Canada Export Inc

STREET ADDRESS: 94 Hoover Drive

STREET ADDRESS: 517 Rang St. Jules est

CITY, STATE, ZIP CODE: Jonestown PA 17038

CITY, STATE, ZIP CODE: St Andre Avellin Canada

AREA CODE & TELEPHONE NO.: 717-865-7586

AREA CODE & TELEPHONE NO.: —

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	05FA	5030					X			X				X				
2		5031					X			X				X				
3		5032					X			X				X				
4		5033					X			X				X				
5		5034					X			X						X		
6		5035	X							X						X		
7		5036	X							X				X				
8		5037	X							X						X		
9		5038			X					X						X		
10		5039			X					X				X				
11		5040					X			X				X				
12		5041					X			X				X				
13		5042	X							X				X				
14		5043					X			X				X				
15		5044					X			X				X				

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

SIGN (b)(6),

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

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

(b)(6),

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. 505

DATE 27 août 2010

TIME 15:00

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

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

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

(Please type or print in ink)

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FORM APPROVED OMB NO. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USDA	5045	X							X				X				
17		5046					X			X						X		
18		5047			X					X				X				
19		5048						X					X	X				
20		5049				X							X	X				
21		5050					X			X				X				
22		5051					X			X						X		
23		5052	X							X						X		
24		5053					X			X				X				
25		5054					X						X			X		
26		5055					X						X			X		
27		5056					X			X				X				
28		5057					X			X				X				
29		5058					X			X						X		
30		5059					X			X						X		
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SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6),

OWNER/SHIPPER CERTIFICATE

FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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

OMB NO. 0579-0160

FOIA 11-804000050

TIME HORSES LOADED ON CONVEYANCE: 1:00 AM

DATE: 8-27-10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Sonestown PA

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

NAME OF AUCTION/MARKET: —

CONSIGNOR (OWNER/SHIPPER) NAME: Brian Moore

CONSIGNEE (RECEIVER/DESTINATION) NAME: Cavel Canada Export Inc.

STREET ADDRESS: 94 Hoover Drive

STREET ADDRESS: 517 Rang St Julia est,

CITY, STATE, ZIP CODE: Sonestown PA 17038

CITY, STATE, ZIP CODE: St Andre Avellin Canada

AREA CODE & TELEPHONE NO.: 717-865-7586

AREA CODE & TELEPHONE NO.: —

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USA	5090	X										X			X		
2		5091					X			X						X		
3		5092	X							X						X		
4		5093						X					X	X				
5		5094	X										X			X		
6		5095	X										X	X				
7		5096	X						X					X				
8		5097						X		X						X		
9		5098	X							X						X		
10		5099	X							X				X				
11		5100				X							X	X				
12		5101	X						X					X				
13		5102					X			X				X				
14		5103					X			X				X				
15		5104					X			X				X				

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

SIGNATURE (b)(6),

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

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

(b)(6),

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. 505

DATE 27 août 2010

TIME 13:00

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

PART 1 - INSPECTOR

FOIA11-804000051
20600609

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

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

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USFA	5105					X			X				X				
17		5106	X							X						X		
18		5107					X			X				X				
19		5108	X							X				X				
20		5109					X		X							X		
21		5110	X										X			X		
22		5111						X		X				X				
23		5112					X		X					X				
24		5113				X							X	X				
25		5114	X										X	X				
26		5115	X							X				X				
27		5116					X		X					X				
28		5117	X							X				X				
29		5118					X			X				X				
30		5119					X			X				X				
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SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6),

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 2:00 AM

DATE: 8/25/10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Jonestown PA

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

NAME OF AUCTION/MARKET:

CONSIGNOR (OWNER/SHIPPER) NAME: Brian Moore

CONSIGNEE (RECEIVER/DESTINATION) NAME: Avel Canada Export Inc.

STREET ADDRESS: 94 Hoover Drive

STREET ADDRESS: 517 Rang St. Julie Est

CITY, STATE, ZIP CODE: Jonestown PA 17038

CITY, STATE, ZIP CODE: St. Andre Avellin Canada

AREA CODE & TELEPHONE NO.: 717-865-7586

AREA CODE & TELEPHONE NO.:

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USFA	5000	X						X						X			
2		5001	X						X						X			
3		5002	X							X				X				
4		5003					X			X						X		
5		5004	X							X						X		
6		5005					X			X						X		
7		5006					X		X					X				
8		5007						X					X	X				
9		5008	X							X						X		
10		5009	X							X						X		
11		5010					X			X				X				
12		5011	X							X				X				
13		5012					X			X						X		
14		5013	X							X				X				
15		5014					X			X						X		

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

SIGNATU (b)(6),

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

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

(b)(6),

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. 505

DATE 25 août 2010

TIME 14:05

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

FOIA11-804000053
2060605

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

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

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USPA	5015				X							X	X				
17		5016						X		X				X				
18		5017				X							X	X				
19		5018					X				X			X				
20		5019						X					X	X				
21		5020	X							X						X		
22		5021						X					X			X		
23		5022						X					X	X				
24		5023	X							X				X				
25		5024						X		X				X				
26		5025	X							X				X				
27		5026						X					X	X				
28		5027	X						X							X		
29		5028	X						X							X		
30		5029	X						X							X		
31																		
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SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6),

VS FORM 10-13A
(SEP 2002)

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

CFIA11-804000054

TIME HORSES LOADED ON CONVEYANCE: 1 AM

DATE: 9/1/10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Jonestown PA

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

NAME OF AUCTION/MARKET: —

CONSIGNOR (OWNER/SHIPPER) NAME: Brian Moore

CONSIGNEE (RECEIVER/DESTINATION) NAME: Cavel Canada Export Inc.

STREET ADDRESS: 94 Hoover DR.

STREET ADDRESS: 517 Rang St. Julie Est

CITY, STATE, ZIP CODE: Jonestown, PA 17038

CITY, STATE, ZIP CODE: St Adrea - Avellin

AREA CODE & TELEPHONE NO.: 717-865-7586

AREA CODE & TELEPHONE NO.: —

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USFA	5120					X			X				X				
2		5121					X		X					X				
3		5122					X		X					X				
4		5123					X			X				X				
5		5124						X		X						X		
6		5125				X							X			X		
7		5126	X							X				X				
8		5127						X		X				X				
9		5128						X		X						X		
10		5129						X		X				X				
11		5130					X			X				X				
12		5131	X						X							X		
13		5132						X		X				X				
14		5133						X		X						X		
15		5134	X										X			X		

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

SIGNATU (b)(6),

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

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

(b)(6),

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. 505

DATE 1 Sept 2010

TIME 14:45

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

FOIA11-804000055

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

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

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USA	5135					X						X			X		
17		5136	X										X			X		
18		5137	X										X			X		
19		5138	X							X			X	X				
20		5139					X						X	X				
21		5140					X						X			X		
22		5141	X										X			X		
23		5142	X										X	X				
24		5143					X			X						X		
25		5144	X										X			X		
26		5145					X						X			X		
27		5146	X							X						X		
28		5147						X		X						X		
29		5148	X										X		X			
30		5149					X				X					X		
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SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6),

VS FORM 10-13A
(SEP 2002)

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

FOIA11-804000056

TIME HORSES LOADED ON CONVEYANCE: J.C.

DATE: 9-30-10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Jonestown PA

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

NAME OF AUCTION/MARKET:

CONSIGNOR (OWNER/SHIPPER) NAME: Brian Moore

CONSIGNEE (RECEIVER/DESTINATION) NAME: Cavel Canada Export Inc.

STREET ADDRESS: 94 Hoover Drive

STREET ADDRESS: 517 Rang St Julia est.

CITY, STATE, ZIP CODE: Jonestown PA 17038

CITY, STATE, ZIP CODE: St Andre Avellin Canada

AREA CODE & TELEPHONE NO.: 717-865-7586

AREA CODE & TELEPHONE NO.:

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USFA	5060	X						X							X		
2		5061						X					X	X				
3		5062	X						X					X				
4		5063					X			X				X				
5		5064					X			X				X				
6		5065	X						X					X				
7		5066	X						X					X				
8		5067	X						X					X				
9		5068	X						X					X				
10		5069					X				X					X		
11		5070	X										X			X		
12		5071						X		X				X				
13		5072	X										X	X				
14		5073	X										X			X		
15		5074					X				X			X				

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

SIGNATU (b)(6),

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

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

(b)(6),

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. 505

DATE 30 Sept 2010

TIME 15:30

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

PART 1 - INSPECTOR

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

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

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USFA	5075	X										X			X		
17		5076	X										X	X				
18		5077				X							X			X		
19		5078				X							X	X				
20		5079	X							X				X				
21		5080	X							X				X				
22		5081	X							X						X		
23		5082					X			X						X		
24		5083						X		X				X				
25		5084					X			X						X		
26		5085					X			X						X		
27		5086	X										X			X		
28		5087						X					X	X				
29		5088					X			X				X				
30		5089					X			X				X				
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SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6),

2060606

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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

FOIA11-804000066

FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 12 AM

DATE: 8/25/10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Jonestown PA

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

NAME OF AUCTION/MARKET:

CONSIGNOR (OWNER/SHIPPER) NAME: Brian Moore

CONSIGNEE (RECEIVER/DESTINATION) NAME: Cavel Canada Export Inc.

STREET ADDRESS: 94 Hoover Drive

STREET ADDRESS: 517 Rang St. Julie est

CITY, STATE, ZIP CODE: Jonestown PA, 17038

CITY, STATE, ZIP CODE: St Andre Avellin Canada

AREA CODE & TELEPHONE NO.: 717-865-7586

AREA CODE & TELEPHONE NO.:

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USA	4970			X								X			X		
2		4971	X							X				X				
3		4972	X							X				X				
4		4973	X						X							X		
5		4974					X		X							X		
6		4975						X		X				X				
7		4976	X							X				X				
8		4977				X				X				X				
9		4978			X					X				X				
10		4979			X					X				X				
11		4980					X			X						X		
12		4981					X			X				X				
13		4982					X			X						X		
14		4983					X			X				X				
15		4984	X							X						X		

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

SIGNATURE: (b)(6),

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

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

(b)(6),

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. SOS

DATE 25 août 2010

TIME 14:25

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

PART 1 - INSPECTOR

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

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

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USA	4985					X			X						X		
17		4986					X			X				X				
18		4987						X		X				X				
19		4988	X							X						X		
20		4989					X			X				X				
21		4990					X			X				X				
22		4991	X										X	X				
23		4992	X							X						X		
24		4993					X				X					X		
25		4994					X		X					X				
26		4995					X		X					X				
27		4996	X						X					X				
28		4997	X						X							X		
29		4998	X						X					X				
30		4999					X						X			X		
31																		
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SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6),

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

JPS

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

APHIS 1-804000060
FORM APPROVED
OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 1:00 AM
DATE: 10-15-10
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Jonestown PA

VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6),
NAME OF AUCTION/MARKET: —

CONSIGNOR (OWNER/SHIPPER) NAME: Brian Moore
STREET ADDRESS: 94 Hoover Drive
CITY, STATE, ZIP CODE: Jonestown PA 17038
AREA CODE & TELEPHONE NO.: 717-865-7586

CONSIGNEE (RECEIVER/DESTINATION) NAME: Cavel Canada Export Inc.
STREET ADDRESS: 517 Rang st Solia est.
CITY, STATE, ZIP CODE: St Andre Avellin Canada
AREA CODE & TELEPHONE NO.: —

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USEZ	5810			X					X						X		
2		5811	X										X			X		
3		5812	X										X			X		
4		5813					X			X						X		
5		5814					X			X				X				
6		5815					X			X						X		
7		5816					X			X				X				
8		5817	X										X	X				
9		5818	X							X				X				
10		5819	X										X	X				
11		5820					X			X				X				
12		5821	X						X					X				
13		5822				X							X	X				
14		5823	X						X							X		
15		5824					X			X						X		

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

SIGNATURE (b)(6),

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

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

(b)(6),

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. 505
DATE 15 Oct 2010
TIME 13:30

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.
DATE
TIME

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

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

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USEZ	5825				X							X	X				
17		5826					X			X						X		
18		5827					X			X				X				
19		5828	X										X			X		
20		5829	X							X				X				
21		5830					X			X				X				
22		5831					X			X				X				
23		5832					X			X				X				
24		5833	X							X				X				
25		5834	X							X				X				
26		5835					X			X						X		
27		5836	X							X				X				
28		5837					X			X				X				
29		5838					X				X					X		
30		5839					X				X					X		
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SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6),

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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FORM APPROVED OMB NO. 0579-0160

CFIA11-804-00002

TIME HORSES LOADED ON CONVEYANCE: 1230 PM

DATE: 10/15/10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Jonestown PA

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

NAME OF AUCTION/MARKET: —

CONSIGNOR (OWNER/SHIPPER) NAME: Brian Moore

CONSIGNEE (RECEIVER/DESTINATION) NAME: Avel Canada Export Inc.

STREET ADDRESS: 94 Hoover Drive

STREET ADDRESS: 517 Rang St, Julieste

CITY, STATE, ZIP CODE: Jonestown PA 17038

CITY, STATE, ZIP CODE: St Andre Avellin Canada

AREA CODE & TELEPHONE NO.: 717-865-7586

AREA CODE & TELEPHONE NO.: —

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USEZ	5870	X							X				X				
2		5871	X										X	X				
3		5872					X			X				X				
4		5873					X		X							X		
5		5874						X					X	X				
6		5875	X										X			X		
7		5876					X			X						X		
8		5877						X			X			X				
9		5878					X				X					X		
10		5879	X						X					X				
11		5880	X								X					X		
12		5881					X						X			X		
13		5882				X							X		X			
14		5883				X							X		X			
15		5884	X							X				X				

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

SIGNATURE (b)(6),

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

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

(b)(6),

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. 505

DATE 15 Oct 2010

TIME 13:30

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

Page 2 of 2 1060645

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

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

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USEZ	5885					X			X						X		
17		5886						X		X						X		
18		5887	X										X			X		
19		5888	X										X	X				
20		5889	X										X			X		
21		5890	X										X			X		
22		5891	X										X			X		
23		5892					X						X	X				
24		5893	X										X	X				
25		5894	X										X			X		
26		5895					X			X				X				
27		5896	X										X			X		
28		5897	X						X							X		
29		5898					X						X			X		
30		5899					X			X						X		
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SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6),

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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

FOIA11-804000064

FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 1:00 AM

DATE: 10/18/10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Jonestown, PA

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

NAME OF AUCTION/MARKET: —

CONSIGNOR (OWNER/SHIPPER) NAME: Brian Moore

STREET ADDRESS: 94 Hoover DR.

CITY, STATE, ZIP CODE: Jonestown, PA 17038

AREA CODE & TELEPHONE NO.: 717-865-7586

CONSIGNEE (RECEIVER/DESTINATION) NAME: Cavel Canada Export Inc.

STREET ADDRESS: 517 Rang st. Julie Est.

CITY, STATE, ZIP CODE: Aldrea-Austin - Canada

AREA CODE & TELEPHONE NO.:

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USF	2594						X		X				X				
2		5902	X										X			X		
3		5903					X				X			X				
4		5904					X				X			X				
5		5905	X						X					X				
6		5906				X				X						X		
7		5907					X						X	X				
8		5908					X						X	X				
9		5909					X						X			X		
10		5910	X										X			X		
11		5911	X										X			X		
12		5912					X			X						X		
13		5913						X		X				X				
14		5914	X							X				X				
15		5915	X							X				X				

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

SIGNATURE: (b)(6),

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

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

(b)(6),

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. 505

DATE 18-10-2010

TIME 13:45

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

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

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

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USE2	5916						X		X				X				
17		5917						X		X						X		
18		5918				X				X				X				
19		5919				X				X				X				
20		5920				X				X						X		
21		5921				X				X				X				
22		5922				X				X				X				
23		5923	X										X	X				
24		5924					X						X	X				
25		5925				X				X				X				
26		5926					X		X							X		
27		5927	X						X					X				
28		5928	X						X							X		
29		~~5929~~																
30		5930	X							X						X		
31																		
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SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6),

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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

50DA11-8040006 APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 12AM

DATE: 10/20/10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Jonestown PA

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

NAME OF AUCTION/MARKET:

CONSIGNOR (OWNER/SHIPPER) NAME: Brian Moore

CONSIGNEE (RECEIVER/DESTINATION) NAME: Avel Canada Export Inc.

STREET ADDRESS: 94 Hoover Drive

STREET ADDRESS: 517 Rang St Julie est.

CITY, STATE, ZIP CODE: Jonestown PA 17038

CITY, STATE, ZIP CODE: St André Avellin QA Nady

AREA CODE & TELEPHONE NO.: 717-865 7586

AREA CODE & TELEPHONE NO.:

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USEZ	5931	X										X	X				
2		5932	X										X	X				
3		5933	X										X	X				
4		5934						X		X						X		
5		5935	X										X	X				
6		5936				X							X			X		
7		5937					X			X				X				
8		5938					X				X					X		
9		5939					X				X			X				
10		5940	X										X			X		
11		5941	X										X	X				
12		5942					X						X			X		
13		5943	X										X			X		
14		5944					X						X	X				
15		5945	X										X			X		

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

SIGNATU (b)(6),

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

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

(b)(6),

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. 505

DATE 20 Oct 2010

TIME 13:00

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

PART 1 - INSPECTOR

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

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

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USEZ	5946					X						X	X				
17		5947					X						X			X		
18		5948	X										X	X				
19		5949	X										X			X		
20		5950						X			X					X		
21		5951					X			X						X		
22		5952				X							X	X				
23		5953	X										X	X				
24		5954	X										X	X				
25		5955	X										X			X		
26		5956	X						X							X		
27		5957	X						X							X		
28		5958	X						X					X				
29		5959	X						X						X			
30		5960			X								X		X			
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SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6),

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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

FOIA 11-804000068

FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 1:00 AM

DATE: 10-20-10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Jonestown PA

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

NAME OF AUCTION/MARKET:

CONSIGNOR (OWNER/SHIPPER) NAME: Brian Moore

STREET ADDRESS: 94 Hoover Drive

CITY, STATE, ZIP CODE: Jonestown PA 17038

AREA CODE & TELEPHONE NO.: 717-865-7586

CONSIGNEE (RECEIVER/DESTINATION) NAME: Quel Canada Export Inc.

STREET ADDRESS: 517 Rang St. Julia est.

CITY, STATE, ZIP CODE: St Andre Avellin Canada

AREA CODE & TELEPHONE NO.:

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USEZ	5961					X				X			X				
2		5962					X				X			X				
3		5963	X							X						X		
4		5964	X							X						X		
5		5965	X							X					X			
6		5966	X							X					X			
7		5967	X										X			X		
8		5968	X							X						X		
9		5969					X						X			X		
10		5970					X			X						X		
11		5971	X										X	X				
12		5972					X			X						X		
13		5973	X						X							X		
14		5974	X						X					X				
15		5975					X		X					X				

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

SIGNATURE: (b)(6),

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

(b)(6),

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. 505

DATE 20 Oct 2010

TIME 13:00

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

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

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

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USEZ	5976					X		X					X				
17		5977				X							X	X				
18		5978	X						X					X				
19		5979	X						X					X				
20		5980	X						X					X				
21		5981	X						X					X				
22		5982	X						X					X				
23		5983	X						X					X				
24		5984	X						X					X				
25		5985					X		X					X				
26		5986						X	X					X				
27		5987					X			X				X				
28		5988	X										X			X		
29		5989	X										X	X				
30		5990	X										X	X				
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I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

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

(b)(6),

Sheet 1 L0606834

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY
(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 12 AM

DATE: 102710

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Jonestown, PA

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

NAME OF AUCTION/MARKET:

CONSIGNOR (OWNER/SHIPPER) NAME: Brian Moore

STREET ADDRESS: 94 Hoover DR.

CITY, STATE, ZIP CODE: Jonestown, PA 17038

AREA CODE & TELEPHONE NO.: 717-865-7586

CONSIGNEE (RECEIVER/DESTINATION) NAME: Coel Canada Export. Inc.

STREET ADDRESS: 517 Rang St. Julie Est

CITY, STATE, ZIP CODE: Andre-Auiken Canada

AREA CODE & TELEPHONE NO.:

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USE	6051	X						X						X			
2		6052	X							X				X				
3		6053					X		X							X		
4		6054					X			X				X				
5		6055				X							X			X		
6		6056	X						X							X		
7		6057					X		X							X		
8		6058				X							X			X		
9		6059					X		X					X				
10		6060				X							X	X				
11		6061					X			X				X				
12		6062					X			X				X				
13		6063					X			X						X		
14		6064	X										X			X		
15		6065					X						X			X		

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

SIGNATURE: (b)(6),

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

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

(b)(6),

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. #505

DATE 27 OCTOBER 2010

TIME 11:30 AM

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

Page 2 L060634

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

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

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	LOE	6066						X		X				X				
17		6067	X							X				X				
18		6068					X		X							X		
19		6069				X							X	X				
20		6070	X										X	X				
21		6071						X					X	X				
22		6072						X		X				X				
23		6073					X			X				X				
24		6074				X							X			X		
25		6075					X			X						X		
26		6076	X										X			X		
27		6077					X			X						X		
28		6078					X			X				X				
29		6079			X					X						X		
30		6080					X			X				X				
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SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6),

VS FORM 10-13A
(SEP 2002)

PAGE ____ OF ____

Page 1 [illegible]

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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FORM APPROVED OMB NO. 0579-0160

EDA 11-804000072

TIME HORSES LOADED ON CONVEYANCE: 12:AM

DATE: 102710

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Jonestown, PA

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

NAME OF AUCTION/MARKET:

CONSIGNOR (OWNER/SHIPPER) NAME: Brian Moore

STREET ADDRESS: 94 Hoover DR.

CITY, STATE, ZIP CODE: Jonestown, PA 17038

AREA CODE & TELEPHONE NO.: 717-865-7586

CONSIGNEE (RECEIVER/DESTINATION) NAME: Cavel Canada Export. Inc.

STREET ADDRESS: 517 Rang St. Julie Est

CITY, STATE, ZIP CODE: Andre-Avilles Canada

AREA CODE & TELEPHONE NO.:

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USE	6051	X						X						X			
2		6052	X							X				X				
3		6053					X		X							X		
4		6054					X			X				X				
5		6055				X							X			X		
6		6056	X						X							X		
7		6057					X		X							X		
8		6058				X							X			X		
9		6059					X		X					X				
10		6060				X							X	X				
11		6061					X			X				X				
12		6062					X			X				X				
13		6063					X			X						X		
14		6064	X										X			X		
15		6065					X						X			X		

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

SIGNATURE: (b)(6),

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

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

(b)(6),

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. # 505

DATE 27 OCTOBER 2010

TIME 11:30 AM

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

page 2L060634

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

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

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USZ	6066						X		X				X				
17		6067	X							X				X				
18		6068					X		X							X		
19		6069				X							X	X				
20		6070	X										X	X				
21		6071						X					X	X				
22		6072						X		X				X				
23		6073					X			X				X				
24		6074				X							X			X		
25		6075					X			X						X		
26		6076	X										X			X		
27		6077					X			X						X		
28		6078					X			X				X				
29		6079			X					X						X		
30		6080					X			X				X				
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SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6),

VS FORM 10-13A
(SEP 2002)

PAGE ____ OF ____

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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FORM APPROVED OMB NO. 0579-0160

FOIA11-8040000074

TIME HORSES LOADED ON CONVEYANCE: 1 00 AM

DATE: 10-27-10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Jonestown, PA

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

NAME OF AUCTION/MARKET:

CONSIGNOR (OWNER/SHIPPER) NAME: Brian Moore

STREET ADDRESS: 94 Hoover DR.

CITY, STATE, ZIP CODE: Jonestown PA 17038

AREA CODE & TELEPHONE NO.: 717-865-7586

CONSIGNEE (RECEIVER/DESTINATION) NAME: Cavel Canada Export Inc.

STREET ADDRESS: 517 Barre St. Julie Est.

CITY, STATE, ZIP CODE: Adhea-Avillen Canada

AREA CODE & TELEPHONE NO.:

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USE2	6021					X		X					X				
2		6022	X						X							X		
3		6023					X		X					X				
4		6024						X	X							X		
5		6025						X	X							X		
6		6026	X						X					X				
7		6027	X						X							X		
8		6028					X		X							X		
9		6029	X										X			X		
10		6030	X						X					X				
11		6031					X						X	X				
12		6032	X						X							X		
13		6033	X										X			X		
14		6034					X			X				X				
15		6035	X						X							X		

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

SIGNATURE: (b)(6),

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

(b)(6),

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. #505

DATE 27 OCTOBER 2010

TIME 11:15 AM.

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

Page 2 [060637]

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

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

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USE	6036	X										X			X		
17		6037					X			X						X		
18		6038					X			X						X		
19		6039	X										X	X				
20		6040	X										X	X				
21		6041	X										X			X		
22		6042	X										X			X		
23		6043	X										X	X				
24		6044	X							X				X				
25		6045	X						X							X		
26		6046	X										X			X		
27		6047	X										X			X		
28		6048					X				X					X		
29		6049	X										X	X				
30		6050	X										X			X		
31																		
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SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6),

VS FORM 10-13A
(SEP 2002)

Page 1 LD600630

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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

LOA# -804000076

FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 1:00 AM

DATE: 10-29-10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: PA, Jonestown

NAME OF DRIVER'S NAME: (b)(6),

NAME OF AUCTION/MARKET: —

CONSIGNOR (OWNER/SHIPPER) NAME: Brian Moore

STREET ADDRESS: 94 Hoover DR.

CITY, STATE, ZIP CODE: Jonestown PA 17038

AREA CODE & TELEPHONE NO.: 717-865-7586

CONSIGNEE (RECEIVER/DESTINATION) NAME: Cavel Canada Export Inc.

STREET ADDRESS: 517 Range St. Julie Est.

CITY, STATE, ZIP CODE: Andre-Avellin Canada

AREA CODE & TELEPHONE NO.: —

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USE	6081						X		X						X		
2		6082	X										X			X		
3		6083	X						X					X				
4		6084	X						X					X				
5		6085	X						X					X				
6		6086						X		X				X				
7		6087	X							X				X				
8		6088	X						X					X				
9		6089	X						X					X				
10		6090	X							X						X		
11		6091					X			X				X				
12		6092	X						X					X				
13		6093	X						X					X				
14		6094					X		X					X				
15		6095	X						X					X				

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

SIGNATURE: (b)(6),

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

(b)(6),

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. 505

DATE 29 Oct 2010

TIME 11:15

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

Page 2 L060630

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

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

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USE2	6096					X		X							X		
17		6097	X						X					X				
18		6098	X						X					X				
19		6099	X										X	X				
20		6100	X										X			X		
21		6101						X					X	X				
22		6102					X			X				X				
23		6103				X							X			X		
24		6104	X										X	X				
25		6105	X							X						X		
26		6106					X			X						X		
27		6107					X				X					X		
28		6108	X							X						X		
29		6109	X							X				X				
30		6110	X							X						X		
31																		
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I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

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

(b)(6),

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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

FOA11-804-00078
APPROVED
OMB NO.
0579-0160

TIME HORSES LOADED ON CONVEYANCE: 1:00

DATE: 10-5-10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Jonestown PA

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

NAME OF AUCTION/MARKET:

CONSIGNOR (OWNER/SHIPPER) NAME: Brian Moore

CONSIGNEE (RECEIVER/DESTINATION) NAME: Avel Canada Export Inc.

STREET ADDRESS: 94 Hoover Drive

STREET ADDRESS: 517 Rang St Julie Est

CITY, STATE, ZIP CODE: Jonestown PA 17038

CITY, STATE, ZIP CODE: St Andre Avellin Canada

AREA CODE & TELEPHONE NO.: 717-865-7586

AREA CODE & TELEPHONE NO.:

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USEZ	5690	X										X	X				
2		5691					X				X			X				
3		5692	X										X	X				
4		5693	X										X	X				
5		5694	X							X						X		
6		5695	X										X	X				
7		5696	X										X	X				
8		5697	X										X	X				
9		5698	X										X			X		
10		5699	X										X			X		
11		5700	X										X	X				
12		5701					X			X				X				
13		5702					X			X				X				
14		5703	X										X			X		
15		5704	X										X			X		

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

SIGNATURE (b)(6),

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

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

(b)(6),

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. 505

DATE 5 Oct 2010

TIME 12:30

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

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

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

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USEZ	5705				X							X	X				
17		5706	X										X	X				
18		5707	X										X			X		
19		5708					X						X			X		
20		5709					X				X					X		
21		5710					X				X			X				
22		5711						X		X						X		
23		5712	X										X			X		
24		5713	X							X				X				
25		5714	X										X			X		
26		5715	X										X			X		
27		5716	X										X	X				
28		5717	X										X		X			
29		5718				X							X		X			
30		5719	X							X						X		
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SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6),

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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FORM APPROVED OMB NO. 0579-0160

CIA11-804000080

TIME HORSES LOADED ON CONVEYANCE: 1:00AM

DATE: 10/7/10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Jonestown PA

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

NAME OF AUCTION/MARKET:

CONSIGNOR (OWNER/SHIPPER) NAME: Brian Moore

CONSIGNEE (RECEIVER/DESTINATION) NAME: Avel Canada Export Inc,

STREET ADDRESS: 94 Hoover Drive

STREET ADDRESS: 517 Rang St, Julia est,

CITY, STATE, ZIP CODE: Jonestown PA 17038

CITY, STATE, ZIP CODE: St Andre Avellin Canada

AREA CODE & TELEPHONE NO.: 717-865-7586

AREA CODE & TELEPHONE NO.:

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USEZ	5780					X		X							X		
2		5781	X						X					X				
3		5782	X						X					X				
4		5783	X						X					X				
5		5784	X						X					X				
6		5785	X						X							X		
7		5786					X		X					X				
8		5787					X		X							X		
9		5788					X		X					X				
10		5789					X		X					X				
11		5790	X						X					X				
12		5791	X						X					X				
13		5792	X						X					X				
14		5793					X		X							X		
15		5794	X						X					X				

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

SIGNATU (b)(6),

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

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

(b)(6),

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. # 505

DATE 07/10/2010

TIME 14h15

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

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

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

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	VSEZ	5795	X						X					X				
17		5796	X							X						X		
18		5797	X						X					X				
19		5798	X						X					X				
20		5799	X						X							X		
21		5800					X			X				X				
22		5801					X			X				X				
23		5802						X		X				X				
24		5803					X			X				X				
25		5804				X							X			X		
26		5805						X		X						X		
27		5806	X						X							X		
28		5807	X						X					X				
29		5808				X							X	X				
30		5809	X						X							X		
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SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6),

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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

FORM 1-804000082

FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 6:00 AM

DATE: 10/5/10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Jonestown PA

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

NAME OF AUCTION/MARKET:

CONSIGNOR (OWNER/SHIPPER) NAME: Brian Moore

CONSIGNEE (RECEIVER/DESTINATION) NAME: Avel Canada Export Inc.

STREET ADDRESS: 94 Hoover Drive

STREET ADDRESS: 517 Rang St Julia est.

CITY, STATE, ZIP CODE: Jonest

CITY, STATE, ZIP CODE: St Andre Avellin Canada

AREA CODE & TELEPHONE NO.: 717-865-7580

AREA CODE & TELEPHONE NO.:

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USEZ	5750	X							X				X				
2		5751				X							X			X		
3		5752					X		X					X				
4		5753	X							X				X				
5		5754					X			X				X				
6		5755					X			X				X				
7		5756	X							X				X				
8		5757				X							X	X				
9		5758					X			X				X				
10		5759				X								X				
11		5760			X					X				X				
12		5761					X			X						X		
13		5762	X							X						X		
14		5763	X							X				X				
15		5764				X							X			X		

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

SIGNATURE: (b)(6),

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

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

(b)(6),

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. 505

DATE 5 Oct 2010

TIME 12:30

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

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

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

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USEZ	5765						X		X				X				
17		5766					X			X				X				
18		5767				X							X	X				
19		5768	X							X				X				
20		5769				X							X	X				
21		5770	X							X				X				
22		5771	X							X				X				
23		5772					X			X				X				
24		5773				X							X	X				
25		5774						X		X						X		
26		5775					X			X				X				
27		5776	X						X							X		
28		5777					X		X					X				
29		5778					X		X					X				
30		5779					X									X		
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SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6),

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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

FOIA 1-804000084

FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 12AM

DATE: 10/29/10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Jonestown PA

NAME OF AUCTION/MARKET:

(b)(6),

CONSIGNOR (OWNER/SHIPPER) NAME: Brian Moore

STREET ADDRESS: 94 Hoover Drive

CITY, STATE, ZIP CODE: Jonestown PA 17038

AREA CODE & TELEPHONE NO.: 717-865 7586

CONSIGNEE (RECEIVER/DESTINATION) NAME: Avel Gadt Export Inc

STREET ADDRESS: 517 Rang St Julia

CITY, STATE, ZIP CODE: St Andre Avellin Quebec

AREA CODE & TELEPHONE NO.:

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USEZ	6111	X						X							X		
2		6112				X				X				X				
3		6113	X						X							X		
4		6114						X					X	X				
5		6115	X										X	X				
6		6116				X							X			X		
7		6117					X			X				X				
8		6118	X										X			X		
9		6119	X										X	X				
10		6120			X					X				X				
11		6121					X			X						X		
12		6122	X						X					X				
13		6123						X		X				X				
14		6124	X										X			X		
15		6125	X							X				X				

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

SIGNATUR (b)(6),

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

(b)(6),

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. 505

DATE 29 Oct. 2010

TIME 11:15

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

Page 20 of 20 L060633

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

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

(Please type or print in ink)

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FORM APPROVED OMB NO. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USEZ	6126					X			X				X				
17		6127	X							X						X		
18		6128					X		X							X		
19		6129	X										X	X				
20		6130	X										X	X				
21		6131	X										X			X		
22		6132	X										X			X		
23		6133	X										X			X		
24		6134	X										X	X				
25		6135					X						X			X		
26		6136					X			X				X				
27		6137	X						X							X		
28		6138						X		X				X				
29		6139	X						X						X			
30		6140	X						X					X				
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SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6),

VS FORM 10-13A
(SEP 2002)

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 1:00 AM

DATE: 10/13/10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Jonestown PA

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

NAME OF AUCTION/MARKET:

CONSIGNOR (OWNER/SHIPPER) NAME: Brian Moore

STREET ADDRESS: 94 Hoover Drive

CITY, STATE, ZIP CODE: Jonestown PA 17038

AREA CODE & TELEPHONE NO.: 717-865-7596

CONSIGNEE (RECEIVER/DESTINATION) NAME: Quel Canada Export Inc.

STREET ADDRESS: 517 Rang St. Julie est

CITY, STATE, ZIP CODE: St Andre Avellin Canada

AREA CODE & TELEPHONE NO.:

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USEZ	5840					X						X			X		
2		5841					X			X				X				
3		5842	X										X			X		
4		5843	X										X	X				
5		5844					X			X						X		
6		5845					X						X			X		
7		5846	X										X	X				
8		5847	X										X			X		
9		5848					X						X	X				
10		5849	X										X			X		
11		5850	X							X						X		
12		5851					X						X			X		
13		5852					X						X			X		
14		5853					X						X			X		
15		5854	X										X			X		

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

SIGNATURE: (b)(6),

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

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

(b)(6),

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. 505

DATE 13 Oct 2010

TIME 12:45

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

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

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

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

	TAG PREFIX	Tag NO.-	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USEZ	5855	X										X			X		
17		5856					X			X				X				
18		5857	X										X	X				
19		5858	X										X			X		
20		5859	X										X			X		
21		5860	X										X	X				
22		5861					X						X	X				
23		5862	X										X	X				
24		5863	X										X			X		
25		5864	X										X			X		
26		5865	X										X	X				
27		5866	X										X			X		
28		5867	X										X	X				
29		5868	X										X	X				
30		5869	X										X			X		
31																		
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SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6),

Page 1 of 2 1060642

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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

FOIA# -804000088

FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 12 AM

DATE: 10/22/10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Jonestown PA

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

NAME OF AUCTION/MARKET: —

CONSIGNOR (OWNER/SHIPPER) NAME: Brian Moore

STREET ADDRESS: 94 Hoover Drive

CITY, STATE, ZIP CODE: Jonestown PA 17038

AREA CODE & TELEPHONE NO.: 717-865-7586

CONSIGNEE (RECEIVER/DESTINATION) NAME: Cavel Canada Export Inc.

STREET ADDRESS: 517 Rang St. Julie est

CITY, STATE, ZIP CODE: St Andre Avellin Canada

AREA CODE & TELEPHONE NO.: —

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USEZ	5991					X			X						X		
2		5992	X							X						X		
3		5993				X							X	X				
4		5994				X							X	X				
5		5995					X			X				X				
6		5996				X							X	X				
7		5997					X			X				X				
8		5998				X							X	X				
9		5999				X							X	X				
10		6000	X							X						X		
11		6001				X							X	X				
12		6002						X		X				X				
13		6003				X								X				
14		6004				X								X				
15		6005					X			X						X		

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

SIGNATURE (b)(6),

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

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

(b)(6),

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. SDS

DATE 22 Oct 2010

TIME 11:30

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

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

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

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	VSEZ	6006						X					X	X				
17		6007					X			X				X				
18		6008	X						X							X		
19		6009						X					X			X		
20		6010	X						X					X				
21		6011					X		X							X		
22		6012				X							X			X		
23		6013	X						X					X				
24		6014				X								X				
25		6015	X							X				X				
26		6016					X			X				X				
27		6017	X							X				X				
28		6018	X							X				X				
29		6019	X						X							X		
30		6020	X							X						X		
31																		
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SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6),

Page 1 of 2 1060646

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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

FOIA11-804000090

FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 1 30 Am

DATE: 9-24-10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Jonestown, PA

V (b)(6),

NAME OF AUCTION/MARKET:

CONSIGNOR (OWNER/SHIPPER):
Brian Moore
STREET ADDRESS: 94 Hoover DR.
CITY, STATE, ZIP CODE: Jonestown, PA 17038
AREA CODE & TELEPHONE NO.: 717-865-7586

CONSIGNEE (RECEIVER/DESTINATION) NAME: Cavel Canada Export Inc.
STREET ADDRESS: 517 Bang St. Julie Est.
CITY, STATE, ZIP CODE: St. Andrea Avellin
AREA CODE & TELEPHONE NO.:

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USEZ	5540				X							X			X		
2		5541			X					X				X				
3		5542						X		X						X		
4		5543	X							X				X				
5		5544				X							X			X		
6		5545	X							X				X				
7		5546						X		X				X				
8		5547	X							X				X				
9		5548					X			X				X				1 Eye
10		5549					X			X						X		
11		5550					X				X			X				
12		5551	X						X							X		
13		5552				X							X			X		
14		5553	X						X							X		
15		5554	X							X				X				

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

SIGNATURE (b)(6),

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

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

(b)(6),

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. #505

DATE 24/09/2010

TIME 14h 45

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

Previous editions are obslete

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

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

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USE2	5555					X			X				X				
17		5556					X			X						X		
18		5557	X							X						X		
19		5558	X						X					X				
20		5559				X							X	X				
21		5560	X							X						X		
22		5561	X						X							X		
23		5562						X		X				X				
24		5563					X						X	X				
25		5564					X						X			X		
26		5565					X		X							X		1 Eye
27		5566					X			X				X				
28		5567					X			X						X		
29		5568					X						X			X		
30		5569					X			X						X		
31																		
32																		
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SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6),

Page. Lot 2 L060626

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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

FOA1 -804000092

FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 12:30

DATE: 9/22/10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Jonestown PA

VE (b)(6),

NAME OF AUCTION/MARKET:

CONSIGNOR (OWNER/SHIPPER) NAME: Brian Moore

CONSIGNEE (RECEIVER/DESTINATION) NAME: Cavel Canada Export Inc.

STREET ADDRESS: 94 Hoover DR.

STREET ADDRESS: 517 Rang St. Julie Est.

CITY, STATE, ZIP CODE: Jonestown, PA 17038

CITY, STATE, ZIP CODE: St. Alex - Avellin

AREA CODE & TELEPHONE NO.: 717-865-7586

AREA CODE & TELEPHONE NO.:

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USE2	5510	X						X							X		
* 2		5511					X						X	X				not on load
3		5512					X						X			X		
4		5513	X										X			X		
5		5514	X						X							X		
6		5515	X										X			X		
7		5516	X										X			X		
8		5517	X										X			X		
9		5518	X										X			X		
10		5519			X								X	X				
11		5520	X										X			X		
12		5521	X										X			X		
13		5522	X										X	X				
14		5523	X										X	X				
15		5524			X						X					X		

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

SIGNAT (b)(6),

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

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

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. #505

DATE 22/09/2010

TIME 13h15

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

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

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

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USE2	5525	X										X			X		
17		5526	X										X	X				
18		5527	X										X			X		
19		5528	X										X	X				
20		5529	X										X	X				
21		5530					X			X						X		
22		5531					X		X						X			
23		5532	X						X					X				
24		5533	X						X					X				
25		5534	X						X					X				
26		5535					X		X							X		
27		5536					X		X					X				
28		5537	X						X					X				
29		5538	X						X					X				
30		5539	X						X						X			
31																		
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SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6),

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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FORM APPROVED OMB NO. 0579-0160

EQIA11-80000001

TIME HORSES LOADED ON CONVEYANCE: 12:00 AM

DATE: 11-8-10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Jonestown PA

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

NAME OF AUCTION/MARKET:

CONSIGNOR (OWNER/SHIPPER) NAME: Brian Moore

STREET ADDRESS: 94 Hoover Drive

CITY, STATE, ZIP CODE: Jonestown PA 17038

AREA CODE & TELEPHONE NO.: 717-865-7586

CONSIGNEE (RECEIVER/DESTINATION) NAME: Cavel Canada Export Inc.

STREET ADDRESS: 517 Rang St. Julie Est

CITY, STATE, ZIP CODE: St Andre Avellin Canada

AREA CODE & TELEPHONE NO.:

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USEZ	6261					X			X				X				
2		6262					X			X				X				
3		6263				X							X			X		
4		6264				X							X			X		
5		6265	X										X	X				
6		6266	X						X					X				
7		6267	X						X					X				
8		6268	X							X				X				
9		6269	X							X						X		
10		6270					X			X				X				
11		6271					X			X				X				
12		6272					X			X				X				
13		6273	X						X					X				
14		6274	X						X					X				
15		6275	X							X						X		

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

SIGNATURE (b)(6),

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

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

(b)(6),

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. 505

DATE 8 Nov - 2010

TIME 13:00

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

FOIA11-804000095

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

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

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USEZ	6276	X							X				X				
17		6277	X						X							X		
18		6278	X							X				X				
19		6279					X			X				X				
20		6280					X				X					X		
21		6281					X						X			X		
22		6282	X							X				X				
23		6283					X			X				X				
24		6284	X							X						X		
25		6285						X					X	X				
26		6286	X							X						X		
27		6287					X			X				X				
28		6288	X										X			X		
29		6289	X										X			X		
30		6290	X										X	X				
31																		
32																		
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SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6),

Page 1 of 2 2060 152

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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

FOIA 11-804 000096

APPROVED
OMB NO.
0579-0160

TIME HORSES LOADED ON CONVEYANCE: 12 AM

DATE: 11/5/10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Sonestown PA

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

NAME OF AUCTION/MARKET: —

CONSIGNOR (OWNER/SHIPPER) NAME: Brian Moore

CONSIGNEE (RECEIVER/DESTINATION) NAME: Cavel Canada Export Inc.

STREET ADDRESS: 94 Hoover Drive

STREET ADDRESS: 517 Rang St Julia est.

CITY, STATE, ZIP CODE: Sonestown PA 17030

CITY, STATE, ZIP CODE: St Andre Avellin Canada

AREA CODE & TELEPHONE NO.: 717-865-7586

AREA CODE & TELEPHONE NO.: —

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USEZ	6231	X						X							X		
2		6232	X						X					X				
3		6233					X		X					X				
4		6234	X						X					X				
5		6235	X						X					X				
6		6236					X		X							X		
7		6237	X						X							X		
8		6238	X						X					X				
9		6239	X						X							X		
10		6240	X						X							X		
11		6241					X			X						X		
12		6242					X			X						X		
13		6243					X			X						X		
14		6244					X			X				X				
15		6245					X			X				X				

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

SIGNATU (b)(6),

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

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

(b)(6),

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. 505

DATE 5 Nov. 2010

TIME 13:00

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

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

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

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USEZ	6246					X			X				X				
17		6247						X					X		X			
18		6248					X						X	X				
19		6249					X				X					X		1 eye
20		6250					X				X					X		
21		6251	X							X						X		
22		6252	X										X			X		
23		6253					X				X					X		
24		6254					X				X					X		
25		6255	X							X						X		
26		6256					X			X						X		
27		6257					X			X				X				
28		6258	X							X				X				
29		6259					X			X						X		
30		6260	X							X						X		
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SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6),

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

FOIA11-804000098

TIME HORSES LOADED ON CONVEYANCE: 12:00AM

DATE: 11-5-10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Jonestown PA

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

NAME OF AUCTION/MARKET:

CONSIGNOR (OWNER/SHIPPER) NAME: Brian Moore

CONSIGNEE (RECEIVER/DESTINATION) NAME: Uvel Canada Export Inc

STREET ADDRESS: 94 Hoover Drive

STREET ADDRESS: 517 Rang St Julia est

CITY, STATE, ZIP CODE: Jonestown PA 17038

CITY, STATE, ZIP CODE: St Andre Avellin Canada

AREA CODE & TELEPHONE NO.: 717-865-7566

AREA CODE & TELEPHONE NO.:

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USEZ	6201					X				X			X				
2		6202					X				X					X		
3		6203					X				X			X				
4		6204					X			X				X				
5		6205	X							X				X				
6		6206	X							X				X				
7		6207	X										X	X				
8		6208	X						X					X				
9		6209						X					X			X		
10		6210					X			X				X				
11		6211	X							X						X		
12		6212					X			X				X				
13		6213					X			X				X				
14		6214	X							X				X				
15		6215	X							X						X		

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

SIGNATURE (b)(6),

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

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

(b)(6),

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. 505

DATE 5 Nov. 2010

TIME 12:45

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

page 20 FZ 4060753

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

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

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USFZ	6216	X										X			X		
17		6217	X										X			X		
18		6218					X						X	X				
19		6219					X						X			X		
20		6220	X										X			X		
21		6221	X										X	X				
22		6222	X										X			X		
23		6223	X										X			X		
24		6224					X			X				X				
25		6225	X										X			X		
26		6226					X						X			X		
27		6227					X						X			X		
28		6228	X										X			X		
29		6229	X										X			X		
30		6230	X										X			X		
31																		
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SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6),

VS FORM 10-13A
(SEP 2002)

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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

FOIA11-804000100

FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 1:00 pm

DATE: 11-17-10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Jonestown PA

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

NAME OF AUCTION/MARKET: —

CONSIGNOR (OWNER/SHIPPER) NAME: Brian Moore

CONSIGNEE (RECEIVER/DESTINATION) NAME: Cavel Canada Export Inc

STREET ADDRESS: 94 Hoover Drive

STREET ADDRESS: 517 Rang St Julie,

CITY, STATE, ZIP CODE: Jonestown PA 17038

CITY, STATE, ZIP CODE: St Andre Avellin Canada

AREA CODE & TELEPHONE NO.: 717-865-7586

AREA CODE & TELEPHONE NO.: —

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USEZ	6441				X							X	X				
2		6442				X							X	X				
3		6443				X							X			X		
4		6444					X			X						X		
5		6445					X						X	X				
6		6446	X							X				X				
7		6447	X							X						X		
8		6448					X			X						X		
9		6449					X			X				X				
10		6450	X							X						X		
11		6451	X										X			X		
12		6452					X						X			X		
13		6453	X						X					X				
14		6454	X							X						X		
15		6455					X			X				X				

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

SIGNATUR (b)(6),

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

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

(b)(6),

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. 505

DATE 18 Nov. 2010

TIME 9:30

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

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

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

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USEZ	6456	X						X							X		
17		6457	X						X							X		
18		6458	X						X					X				
19		6459			X						X			X				
20		6460						X		X				X				
21		6461						X		X				X				
22		6462	X							X						X		
23		6463	X						X					X				
24		6464	X						X							X		
25		6465					X				X					X		
26		6466					X				X					X		
27		6467					X			X				X				
28		6468	X										X	X				
29		6469	X										X	X				
30		6470	X										X			X		
31																		
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SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6),

Page 1 of 2 L060770

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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FORM APPROVED OMB NO. 0579-0160

FCIA 11-804000102

TIME HORSES LOADED ON CONVEYANCE: 12:00 AM

DATE: 11-19-10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Sonestown PA

(b)(6),

NAME OF AUCTION/MARKET:

CONSIGNOR (OWNER/SHIPPER) NAME: Brian Moore

CONSIGNEE (RECEIVER/DESTINATION) NAME: Cavel Canada Export Inc

STREET ADDRESS: 94 Hoover Drive

STREET ADDRESS: 517 Rang St, Julia, est

CITY, STATE, ZIP CODE: Sonestown PA 17038

CITY, STATE, ZIP CODE: St. Andre Avellin Canada

AREA CODE & TELEPHONE NO.: 865 75806

AREA CODE & TELEPHONE NO.:

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USEZ	6471	X										X			X		
2		6472	X										X			X		
3		6473	X										X			X		
4		6474					X				X			X				
5		6475	X										X			X		
6		6476	X										X	X				
7		6477	X										X			X		
8		6478					X			X				X				
9		6479					X			X						X		
10		6480	X							X				X				
11		6481	X						X					X				
12		6482						X					X			X		
13		6483				X							X	X				
14		6484	X							X						X		
15		6485	X							X				X				

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

SIGNATUI (b)(6),

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

(b)(6),

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. 505

DATE 2010-11-19

TIME 11:30

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

Previous editions are obslete

Page 2 of 2 L060770

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

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

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USEZ	6486	X							X				X				
17		6487	X							X						X		
18		6488	X							X				X				
19		6489	X										X			X		
20		6490	X										X	X				
21		6491	X							X						X		
22		6492						X		X				X				
23		6493	X							X				X				
24		6494						X		X				X				
25		6495					X			X				X				
26		6496				X							X			X		
27		6497					X						X	X				
28		6498	X										X			X		
29		6499	X										X			X		
30		6500				X							X	X				
31																		
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I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

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

(b)(6),

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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60-W11-8040 FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 12:00 AM	DATE: 11-21-10
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE	
VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6),	NAME OF AUCTION/MARKET
CONSIGNOR (OWNER/SHIPPER) NAME: Brian Moore	CONSIGNEE (RECEIVER/DESTINATION) NAME
STREET ADDRESS: 94 Hoover Drive	STREET ADDRESS
CITY, STATE, ZIP CODE: Jonestown PA 17038	CITY, STATE, ZIP CODE
AREA CODE & TELEPHONE NO.: 717-865-7506	AREA CODE & TELEPHONE NO.

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USEZ	6531				X							X		X			
2		6532	X							X				X				
3		6533	X						X						X			
4		6534	X						X							X		
5		6535					X			X						X		
6		6536	X							X						X		
7		6537	X						X					X				
8		6538	X						X					X				
9		6539					X			X				X				
10		6540	X										X			X		
11		6541	X										X	X				
12		6542	X							X				X				
13		6543	X										X			X		
14		6544	X										X			X		
15		6545	X										X	X				

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

SIGNAT (b)(6),

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

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

(b)(6),

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. 505
DATE 22 Nov 2010
TIME 14:00

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.
DATE
TIME

PART 1 - INSPECTOR

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

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

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USEZ	6546					X			X				X				1 Eye
17		6547	X							X				X				
18		6548	X							X				X				
19		6549	X							X				X				
20		6550				X							X	X				
21		6551	X						X							X		
22		6552	X						X					X				
23		6553	X						X					X				
24		6554	X						X					X				
25		6555	X						X					X				
26		6556	X										X			X		
27		6557	X										X	X				
28		6558					X						X			X		
29		6559	X										X			X		
30		6560					X						X			X		
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SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6),

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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

ISA11-804000106

FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 12 AM

DATE: 11/23/10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Jonestown PA

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

NAME OF AUCTION/MARKET:

CONSIGNOR (OWNER/SHIPPER) NAME: Brian Moore

CONSIGNEE (RECEIVER/DESTINATION) NAME: Cavel Canada Export Inc.

STREET ADDRESS: 94 Hoover Drive

STREET ADDRESS: 517 Rang St Julia est

CITY, STATE, ZIP CODE: Jonestown PA 17038

CITY, STATE, ZIP CODE: St Andre Avellin Canada

AREA CODE & TELEPHONE NO.: 717-865-7566

AREA CODE & TELEPHONE NO.:

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USEZ	6561	X										X	X				
2		6562	X										X			X		
3		6563						X		X						X		
4		6564					X			X				X				
5		6565	X										X			X		
6		6566	X						X					X				
7		6567	X							X				X				
8		6568				X							X	X				
9		6569					X			X						X		
10		6570					X			X					X			
11		6571	X						X						X			
12		6572					X				X					X		
13		6573					X				X			X				
14		6574					X						X			X		
15		6575	X										X			X		

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

SIGNATUR (b)(6),

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

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

(b)(6),

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. #505

DATE 23/11/2010

TIME 11h30 A.M

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

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

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

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USEZ	6576	X										X			X		
17		6577	X						X							X		
18		6578	X						X					X				
19		6579					X		X					X				
20		6580	X						X					X				
21		6581	X						X					X				
22		6582	X						X					X				
23		6583	X						X					X				
24		6584					X						X	X				
25		6585					X						X			X		
26		6586	X							X				X				
27		6587					X						X	X				
28		6588					X				X			X				
29		6589					X			X						X		
30		6590	X							X						X		
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SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6),

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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EDA-804000108
FORM APPROVED
OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 12 AM

DATE: 11/19/10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Jonestown PA

TRUCK AND DRIVER'S NAME: (b)(6),

NAME OF AUCTION/MARKET:

CONSIGNOR (OWNER/SHIPPER) NAME: Brian Moore

CONSIGNEE (RECEIVER/DESTINATION) NAME: Cavel Canada Export Inc

STREET ADDRESS: 94 Hoover Drive

STREET ADDRESS: 517 Rang St Julie est.

CITY, STATE, ZIP CODE: Jonestown PA 17038

CITY, STATE, ZIP CODE: St Andre Avellin Canada

AREA CODE & TELEPHONE NO.: 717 865-7586

AREA CODE & TELEPHONE NO.:

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USEZ	6501	X							X				X				
2		6502					X			X				X				
3		6503	X										X			X		
4		6504					X			X						X		
5		6505						X					X			X		
6		6506					X			X						X		6 eye
7		6507	X							X						X		
8		6508				X							X	X				
9		6509				X							X	X				
10		6510	X							X						X		
11		6511				X							X	X				
12		6512	X							X						X		
13		6513					X				X					X		
14		6514					X				X					X		
15		6515					X		X					X				

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

SIGNATUR (b)(6),

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

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

(b)(6),

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. 505

DATE 2010-11-19

TIME 12:15

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

Previous editions are obsolete

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

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

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	OSEZ	6516						X		X				X				
17		6517	X							X				X				
18		6518	X										X			X		
19		6519					X						X			X		
20		6520					X						X			X		
21		6521	X							X				X				
22		6522					X			Y						X		
23		6523	X										X	X				
24		6524	X							X				X				
25		6525					X			X				X				
26		6526	X										X	X				
27		6527					X		X					X				
28		6528	X						X					X				
29		6529			X						X					X		
30		6530	X										X	X				
31																		
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SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6),

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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FORM APPROVED OMB NO. 0579-0160

CIA11-804000110

TIME HORSES LOADED ON CONVEYANCE: 11:30 PM	DATE: 11-23-10
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Jonestown PA	
VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6),	NAME OF AUCTION/MARKET:
CONSIGNOR (OWNER/SHIPPER) NAME: (b)(6),	CONSIGNEE (RECEIVER/DESTINATION) NAME: CAVEI Canada Export Inc
STREET ADDRESS: 94 Hoover Drive	STREET ADDRESS: 517 Rang St. Julia est.
CITY, STATE, ZIP CODE: Jonestown PA 17038	CITY, STATE, ZIP CODE: St. Andre Avellin Canada
AREA CODE & TELEPHONE NO.: 717-865-7586	AREA CODE & TELEPHONE NO.:

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USEZ	6591					X				X					X		Not Loaded
2		6592	X										X			X		
3		6593	X							X				X				
4		6594					X						X			X		
5		6595					X						X			X		
6		6596	X										X			X		
7		6597					X			X				X				
8		6598					X			X				X				
9		6599					X			X				X				
10		6600					X						X			X		
11		6601	X										X			X		
12		6602	X										X			X		
13		6603					X						X			X		
14		6604					X						X			X		
15		6605					X						X			X		

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

SIGNATUF (b)(6),

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

(b)(6),

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. 505

DATE 24 Nov. 2010

TIME 13:30

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

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

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

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	VSEZ	6606					X						X	X				
17		6607					X						X	X				
18		6608					X						X			X		
19		6609	X										X	X				
20		6610	X										X			X		
21		6611					X						X			X		
22		6612					X			X						X		
23		6613	X										X	X				
24		6614					X			X						X		
25		6615	X							X				X				
26		6616	X										X			X		
27		6617	X										X	X				
28		6618	X										X	X				
29		6619	X								X			X				
30		6620					X						X	X				
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I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

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

(b)(6),

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 11:00

DATE: 12-15-10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Sonestown PA

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

NAME OF AUCTION/MARKET: —

CONSIGNOR (OWNER/SHIPPER) NAME: Brian Moore

CONSIGNEE (RECEIVER/DESTINATION) NAME: Cavel Canada Export Inc

STREET ADDRESS: 94 Hoover Drive

STREET ADDRESS: 517 Rang St. Julia est.

CITY, STATE, ZIP CODE: Sonestown PA 17038

CITY, STATE, ZIP CODE: St. Andre Avellin Canada

AREA CODE & TELEPHONE NO.: 717-865-7586

AREA CODE & TELEPHONE NO.: —

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USEZ	6921	X										X	X				
2		6922	X							X				X				
3		6923	X										X	X				
4		6924					X			X						X		
5		6925					X						X			X		
6		6926	X										X			X		
7		6927					X						X	X				
8		6928	X										X	X				
9		6929	X										X	X				
10		6930	X							X				X				
11		6931					X			X				X				
12		6932				X				X				X				
13		6933	X										X	X				
14		6934	X							X				X				
15		6935					X			X				X				

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

SIGNATU (b)(6),

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

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

(b)(6),

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. # 505

DATE 16/12/2010

TIME 12h30 P.M.

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

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

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

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USEZ	6936	X										X			X		
17		6937	X										X			X		
18		6938	X										X			X		
19		6939	X										X			X		
20		6940	X										X			X		
21		6941						X		X						X		
22		6942					X			X						X		
23		6943	X							X						X		
24		6944	X										X			X		
25		6945	X							X						X		
26		6946	X										X			X		
27		6947	X										X	X				
28		6948					X			X						X		
29		6949	X							X						X		
30		6950			X						X			X				
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SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6),

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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FORM APPROVED OMB NO. 0579-0160

GMA 11-804000114

TIME HORSES LOADED ON CONVEYANCE: 11 PM

DATE: 12/14/10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Sonestown PA

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

NAME OF AUCTION/MARKET:

CONSIGNOR (OWNER/SHIPPER) NAME: Brian Moore

STREET ADDRESS: 94 Hoover Drive

CITY, STATE, ZIP CODE: Sonestown PA 17038

AREA CODE & TELEPHONE NO.: 717-865-7586

CONSIGNEE (RECEIVER/DESTINATION) NAME: Avel Canada Export Inc.

STREET ADDRESS: 517 Rang st Julia est.

CITY, STATE, ZIP CODE: St Andre Avellin Canada

AREA CODE & TELEPHONE NO.:

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USEZ	6891	X							X					X			
2		6892					X						X		X			
3		6893					X			X						X		
4		6894	X							X				X				
5		6895				X				X				X				
6		6896				X				X						X		
7		6897				X				X				X				
8		6898				X				X				X				
9		6899	X							X				X				
10		6900					X				X					X		
11		6901					X				X			X				
12		6902					X				X					X		
13		6903					X				X					X		
14		6904					X						X	X				
15		6905					X				X					X		

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

SIGNATURE (b)(6),

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

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

(b)(6),

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. # 505

DATE 15/12/2010

TIME 12h00 A.M.

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

Page 2 of 2 [illegible]

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

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

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USEZ	6906					X						X			X		
17		6907			X						X					X		
18		6908			X						X			X				
19		6909					X						X			X		
20		6910					X			X						X		
21		6911	X						X					X				
22		6912	X						X					X				
23		6913					X						X			X		
24		6914					X			X				X				
25		6915	X										X			X		
26		6916	X										X	X				
27		6917	X										X			X		
28		6918	X						X							X		
29		6919	X						X							X		
30		6920	X										X			X		
31																		
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SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6),

Page 1 of 2 2060 1/3

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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FORM APPROVED OMB NO. 0579-0160

ECIA11-804000116

TIME HORSES LOADED ON CONVEYANCE: 1:00	DATE: 12-13-10
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Jonestown PA	
VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6),	NAME OF AUCTION/MARKET:
CONSIGNOR (OWNER/SHIPPER) NAME: Brian Moore	CONSIGNEE (RECEIVER/DESTINATION) NAME: Avel Canada Export Inc.
STREET ADDRESS: 94 Hoover Drive	STREET ADDRESS: 517 Rang St. Julie est.
CITY, STATE, ZIP CODE: Jonestown PA 17038	CITY, STATE, ZIP CODE: St Andre Avellin Canada
AREA CODE & TELEPHONE NO.: 717-865-7566	AREA CODE & TELEPHONE NO.:

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USEZ	6861	X						X						X			
2		6862	X						X						X			
3		6863					X		X							X		
4		6864					X			X						X		
5		6865	X						X					X				
6		6866	X							X				X				
7		6867	X										X			X		
8		6868	X							X						X		
9		6869	X										X			X		
10		6870	X										X	X				
11		6871	X						X					X				
12		6872					X			X						X		
13		6873	X										X	X				
14		6874					X			X						X		
15		6875					X		X					X				

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

SIGNATU (b)(6),

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

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

(b)(6),

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. 505

DATE 14/12/2010

TIME 16h00

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

PART 1 INSPECTOR

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

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

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USEZ	6876	X										X			X		
17		6877					X						X	X				
18		6878	X						X							X		
19		6879					X			X						X		
20		6880	X						X							X		
21		6881					X		X							X		
22		6882					X			X						X		
23		6883					X			X				X				
24		6884	X						X					X				
25		6885	X										X	X				
26		6886	X							X				X				
27		6887					X			X				X				
28		6888						X		X				X				
29		6889						X		X				X				
30		6890					X			X						X		
31																		
32																		
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SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6),

page 1 of 2 2060776

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 12 AM

DATE: 12/3/10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Jonestown PA

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

NAME OF AUCTION/MARKET:

CONSIGNOR (OWNER/SHIPPER) NAME: Brian Moore

CONSIGNEE (RECEIVER/DESTINATION) NAME: Lavel Canada Export Inc

STREET ADDRESS: 94 Hoover Drive

STREET ADDRESS: 517 Rang St. Andre Avellin

CITY, STATE, ZIP CODE: Jonestown PA 17038

CITY, STATE, ZIP CODE: Canada

AREA CODE & TELEPHONE NO.: 717-865 7586

AREA CODE & TELEPHONE NO.:

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USEZ	6711	X										X			X		
2		6712	X										X			X		
3		6713	X										X			X		
4		6714					X			X				X				
5		6715					X			X						X		
6		6716	X							X				X				
7		6717					X			X				X				
8		6718				X				X				X				
9		6719				X				X				X				
10		6720				X				X				X				
11		6721				X				X				X				
12		6722				X				X				X				
13		6723				X				X				X				
14		6724	X							X				X				
15		6725					X				X					X		

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

SIGNAT (b)(6),

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

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

(b)(6),

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. #505

DATE 03/12/2010

TIME 12:30

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

Page 2 of 2 2060770

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

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

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USE2	6726					X				X					X		
17		6727					X				X			X				
18		6728					X				X					X		
19		6729					X				X					X		
20		6730	X							X				X				
21		6731					X				X					X		
22		6732					X				X					X		
23		6733					X				X					X		One eye
24		6734	X							X						X		
25		6735	X							X						X		
26		6736	X						X					X				
27		6737	X										X	X				
28		6738	X										X			X		
29		6739	X										X			X		
30		6740	X										X			X		
31																		
32																		
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SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6),

Project # 2060184

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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FORM APPROVED OMB NO. 0579-0160

FORM VS 1-804000-20

TIME HORSES LOADED ON CONVEYANCE: 11 PM

DATE: 12/16/10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Jonestown PA

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

NAME OF AUCTION/MARKET:

CONSIGNOR (OWNER/SHIPPER) NAME: Brian Moore

CONSIGNEE (RECEIVER/DESTINATION) NAME: Cavel Canada Export Inc.

STREET ADDRESS: 94 Hoover Drive

STREET ADDRESS: 517 Rang St. Julia est.

CITY, STATE, ZIP CODE: Jonestown PA 17038

CITY, STATE, ZIP CODE: St. Andre Avellin Canada

AREA CODE & TELEPHONE NO.: 717-865-7586

AREA CODE & TELEPHONE NO.:

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USEZ	6951					X		X					X				
2		6952	X						X							X		
3		6953					X		X					X				
4		6954	X						X					X				
5		6955					X		X							X		
6		6956	X						X					X				
7		6957	X						X					X				
8		6958	X						X					X				
9		6959	X						X					X				
10		6960	X						X					X				
11		6961	X						X					X				
12		6962	X						X					X				
13		6963					X		X					X				
14		6964	X						X					X				
15		6965	X						X							X		

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

SIGNATUR (b)(6),

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

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

(b)(6),

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. # 505

DATE 17/12/2010

TIME 13h30

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

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

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

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16		6666	X										X			X		
17		6667					X						X			X		
18		6668					X						X			X		
19		6669	X						X					X				
20		6670	X							X				X				
21		6671	X										X	X				
22		6672					X						X	X				
23		6673	X						X					X				
24		6674				X				X				X				
25		6675	X										X			X		
26		6676					X						X			X		
27		6677	X										X			X		
28		6678	X										X			X		
29		6679					X				X			X				
30		6680	X								X			X				
31																		
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SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6),

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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

FORM 1-804001 APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 12:00

DATE: 11-28-10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Jonestown PA

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

NAME OF AUCTION/MARKET:

CONSIGNOR (OWNER/SHIPPER) NAME: Brian Moore

CONSIGNEE (RECEIVER/DESTINATION) NAME: Avel Canada Export Inc.

STREET ADDRESS: 94 Hoover Drive

STREET ADDRESS: 517 Rang St Julia est.

CITY, STATE, ZIP CODE: Jonestown PA 17050

CITY, STATE, ZIP CODE: St. Andre Avellin Canada

AREA CODE & TELEPHONE NO.: 717-865-7580

AREA CODE & TELEPHONE NO.:

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USEZ	6621					X				X					X		
2		6622					X				X					X		
3		6623					X				X			X				
4		6624					X				X			X				
5		6625					X						X	X				
6		6626	X										X		X			
7		6627	X						X					X				
8		6628	X						X							X		
9		6629	X							X						X		
10		6630	X						X							X		
11		6631					X			X						X		
12		6632	X										X	X				
13		6633	X										X			X		
14		6634	X										X			X		
15		6635	X										X	X				

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

SIGNATU (b)(6),

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

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

(b)(6),

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. #505

DATE 29/11/2010

TIME 15h30

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

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

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

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USEZ	6636					X		X							X		
17		6637	X										X			X		
18		66390	X						X					X				
19		6639	X										X			X		
20		6640	X										X			X		
21		6641					X			X				X		X		
22		6642					X			X						X		
23		6643	X										X	X				
24		6644	X						X							X		
25		6645					X						X	X				
26		6646					X			X						X		
27		6647					X			X				X				
28		6648	X							X						X		
29		6649	X							X				X				
30		6650					X			X				X				
31																		
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SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6),

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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

FORM 1-804 00184
APPROVED
OMB NO.
0579-0160

TIME HORSES LOADED ON CONVEYANCE: 12:00 AM
DATE: 9/23/10
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Jonestown PA

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

CONSIGNOR (OWNER/SHIPPER) NAME: Brian Moore
CONSIGNEE (RECEIVER/DESTINATION) NAME: Avel Canada Export Inc.

STREET ADDRESS: 94 Hoover Drive
STREET ADDRESS: 517 Rang St. Julia

CITY, STATE, ZIP CODE: Jonestown PA 17038
CITY, STATE, ZIP CODE: St. Andre Avellin Canada

AREA CODE & TELEPHONE NO.: 717-865-7596
AREA CODE & TELEPHONE NO.:

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USEZ	5570				X							X	X				
2		5571	X						X					X				
3		5572	X										X			X		
4		5573	X										X			X		
5		5574	X										X			X		
6		5575	X										X			X		
7		5576					X				X			X				
8		5577	X										X			X		
9		5578	X							X						X		
10		5579	X							X				X				
11		5580				X							X	X				
12		5581					X						X	X				
13		5582					X			X				X				
14		5583					X			X				X				
15		5584	X						X					X				

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

SIGNATURE: (b)(6),

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

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

(b)(6),

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. 505
DATE 24 Sept. 2010
TIME 12:30

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.
DATE
TIME

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

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

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USEZ	5585	X							X				X				1 Eye
17		5586					X			X				X				
18		5587	X							X				X				
19		5588					X				X					X		
20		5589					X			X						X		
21		5590					X			X				X				
22		5591					X			X				X				
23		5592				X							X	X				
24		5593	X						X					X				
25		5594				X							X	X				
26		5595						X			X			X				1 Eye
27		5596					X			X				X				
28		5597	X							X						X		
29		5598	X						X					X				
30		5599						X		X				X				
31																		
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SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6),

Page 1 of 2 L060622

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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

FOLA 11-8040 FOIA

APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 1:00 AM

DATE: 9/22/10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Jonestown, PA

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

NAME OF AUCTION/MARKET: —

CONSIGNOR (OWNER/SHIPPER) NAME: Brian Moore

STREET ADDRESS: 94 Hoover DR.

CITY, STATE, ZIP CODE: Jonestown PA 17038

AREA CODE & TELEPHONE NO.: 717-865-7586

CONSIGNEE (RECEIVER/DESTINATION) NAME: Cavel Canada Export Inc.

STREET ADDRESS: 517 Rang St. Julie Est.

CITY, STATE, ZIP CODE: St. Adrea-Avillen

AREA CODE & TELEPHONE NO.: —

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USE	5480	X						X					X				
2		5481					X		X					X				
3		5482	X						X					X				
4		5483					X		X					X				
5		5484	X						X					X				
6		5485					X		X					X				
7		5486	X						X							X		
8		5487	X						X					X				
9		5488	X							X						X		
10		5489					X			X						X		
11		5490	X						X					X				
12		5491					X		X					X				
13		5492	X						X							X		
14		5493	X						X							X		
15		5494						X		X				X				

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

SIGNAT (b)(6),

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

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

(b)(6),

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. # 505

DATE 22/09/2010

TIME 13:00

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

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

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

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USE2	5485	X							X						X		
17		5496					X			X				X				
18		5497					X			X				X				
19		5488	X						X					X				
20		5499					X		X					X				
21		5500					X		X					X				
22		5501	X						X					X				
23		5502	X						X					X				
24		5503	X						X					X				
25		5504	X						X					X				
26		5505					X		X					X				
27		5506	X						X					X				
28		5507	X							X						X		
29		5508					X			X						X		
30		5509				X				X						X		
31																		
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SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6),

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

best copy available

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

CFIA-11-804000128

TIME HORSES LOADED ON CONVEYANCE: 11 PM

DATE: 12/9/10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Sonestown PA

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

NAME OF AUCTION/MARKET: —

CONSIGNOR (OWNER/SHIPPER) NAME: Brian Moore

CONSIGNEE (RECEIVER/DESTINATION) NAME: Cavel Canada Export Inc.

STREET ADDRESS: 94 Hoover Drive

STREET ADDRESS: 517 Rang St Julie Est

CITY, STATE, ZIP CODE: Sonestown PA 17738

CITY, STATE, ZIP CODE: St. Andre Avellin Canada

AREA CODE & TELEPHONE NO.: 717 865-7586

AREA CODE & TELEPHONE NO.: —

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	LSEZ	6631					X			X				X			✓	
2		6632	X										X			X	✓	
3		6633	X										X	X			✓	
4		6634	X										X			X	✓	
5		6635	X										X	X				
6		6636	X										X	X				
7		6637	X										X			X		
8		6638	X										X	X				
9		6639	X										X	X		X		
10		6640	X										X	X				
11		6641					X						X	X			✓	
12		6642					X				X					X		
13		6643	X										X			X		
14		6644					X						X			X		
15		6645					X						X	X				

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

SIGNATU (b)(6),

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

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

(b)(6),

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. #505

DATE 10 DECEMBER 2010

TIME 11 h15

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

best copy available

page 2 of 2 10-6274

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

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

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USE	6846					X						X	X				
17		6847					X						X			X		
18		6848	X										X	X				
19		6849	X										X	X				
20		6850	X										X			X		
21		6851					X						X			X		
22		6852					X						X			X		
23		6853					X				X			X				
24		6854					X				X			X				
25		6855	X										X	X				
26		6856	X										X			X		
27		6857	X										X	X				
28		6858					X						X	X				
29		6859	X										X			X		
30		6860	X										X	X				
31																		
32																		
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SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6),

Page 1 L060777

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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

FSIS 11-804000130

FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 7 (b)(6),

DATE: 12-6-10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Jonestown PA

VEHICLE LICENSE NO. AND DRIVER'S NAME: 1:00 AM (b)(6),

NAME OF AUCTION/MARKET: —

CONSIGNOR (OWNER/SHIPPER) NAME: Brian Moore

STREET ADDRESS: 94 Hoover DR.

CITY, STATE, ZIP CODE: Jonestown, PA 17038

AREA CODE & TELEPHONE NO.: 717-865-7586

CONSIGNEE (RECEIVER/DESTINATION) NAME: Cavel Canada Export Inc.

STREET ADDRESS: 517 Rang St. Julie Est.

CITY, STATE, ZIP CODE: St. Adrena-Avellin Canada

AREA CODE & TELEPHONE NO.: —

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USE2	6741					X						X	X				
2		6742	X										X			X		
3		6743					X						X			X		Removed
4		6744	X										X			X		
5		6745			X								X	X				
6		6746	X										X			X		
7		6747	X										X	X				
8		6748	X										X			X		
9		6749	X										X	X				
10		6750	X										X	X				
11		6751	X										X			X		
12		6752					X						X			X		
13		6753	X										X			X		
14		6754	X										X			X		
15		6755					X		X					X				

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

SIGNATURE (b)(6),

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

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

(b)(6),

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. #505

DATE 07/12/2010

TIME 7h00 A.M

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

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

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

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USE2	6756					X						X	X				
17		6757					X						X	X				
18		6758	X										X	X				
19		6759	X										X	X				
20		6760	X										X			X		
21		6761					X				X			X				
22		6762	X							X				X				Not Loaded
23		6763	X										X	X				
24		6764	X										X	X				
25		6765					X		X							X		
26		6766	X						X					X				
27		6767	X										X		X			
28		6768	X										X			X		
29		6769	X										X			X		
30		6770	X										X			X		
31																		
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SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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

Control-8040-00132
APPROVED
OMB NO.
0579-0160

TIME HORSES LOADED ON CONVEYANCE: 11 PM

DATE: 12/9/10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Sonestown PA

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

NAME OF AUCTION/MARKET:

CONSIGNOR (OWNER/SHIPPER) NAME: Brian Moore

CONSIGNEE (RECEIVER/DESTINATION) NAME: Cavel Canada Export Inc.

STREET ADDRESS: 94 Hoover Drive

STREET ADDRESS: 517 Rang St Julie est.

CITY, STATE, ZIP CODE: Sonestown PA 17038

CITY, STATE, ZIP CODE: St. Andre Avellin Canada

AREA CODE & TELEPHONE NO.: 717-865-7586

AREA CODE & TELEPHONE NO.:

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USEZ	6831					X			X				X				
2		6832	X										X			X		
3		6833	X										X	X				
4		6834	X										X			X		
5		6835	X										X	X				
6		6836	X										X	X				
7		6837	X										X			X		
8		6838	X										X	X				
9		6839	X										X	X		X		
10		6840	X										X	X				
11		6841					X						X	X				
12		6842					X				X					X		
13		6843	X										X			X		
14		6844					X						X			X		
15		6845					X						X	X				

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

SIGNATU (b)(6),

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

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

(b)(6),

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. # 505

DATE 10 DECEMBER 2010

TIME 11 h 15

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

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

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

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USEZ	6846					X						X	X				
17		6847					X						X			X		
18		6848	X										X	X				
19		6849	X										X	X				
20		6850	X										X			X		
21		6851					X						X			X		
22		6852					X						X			X		
23		6853					X				X			X				
24		6854					X				X			X				
25		6855	X										X	X				
26		6856	X										X			X		
27		6857	X										X	X				
28		6858					X						X	X				
29		6859	X										X			X		
30		6860	X										X	X				
31																		
32																		
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SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6),

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

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OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

FORM 10804000134

TIME HORSES LOADED ON CONVEYANCE: 12:45

DATE: 9-13-10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Jonestown PA

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

NAME OF AUCTION/MARKET:

CONSIGNOR (OWNER/SHIPPER) NAME: Brian Moore

CONSIGNEE (RECEIVER/DESTINATION) NAME: Avel Canada Export Inc

STREET ADDRESS: 94 Hoover Drive

STREET ADDRESS: 517 Rang St, Julia.

CITY, STATE, ZIP CODE: Jonestown PA 17038

CITY, STATE, ZIP CODE: St Andre Avellin Canada

AREA CODE & TELEPHONE NO.: 717-865-7586

AREA CODE & TELEPHONE NO.:

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USFA	5330					X				X			X				
2		5331					X				X					X		
3		5332	X						X							X		
4		5333	X							X				X				
5		5334	X										X	X				
6		5335				X							X	X				
7		5336	X							X				X				
8		5337					X				X			X				
9		5338					X		X					X				
10		5339					X			X						X		
11		5340	X										X	X				
12		5341	X						X							X		
13		5342	X										X	X				
14		5343	X						X					X				
15		5344	X						X					X				

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

SIGNATU (b)(6),

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

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

(b)(6),

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. 505

DATE 13 Sept 2010

TIME 14:15

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

PAGE 1 - INSPECTOR

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

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

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USFA	5345					X				X			X				
17		5346	X										X	X				
18		5347					X						X	X				
19		5348					X						X	X				
20		5349					X						X			X		
21		5350	X						X					X				
22		5351	X						X							X		
23		5352					X			X				X				
24		5353				X							X	X				
25		5354	X										X	X				
26		5355					X			X				X				
27		5356	X							X				X				
28		5357	X						X						X			
29		5358	X						X						X			
30		5359	X							X				X				
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SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6),

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 1100 AM	DATE: 9/17/00
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Jonestown PA	
VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6),	NAME OF AUCTION/MARKET:
CONSIGNOR (OWNER/SHIPPER) NAME: Brian Moore	CONSIGNEE (RECEIVER/DESTINATION) NAME: Cavel Canada Export Inc.
STREET ADDRESS: 94 Hoover Drive	STREET ADDRESS: 517 Rang St Julia est.
CITY, STATE, ZIP CODE: Jonestown PA 17038	CITY, STATE, ZIP CODE: St. Andre Avellin Canada
AREA CODE & TELEPHONE NO.: 717-865-7586	AREA CODE & TELEPHONE NO.:

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USEZ	5420	X										X	X				
2		5421	X										X	X				
3		5422	X										X	X				
4		5423				X							X	X				
5		5424	X										X	X				
6		5425	X										X			X		
7		5426	X										X			X		
8		5427					X		X							X		
9		5428	X										X	X				
10		5429				X							X	X				
11		5430					X			X				X				
12		5431	X										X			X		
13		5432	X							X						X		
14		5433					X			X						X		
15		5434	X							X						X		

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

SIGNATUR (b)(6),

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

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

(b)(6),

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. 505

DATE 17 Sept 2010

TIME 12:00

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

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

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

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USEZ	5435	X							X				X				
17		5436						X		X				X				
18		5437					X			X				X				
19		5438	X							X						X		
20		5439	X										X	X				
21		5440	X										X			X		
22		5441	X										X			X		
23		5442	X										X			X		
24		5443						X		X				X				
25		5444	X							X				X				
26		5445	X										X	X				
27		5446	X							X				X				
28		5447	X							X				X				
29		5448	X										X	X				
30		5449	X										X	X				
31																		
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I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

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

(b)(6),

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 12:00 Am

DATE: 11-3-10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Jonestown PA

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

NAME OF AUCTION/MARKET:

CONSIGNOR (OWNER/SHIPPER) NAME: Brian Moore

CONSIGNEE (RECEIVER/DESTINATION) NAME: Cavel Canada Export Inc.

STREET ADDRESS: 14 Hoover Drive

STREET ADDRESS: 512 Rang St Julia est.

CITY, STATE, ZIP CODE: Jonestown PA 17038

CITY, STATE, ZIP CODE: St Andre Avellin Canada

AREA CODE & TELEPHONE NO.: 717-865-2586

AREA CODE & TELEPHONE NO.:

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USEZ	6171					X				X					X		
2		6172	X										X	X				
3		6173	X										X			X		
4		6174	X										X			X		
5		6175	X										X			X		
6		6176	X										X			X		
7		6177	X										X	X				
8		6178	X										X	X				
9		6179	X										X			X		Not on load
10		6180					X			X				X				
11		6181					X				X					X		
12		6182					X				X					X		1 eye
13		6183	X										X			X		Not on Load
14		6184					X				X					X		
15		6185	X										X			X		

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

SIGNAT (b)(6),

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

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

(b)(6),

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. #505

DATE 03/11/2010

TIME 11h30 A.M

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

PART 1 - INSPECTOR

best copy available

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

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

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USEZ	6186	X										X			X		
17		6187	X										X			X		
18		6188	X										X			X		
19		6189						X		X						X		
20		6190	X										X			X		
21		6191					X				X			X				Not on load
22		6192	X										X	X				
23		6193	X										X	X				
24		6194	X										X			X		
25		6195	X										X	X				
26		6196	X										X			X		
27		6197	X							X						X		
28		6198	X										X	X				
29		6199	X							X				X				
30		6200	X										X	X				
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SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6),

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

best copy available

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 12 AM

DATE: 11/17/10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Jonestown PA

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

NAME OF AUCTION/MARKET:

CONSIGNOR (OWNER/SHIPPER) NAME: Brian Moore

STREET ADDRESS: 94 Hoover Drive

CITY, STATE, ZIP CODE: Jonestown PA 17038

AREA CODE & TELEPHONE NO.: 717-865-7586

CONSIGNEE (RECEIVER/DESTINATION) NAME: Cavel Canada Export Inc.

STREET ADDRESS: 517 Rang St Julie est.

CITY, STATE, ZIP CODE: St Andre Avellin

AREA CODE & TELEPHONE NO.:

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USEZ	6411	X						X					X				
2		6412	X						X					X				
3		6413	X						X					X				
4		6414					X		X					X				
5		6415					X		X							X		
6		6416	X						X					X				
7		6417					X		X							X		
8		6418	X						X					X				
9		6419	X						X							X		
10		6420	X						X					X				
11		6421	X						X					X				
12		6422	X						X							X		
13		6423						X					X			X		
14		6424	X						X							X		
15		6425						X		X				X				

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

SIGNATURE (b)(6),

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

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

(b)(6),

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. 565

DATE 17-Nov 2010

TIME 11:00

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

PART 1 - INSPECTOR

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

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

(Please type or print in ink)

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FORM APPROVED OMB NO. 0579-0160

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			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USEZ	6426				X							X			X		
17		6427	X							X				X				
18		6428					X			X				X				
19		6429	X										X	X				one eye
20		6430	X										X			X		
21		6431					X				X			X				
22		6432					X				X					X		
23		6433			X					X				X				
24		6434						X		X				X				
25		6435					X			X				X				
26		6436						X					X	X				
27		6437	X										X			X		
28		6438				X							X	X				
29		6439				X							X		X			
30		6440	X												X			
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(b)(6),

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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FORM APPROVED OMB NO. 0579-0160

FOIA 2018-04000142

TIME HORSES LOADED ON CONVEYANCE: 12 AM

DATE: 11/12/10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Jonestown PA

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

NAME OF AUCTION/MARKET: —

CONSIGNOR (OWNER/SHIPPER) NAME: Brian Moore

CONSIGNEE (RECEIVER/DESTINATION) NAME: Avel Canada Export Inc

STREET ADDRESS: 94 Hoover Drive

STREET ADDRESS: 517 Rang St Julia est,

CITY, STATE, ZIP CODE: Jonestown PA 17038

CITY, STATE, ZIP CODE: St Andre Avellin Canada

AREA CODE & TELEPHONE NO.: 717-865-7586

AREA CODE & TELEPHONE NO.: —

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USEZ	6351					X			X				X				
2		6352					X			X				X				
3		6353	X							X				X				
4		6354	X							X				X				
5		6355	X							X				X				
6		6356	X						X					X				
7		6357	X						X					X				
8		6358					X		X					X				
9		6359					X		X					X				
10		6360	X						X					X				
11		6361					X		X					X				
12		6362					X		X					X				
13		6363	X						X					X				
14		6364	X						X					X				
15		6365	X						X					X				

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

SIGNATURE (b)(6),

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

(b)(6),

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. 505

DATE 12 NOV. 2010

TIME 11:30

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

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

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

(Please type or print in ink)

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			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USEZ	6366					X		X						X			
17		6367						X		X				X				not on loa
18		6368	X							X				X				
19		6369				X							X	X				
20		6370	X						X					X				
21		6371	X						X					X				
22		6372	X							X				X				
23		6373					X			X				X				
24		6374					X			X						X		
25		6375	X							X						X		
26		6376				X							X	X				
27		6377	X										X			X		
28		6378						X		X						X		
29		6379	X										X	X				
30		6380						X		X				X				
31																		
32																		
33																		
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SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6),

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

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FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 12:00 AM

DATE: 11-10-10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Jonestown PA

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

NAME OF AUCTION/MARKET:

CONSIGNOR (OWNER/SHIPPER) NAME: Brian Moore

CONSIGNEE (RECEIVER/DESTINATION) NAME: Cavel Canada Export Inc.

STREET ADDRESS: 94 Hoover Drive

STREET ADDRESS: 517 Rang St Julia Est

CITY, STATE, ZIP CODE: Jonestown PA 17038

CITY, STATE, ZIP CODE: St. Andre Avellin QC Canada

AREA CODE & TELEPHONE NO.: 717-965-7586

AREA CODE & TELEPHONE NO.:

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USEZ	6291	X							X						X		
2		6292					X			X				X				
3		6293	X										X			X		1 eye
4		6294	X										X			X		
5		6295	X										X			X		
6		6296	X							X				X				
7		6297	X								X			X				
8		6298	X										X	X				
9		6299	X										X			X		
10		6300	X										X			X		
11		6301	X										X			X		
12		6302	X							X				X				
13		6303						X					X			X		
14		6304					X			X						X		
15		6305	X						X					X				

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

SIGNATURE: (b)(6),

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

(b)(6),

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. 505

DATE 10 Nov. 2010

TIME 11:30

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

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

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

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

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			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USEZ	6306	X						X					X				
17		6307	X										X	X				
18		6308	X										X			X		
19		6309	X										X			X		
20		6310					X				X			X				
21		6311	X										X	X				
22		6312					X			X						X		
23		6313					X			X						X		
24		6314						X		X						X		
25		6315	X							X						X		
26		6316	X							X				X				
27		6317	X										X	X				
28		6318	X										X	X				1 eye
29		6319	X										X			X		
30		6320					X						X			X		
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SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6),

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

FOIA#-80400146

TIME HORSES LOADED ON CONVEYANCE: 12:00 AM	DATE: 11-12-10
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Sonestown PA	
VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6),	NAME OF AUCTION/MARKET:
CONSIGNOR (OWNER/SHIPPER) NAME: Brian Moore	CONSIGNEE (RECEIVER/DESTINATION) NAME: Quel Canada Export Inc.
STREET ADDRESS: 94 Hoover Drive	STREET ADDRESS: 517 Rang St Julia est,
CITY, STATE, ZIP CODE: Sonestown PA 17038	CITY, STATE, ZIP CODE: St Andre Avellin Canada
AREA CODE & TELEPHONE NO.: 717-865-7596	AREA CODE & TELEPHONE NO.:

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USEZ	6381					X				X			X				
2		6382					X				X					X		
3		6383	X							X						X		
4		6384					X						X			X		
5		6385	X										X			X		
6		6386	X							X						X		
7		6387	X							X						X		
8		6388	X										X	X				
9		6389	X										X	X				
10		6390					X						X			X		
11		6391	X							X						X		
12		6392					X						X			X		
13		6393					X						X	X				
14		6394	X										X			X		
15		6395						X		X				X				

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

SIGNATURE (b)(6),

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

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

(b)(6),

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. #505

DATE 12/11/2010

TIME 13h00

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

PART 1 - INSPECTOR

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

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

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USEZ	6396					X						X	X				
17		6397	X										X	X				
18		6398	X										X	X				
19		6399	X										X			X		
20		6400	X										X			X		
21		6401					X						X			X		
22		6402	X										X			X		
23		6403					X						X			X		
24		6404	X										X			X		
25		6405	X										X			X		
26		6406	X										X			X		
27		6407	X										X			X		
28		6408	X										X	X				
29		6409	X										X			X		
30		6410	X										X			X		
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SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6),

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in Ink)

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

FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE / DATE	CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Jonestown PA
VEHICLE LICENSE NO. AND DRIVER'S NAME	NAME OF AUCTION/MARKET
CONSIGNOR (OWNER/SHIPPER) NAME: Brian Moore	CONSIGNEE (RECEIVER/DESTINATION) NAME: CAVEL CANada Export Inc.
STREET ADDRESS: 94 Hoover Drive	STREET ADDRESS: 517 Rang St. Jolie est.
CITY, STATE, ZIP CODE: Jonestown PA 17038	CITY, STATE, ZIP CODE: St. Andre Avellin Canada
AREA CODE & TELEPHONE NO.: 717-865-7560	AREA CODE & TELEPHONE NO.

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USA	3148					X		X							X		
2		3149					X			X						X		
3		3150	X							X				X				not Loaded
4		3151	X							X				X				
5		3152					X			X				X				
6		3153				X				X				X				
7		3154	X										X			X		one eye
8		3155					X			X				X				
9		3156	X							X				X				
10		3157					X						X	X				
11		3158			X					X				X				
12		3159					X			X				X				
13		3160	X										X	X				
14		3161	X										X	X				
15	V	3162	X										X	X				

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

SIGNATU (b)(6),

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

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

(b)(6),

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. 505
DATE 2010-01-24
TIME 13:30

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.
DATE
TIME

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

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

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USFA	3163					X			X						X		
17		3164	X										X	X				
18		3165	X										X			X		
19		3166					X			X						X		
20		3167					X			X						X		
21		3168	X							X				X				
22		3169	X										X			X		
23		3170	X										X	X				
24		3171					X			X				X				
25		3172					X						X	X				
26		3173				X				X				X				
27		3174	X										X	X				
28		3175					X						X			X		
29		3176	X							X						X		
30		3177					X			X					X			
31																		
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SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6),

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 1:00 AM	DATE: 3-10-10
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Jonestown PA	
VEHICLE LICENSE NO. AND DRIVER'S NAME: (9)(q)	NAME OF AUCTION/MARKET:
CONSIGNOR (OWNER/SHIPPER) NAME: Brian Moore	CONSIGNEE (RECEIVER/DESTINATION) NAME: Cavel Canada Export Inc.
STREET ADDRESS: 94 Hoover Drive	STREET ADDRESS: 517 Rang St. Julie est.
CITY, STATE, ZIP CODE: Jonestown PA 17038	CITY, STATE, ZIP CODE: St Andre Avellin
AREA CODE & TELEPHONE NO.: 717-865-7506	AREA CODE & TELEPHONE NO.:

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USFA	3298	X										X	X				
2		3299	X										X	X				
3		3300	X										X	X				
4		3301	X										X	X				
5		3302	X										X	X				
6		3303	X										X	X				
7		3304				X				X						X		
8		3305	X										X	X				
9		3306	X										X	X				
10		3307	X										X	X				
11		3308	X										X	X				
12		3309	X										X	X				
13		3310	X										X	X				
14		3311	X										X	X				
15		3312	X										X					

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

SIGNAT (9)(q)

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

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

(9)(q)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. 505
DATE 2010-03-10
TIME 12:00

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.
DATE
TIME

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

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

(Please type or print in ink)

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FORM APPROVED OMB NO. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USA	3133	X						X					X				
17		3134					X				X			X				
18		3135	X										X			X		
19		3136					X			X						X		Lump on Leg
20		3137	X						X							X		
21		3138					X						X			X		
22		3139	X										X			X		
23		3140						X		X				X				
24		3141	X						X							X		
25		3142					X			X				X				
26		3143	X										X			X		
27		3144					X			X						X		
28		3145	X								X					X		
29		3146					X			X				X				
30		3147	X						X							X		
31																		
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SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

(9)(q)

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE:

DATE:

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Jonestown PA

VEHICLE LICENSE NO. AND DRIVER'S NAME:

NAME OF AUCTION/MARKET: —

CONSIGNOR (OWNER/SHIPPER) NAME: Brian Moore

STREET ADDRESS: 94 Hoover Drive

CITY, STATE, ZIP CODE: Jonestown PA 17038

AREA CODE & TELEPHONE NO.: 717-665-7586

CONSIGNEE (RECEIVER/DESTINATION) NAME: CAVEL CANADA Export Inc

STREET ADDRESS: 517 Rang st, Julie est,

CITY, STATE, ZIP CODE: St Andre Avellin

AREA CODE & TELEPHONE NO.: —

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USFA	3088	X										X			X		
2		3089	X										X			X		
3		3090					X			X						X		
4		3091	X										X	X				
5		3092	X										X			X		
6		3093	X							X						X		
7		3094	X										X	X				
8		3095	X							X				X				one eye
9		3096						X		X				X				
10		3097	X										X	X				
11		3098					X				X					X		
12		3099					X				X					X		
13		3100	X							X				X				
14		3101	X							X				X				
15		3102	X										X			X		

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

SIGNATI (b)(6),

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

(b)(6),

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. 505

DATE 2010-02-10

TIME 12:00

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 2-3-10 ← 7 | DATE: 1:00

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Jonestown PA

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

NAME OF AUCTION/MARKET:

CONSIGNOR (OWNER/SHIPPER) NAME: Brian Moore

STREET ADDRESS: 94 Hoover Drive

CITY, STATE, ZIP CODE: Jonestown PA 17038

AREA CODE & TELEPHONE NO.: 717-865-7586

CONSIGNEE (RECEIVER/DESTINATION) NAME: CAVELI Canada Export Inc.

STREET ADDRESS: 517 Rang St. Julie est.

CITY, STATE, ZIP CODE: St Andre Avellin CANada

AREA CODE & TELEPHONE NO.:

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USFA	3038	X						X					X				
2		3039					X			X						X		
3		3030					X				X			X				
4		3031	X										X			X		
5		3032						X		X				X				
6		3033				X				X				X				
7		3034	X										X			X		
8		3035	X										X			X		
9		3036	X										X	X				
10		3037				X				X						X		
11		3038	X										X			X		
12		3039	X										X	X				
13		3040				X				X						X		
14		3041	X										X	X				
15		3042	X										X	X				

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

SIGNAT (b)(6),

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

(b)(6),

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. 505

DATE 2010-02-03

TIME 12:55

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

2060886

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

LOA# 1804000154

TIME HORSES LOADED ON CONVEYANCE: 1:00 Am

DATE: 1-24-10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Jonestown PA

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

NAME OF AUCTION/MARKET:

CONSIGNOR (OWNER/SHIPPER) NAME: Brian Moore

CONSIGNEE (RECEIVER/DESTINATION) NAME: CAvel CAnada Export Inc.

STREET ADDRESS: 94 Hoover Drive

STREET ADDRESS: 517 Rang St, Julie est.

CITY, STATE, ZIP CODE: Jonestown PA 17038

CITY, STATE, ZIP CODE: St Andre Avellin CAnada

AREA CODE & TELEPHONE NO.: 717-865-7586

AREA CODE & TELEPHONE NO.:

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USFA	2998					X						X	X				
2		2999					X						X			X		
3		3000	X										X			X		
4		3001						X		X				X				
5		3002					X			X						X		
6		3003	X										X	X				
7		3004					X			X				X				
8		3005	X										X			X		
9		3006	X										X	X				
10		3007	X										X	X				
11		3008			X								X	X				
12		3009				X				X				X				
13		3010	X										X			X		
14		3011					X			X						X		
15		3012	X							X						X		

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

SIGNAT (b)(6),

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

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

(b)(6),

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. 505

DATE 2010-01-29

TIME 13:00

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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

FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 1:00 Am	DATE: 2-17-10
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Jonestown, Pa	
VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6),	NAME OF AUCTION/MARKET:
CONSIGNOR (OWNER/SHIPPER) NAME: Brian Moore	CONSIGNEE (RECEIVER/DESTINATION) NAME: Calvel Canada Export Inc.
STREET ADDRESS: 94 Hoover Drive	STREET ADDRESS: 517 Rang St, Julia est.
CITY, STATE, ZIP CODE: Jonestown Pa 17038	CITY, STATE, ZIP CODE: St Andre Avellin Canada
AREA CODE & TELEPHONE NO.: 717-865-7586	AREA CODE & TELEPHONE NO.:

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USFA	3118					X			X						X		
2		3119					X		X							X		
3		3120	X							X				X				
4		3121	X						X							X		
5		3122	X							X				X				
6		3123	X							X						X		
7		3124				X				X				X				one eye
8		3125	X						X							X		
9		3126	X										X	X				one eye
10		3127				X				X						X		
11		3128					X						X			X		
12		3129					X			X				X				bad knee
13		3130	X							X				X				
14		3131	X										X			X		
15		3132	X						X					X				

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

SIGNATUF (b)(6),

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

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

(b)(6),

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. 505

DATE 2010-02-17

TIME 12:30

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

2061381

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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

PGA11-804000156

FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 1:00 AM	DATE: 3-1-10
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Jonestown PA	
VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6),	NAME OF AUCTION/MARKET:
CONSIGNOR (OWNER/SHIPPER) NAME: Brian Moore	CONSIGNEE (RECEIVER/DESTINATION) NAME: Cavel Canada Export Inc
STREET ADDRESS: 94 Hoover Drive	STREET ADDRESS: 517 Rang st. Julie est.
CITY, STATE, ZIP CODE: Jonestown PA 17038	CITY, STATE, ZIP CODE: St Andre Avellin Canada
AREA CODE & TELEPHONE NO.: 717-865-7586	AREA CODE & TELEPHONE NO.:

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USFA	3208	X							X				X				
2		3209					X						X	X				
3		3210					X				X					X		Big Leg Behind
4		3211						X		X				X				
5		3212					X						X			X		
6		3213				X				X						X		
7		3214	X										X	X				
8		3215	X										X			X		
9		3216					X		X							X		
10		3217	X										X	X				Not Loaded
11		3218						X		X						X		
12		3219					X			X				X				
13		3220				X				X				X				
14		3221					X				X			X				
15		3222	X										X	X				

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

SIGNATURE (b)(6),

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

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

(b)(6),

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. 505

DATE 2010-03-01

TIME 12:15

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

DIST # INSPECTOR

1061350

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 1:00 Am	DATE: 3-17-10
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Jonestown PA	
VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6),	NAME OF AUCTION/MARKET: —
CONSIGNOR (OWNER/SHIPPER) NAME: Brian Moore	CONSIGNEE (RECEIVER/DESTINATION) NAME: Gavel Canada Export Inc.
STREET ADDRESS: 94 Hoover Drive	STREET ADDRESS: 517 Rang St. Julien est
CITY, STATE, ZIP CODE: Jonestown PA 17038	CITY, STATE, ZIP CODE: St Andre Avellin QC
AREA CODE & TELEPHONE NO.: 717-865-7596	AREA CODE & TELEPHONE NO.: —

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USFA	3358	X						X						X			
2		3359	X						X						X			
3		3360	X						X					X				
4		3361					X		X							X		
5		3362					X			X						X		
6		3363	X							X						X		
7		3364	X							X				X				
8		3365					X			X						X		
9		3366	X										X			X		
10		3367	X							X				X				
11		3368				X				X						X		
12		3369					X			X				X				
13		3370					X			X				X				
14		3371	X										X			X		
15		3372					X			X						X		

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

SIGNATU (b)(6),

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

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

(b)(6),

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. 505

DATE 2010-03-17

TIME 12:50

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

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

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 1:00 AM

DATE: 3-12-10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Jonestown PA

TRUCK NO. AND DRIVER'S NAME: (b)(6),

NAME OF AUCTION/MARKET:

CONSIGNOR (OWNER/SHIPPER) NAME: Brian Moore

CONSIGNEE (RECEIVER/DESTINATION) NAME: Cavel Canada Export Inc

STREET ADDRESS: 94 Hoover Drive

STREET ADDRESS: 517 Rang St Julie est

CITY, STATE, ZIP CODE: Jonestown PA 17038

CITY, STATE, ZIP CODE: St. Andre Avellin Canada

AREA CODE & TELEPHONE NO.: 717-865-7586

AREA CODE & TELEPHONE NO.:

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

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

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USFA	3328	X							X				X				
2		3329						X					X	X				
3		3330						X					X			X		
4		3331					X			X				X				
5		3332					X			X						X		
6		3333					X				X					X		
7		3334	X							X				X				
8		3335				X				X				X				
9		3336				X				X				X				
10		3337	X						X							X		
11		3338					X		X					X				1 eye
12		3339	X						X					X				
13		3340					X		X					X				
14		3341					X				X			X				
15		3342	X						X					X				

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

SIGNAT (b)(6),

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6),

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. 505

DATE 2010-03-12

TIME 11:50

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 4:PM
DATE: 32510
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Jonestown PA

VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6),
NAME OF AUCTION/MARKET:

CONSIGNOR (OWNER/SHIPPER) NAME: Brian Moore
CONSIGNEE (RECEIVER/DESTINATION) NAME: CAVEL CANADA EXPORT INC.

STREET ADDRESS: 94 Hoover Drive
STREET ADDRESS: 517 Rang St. Julie est,

CITY, STATE, ZIP CODE: Jonestown PA 17038
CITY, STATE, ZIP CODE: St. Andre Avellin CANADA

AREA CODE & TELEPHONE NO.: 717-865-7586
AREA CODE & TELEPHONE NO.:

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- [x] Pregnant mares are not likely to foal (give birth) during the trip.
- [x] Horses are able to bear weight on all 4 limbs.
- [x] Foals are older than 6 months of age.
- [x] Horses are not blind in both eyes.
- [x] Horses are able to walk unassisted.

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USFA	3448				X				X						X		
2		3449	X										X	X				
3		3450						X					X			X		
4		3451						X		X				X				
5		3452						X		X				X				
6		3453					X		X					X				
7		3454					X			X				X				
8		3455	X						X							X		
9		3456						X		X						X		
10		3457	X						X					X				
11		3458	X						X							X		
12		3459	X							X					X			
13		3460						X		X					X			
14		3461	X										X	X				
15		3462					X				X			X				

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

SIGNAT (b)(6),

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6),

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. 585
DATE 2010-03-26
TIME 11:30

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.
DATE
TIME

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 1:00 AM	DATE: 3-26-10
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Jonestown PA	
VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6),	NAME OF AUCTION/MARKET:
CONSIGNOR (OWNER/SHIPPER) NAME: Brian Moore	CONSIGNEE (RECEIVER/DESTINATION) NAME: Avel CANada Export Inc
STREET ADDRESS: 94 Hoover Drive	STREET ADDRESS: 517 Rang St, Jolieest,
CITY, STATE, ZIP CODE: Jonestown PA 17038	CITY, STATE, ZIP CODE: St Andre Avellin CAnada
AREA CODE & TELEPHONE NO.: 717-865-7586	AREA CODE & TELEPHONE NO.

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- [x] Pregnant mares are not likely to foal (give birth) during the trip.
- [x] Horses are able to bear weight on all 4 limbs.
- [x] Foals are older than 6 months of age.
- [x] Horses are not blind in both eyes.
- [x] Horses are able to walk unassisted.

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USFA	3418					X			X				X				
2		3419	X							X						X		
3		3420						X		X				X				
4		3421						X		X						X		
5		3422	X							X						X		
6		3423	X							X						X		
7		3424					X		X					X				
8		3425				X				X				X				
9		3426				X				X				X				
10		3427					X			X						X		
11		3428	X										X			X		
12		3429					X			X				X				
13		3430				X				X				X				
14		3431	X							X						X		
15		3432	X										X			X		

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

SI (b)(6),

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6),

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. 505

DATE 2010-03-26

TIME 505

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

best copy available

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 1:00 Am

DATE: 3-31-10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Jonestown PA

VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6),

NAME OF AUCTION/MARKET:

CONSIGNOR (OWNER/SHIPPER) NAME: Brian Moore

CONSIGNEE (RECEIVER/DESTINATION) NAME: CAVEL CANada Export Inc

STREET ADDRESS: 94 Hoover Drive

STREET ADDRESS: 517 Rang St. Julie. est

CITY, STATE, ZIP CODE: Jonestown PA 17038

CITY, STATE, ZIP CODE: St Andre Avelin CANada

AREA CODE & TELEPHONE NO.: 717-865-7586

AREA CODE & TELEPHONE NO.:

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- [x] Pregnant mares are not likely to foal (give birth) during the trip.
- [x] Horses are able to bear weight on all 4 limbs.
- [x] Foals are older than 6 months of age.
- [x] Horses are not blind in both eyes.
- [ ] Horses are able to walk unassisted.

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USFA	3509	X							X				X				
2		3510	X					X					X	X				
3		3511	X							X				X				
4		3512					X			X				X				
5		3513					X				X					X		
6		3514	X										X	X				
7		3515	X						X					X				
8		3516	X										X			X		
9		3517	X										X			X		
10		3518					X				X			X				
11		3519					X				X					X		
12		3520	X						X							X		
13		3521	X							X				X				
14		3522					X			X				X				
15		3523					X			X						X		

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

SIGNATU (b)(6),

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6),

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. # 505

DATE March 31th, 2010.

TIME 1:35 p.m.

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 1230AM

DATE: 42810

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Jonestown PA

VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6),

NAME OF AUCTION/MARKET: —

CONSIGNOR (OWNER/SHIPPER) NAME: Brian Moore

CONSIGNEE (RECEIVER/DESTINATION) NAME: Cavel Canada Export Inc

STREET ADDRESS: 94 Hoover Drive

STREET ADDRESS: 517 Rang St. Julia est.

CITY, STATE, ZIP CODE: Jonestown PA 17039

CITY, STATE, ZIP CODE: St Andre Avellin

AREA CODE & TELEPHONE NO.: 717-865-7586

AREA CODE & TELEPHONE NO.: —

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- [x] Pregnant mares are not likely to foal (give birth) during the trip.
- [x] Horses are able to bear weight on all 4 limbs.
- [x] Foals are older than 6 months of age.
- [x] Horses are not blind in both eyes.
- [x] Horses are able to walk unassisted.

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USA	3740					X			X					X			
2		3741					X			X				X				
3		3742	X						X					X				
4		3743	X						X					X				
5		3744	X						X					X				
6		3745	X						X					X				
7		3746	X						X					X				
8		3747						X		X				X				1 eye
9		3748				X				X						X		
10		3749					X			X				X				
11		3750			X					X				X				
12		3751				X				X				X				
13		3752					X			X				X				
14		3753				X				X						X		
15		3754				X				X				X				

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

SIGNATUR (b)(6),

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6),

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. 505

DATE 2010-04-28

TIME 13:00

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

2061395

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM NO. 1-804000163

FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 1:00 AM

DATE: 4-25-10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Jonestown PA

VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6),

NAME OF AUCTION/MARKET:

CONSIGNOR (OWNER/SHIPPER) NAME: Brian Moore

STREET ADDRESS: 94 Hoover Drive

CITY, STATE, ZIP CODE: Jonestown PA 17038

AREA CODE & TELEPHONE NO.: 717-865-7586

CONSIGNEE (RECEIVER/DESTINATION) NAME: Cavel CANADA Export Inc.

STREET ADDRESS: 517 Rang St. Julia est.

CITY, STATE, ZIP CODE: St. Andre Avellin

AREA CODE & TELEPHONE NO.:

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- [x] Pregnant mares are not likely to foal (give birth) during the trip.
- [x] Horses are able to bear weight on all 4 limbs.
- [x] Foals are older than 6 months of age.
- [x] Horses are not blind in both eyes.
- [x] Horses are able to walk unassisted.

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USFA	3770	X										X			X		
2		3771	X										X			X		
3		3772	X										X	X				
4		3773					X				X					X		
5		3774	X							X				X				
6		3775	X										X	X				
7		3776	X										X			X		
8		3777					X						X			X		
9		3778	X										X			X		
10		3779					X				X					X		
11		3780	X										X			X		
12		3781						X		X						X		
13		3782	X										X	X				
14		3783	X										X	X				
15		3784					X				X			X				

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

SIGNA (b)(6),

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6),

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. 509

DATE 2010-04-18

TIME 13:00

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 1:00 Am
DATE: 5-7-10
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Jonestown PA

VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6),
NAME OF AUCTION/MARKET:

CONSIGNOR (OWNER/SHIPPER) NAME: Brian Moore
CONSIGNEE (RECEIVER/DESTINATION) NAME: Avel Canada Export Inc.

STREET ADDRESS: 94 Hoover Drive
STREET ADDRESS: 517 Rang St. Julie est.

CITY, STATE, ZIP CODE: Jonestown PA 17038
CITY, STATE, ZIP CODE: St. Andre Avellin Canada

AREA CODE & TELEPHONE NO.: 717-865-7586
AREA CODE & TELEPHONE NO.:

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- [x] Pregnant mares are not likely to foal (give birth) during the trip.
- [x] Horses are able to bear weight on all 4 limbs.
- [x] Foals are older than 6 months of age.
- [x] Horses are not blind in both eyes.
- [x] Horses are able to walk unassisted.

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USA	3860				X				X						X		
2		3861						X			X			X				not Loaded
3		3862					X			X				X				
4		3863						X		X				X				
5		3864					X				X			X				
6		3865					X			X				X				
7		3866	X										X	X				
8		3867					X			X						X		
9		3868	X						X							X		
10		3869					X		X					X				
11		3870						X		X				X				
12		3871	X										X			X		
13		3872						X		X				X				
14		3873						X		X				X				
15		3874	X						X					X				

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

SIGNATURE (b)(6),

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6),

CANADIAN FOOD INSPECTION AGENCY (CFIA)
EST. 505
DATE 2010-05-07
TIME 12:00

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)
EST.
DATE
TIME

629784

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM APPROVED OMB NO. 0579-0160

FORM VS-1 -804000165

TIME HORSES LOADED ON CONVEYANCE: 1:00 AM

DATE: 5-5-10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Jonestown PA

VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6),

NAME OF AUCTION/MARKET: ~

CONSIGNOR (OWNER/SHIPPER) NAME: Brian Moore

CONSIGNEE (RECEIVER/DESTINATION) NAME: Cavel Canada Export Inc.

STREET ADDRESS: 94 Hoover Drive

STREET ADDRESS: 517 Rang St. Julie est.

CITY, STATE, ZIP CODE: Jonestown PA

CITY, STATE, ZIP CODE: St. Andre Avellin

AREA CODE & TELEPHONE NO.: 717-865-7586

AREA CODE & TELEPHONE NO.: ~

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- ☐ Pregnant mares are not likely to foal (give birth) during the trip.
- ☑ Foals are older than 6 months of age.
- ☑ Horses are able to bear weight on all 4 limbs.
- ☑ Horses are not blind in both eyes.
- ☑ Horses are able to walk unassisted.

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USFA	3830					X				X			X				1 Leg
2		3831					X				X			X				
3		3832	X										X			X		
4		3833	X										X			X		
5		3834	X										X			X		
6		3835	X										X	X				
7		3836	X										X			X		
8		3837	X										X	X				
9		3838					X						X	X				
10		3839	X										X	X				one eye
11		3840				X				X				X				
12		3841	X										X	X				
13		3842					X		X							X		
14		3843	X										X	X				
15		3844	X										X			X		

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

SIGNAT (b)(6),

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6),

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. 505

DATE 2010-05-05

TIME 13:25

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY
(Please type or print in ink)

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CDA1E804000166

FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 1:00 AM

DATE: 5-12-10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Jonestown PA

VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6),

NAME OF AUCTION/MARKET:

CONSIGNOR (OWNER/SHIPPER) NAME: Brian Moore

CONSIGNEE (RECEIVER/DESTINATION) NAME: Avel Canada Export, Inc.

STREET ADDRESS: 74 Hoover Drive

STREET ADDRESS: 517 Rang St. Julie est.

CITY, STATE, ZIP CODE: Jonestown PA 17038

CITY, STATE, ZIP CODE: St. Andre Avellin

AREA CODE & TELEPHONE NO.: 717-865-7586

AREA CODE & TELEPHONE NO.:

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- [x] Pregnant mares are not likely to foal (give birth) during the trip.
- [x] Horses are able to bear weight on all 4 limbs.
- [x] Foals are older than 6 months of age.
- [x] Horses are not blind in both eyes.
- [x] Horses are able to walk unassisted.

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USFA	3890				X				X				X				
2		3891	X						X							X		
3		3892	X						X					X				
4		3893	X							X				X				
5		3894	X							X						X		
6		3895					X			X						X		
7		3896			X					X				X				
8		3897	X							X						X		
9		3898					X			X						X		
10		3899					X						X			X		
11		3900	X						X					X				one eye
12		3901	X						X							X		
13		3902	X						X							X		
14		3903	X							X					X			
15		3904	X						X							X		

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

SIGNAT (b)(6),

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6),

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. 505

DATE 2010-05-12

TIME 12:30

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

PART 1 - INSPECTOR

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 1:00 Am

DATE: 4-30-10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Jonestown PA

VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6),

NAME OF AUCTION/MARKET:

CONSIGNOR (OWNER/SHIPPER) NAME: Brian Moore

CONSIGNEE (RECEIVER/DESTINATION) NAME: Cavel Canada Export Inc.

STREET ADDRESS: 94 Hoover Drive

STREET ADDRESS: 517 Rang St Julia est,

CITY, STATE, ZIP CODE: Jonestown PA 17038

CITY, STATE, ZIP CODE: St, Andre Avellin

AREA CODE & TELEPHONE NO.: 717-865-7586

AREA CODE & TELEPHONE NO.:

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- [x] Pregnant mares are not likely to foal (give birth) during the trip.
- [x] Horses are able to bear weight on all 4 limbs.
- [x] Foals are older than 6 months of age.
- [x] Horses are not blind in both eyes.
- [x] Horses are able to walk unassisted.

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USA	3800					X			X				X				
2		3801	X							X				X				
3		3802					X			X				X				
4		3803					X		X					X				
5		3804	X						X					X				
6		3805					X		X					X				
7		3806	X						X					X				
8		3807	X						X					X				
9		3808	X							X				X				
10		3809					X			X						X		
11		3810					X			X				X				
12		3811	X							X						X		
13		3812	X							X				X				
14		3813						X		X				X				
15		3814					X						X	X				

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

SIGNA (b)(6),

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6),

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. FOS

DATE 2010-04-30

TIME 12:40

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

629777

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 1:00 AM

DATE: 5-19-10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Jonestown PA

VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6),

NAME OF AUCTION/MARKET:

CONSIGNOR (OWNER/SHIPPER) NAME: Brian Moore

CONSIGNEE (RECEIVER/DESTINATION) NAME: Ariel Canada Export Inc.

STREET ADDRESS: 94 Hoover Drive

STREET ADDRESS: 517 Rang St. Julie est.

CITY, STATE, ZIP CODE: Jonestown PA 17038

CITY, STATE, ZIP CODE: St Andre Avellin Chalet

AREA CODE & TELEPHONE NO.: 717-865-7586

AREA CODE & TELEPHONE NO.:

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- [x] Pregnant mares are not likely to foal (give birth) during the trip.
- [x] Horses are able to bear weight on all 4 limbs.
- [x] Foals are older than 6 months of age.
- [x] Horses are not blind in both eyes.
- [x] Horses are able to walk unassisted.

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USFA	3950					X			X						X		
2		3951						X		X				X				
3		3952	X						X					X				
4		3953					X			X				X				
5		3954					X			X						X		
6		3955	X							X						X		
7		3956	X							X						X		
8		3957	X							X						X		
9		3958					X			X						X		
10		3959				X				X						X		
11		3960	X						X							X		
12		3961	X						X							X		
13		3962					X			X						X		
14		3963	X							X				X				
15		3964						X		X				X				

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

SIGNATURE: (b)(6),

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6),

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. 505

DATE 2010-05-19

TIME 12:35

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 1:00 Am

DATE: 5-14-10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Jonestown PA

VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6),

NAME OF AUCTION/MARKET:

CONSIGNOR (OWNER/SHIPPER) NAME: Brian Moore

STREET ADDRESS: 94 Hoover Drive

CITY, STATE, ZIP CODE: Jonestown PA 17038

AREA CODE & TELEPHONE NO.: 717-865-7586

CONSIGNEE (RECEIVER/DESTINATION) NAME: Avel Canada Export. Inc.

STREET ADDRESS: 517 Rang St. Julia est.

CITY, STATE, ZIP CODE: St Andre Avellin

AREA CODE & TELEPHONE NO.:

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- [x] Pregnant mares are not likely to foal (give birth) during the trip.
- [x] Horses are able to bear weight on all 4 limbs.
- [x] Foals are older than 6 months of age.
- [x] Horses are not blind in both eyes.
- [x] Horses are able to walk unassisted.

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USFA	3920					X			X				X				
2		3921						X		X				X				
3		3922				X				X				X				
4		3923	X							X				X				
5		3924	X							X						X		
6		3925					X			X				X				
7		3926					X		X							X		
8		3927					X			X						X		
9		3928	X										X	X				
10		3929	X										X			X		
11		3930	X										X	X				
12		3931	X										X	X				
13		3932	X										X			X		
14		3933	X							X				X				
15		3934	X							X				X				

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

SIGNATURE (b)(6),

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6),

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. 505

DATE 2010-05-14

TIME 12:30

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 2:45 AM

DATE: 5 26 10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Jone Stown PA

TRUCK LICENSE NO. AND DRIVER'S NAME: (b)(6),

NAME OF AUCTION/MARKET:

CONSIGNOR (OWNER/SHIPPER) NAME: Brian Moore

STREET ADDRESS: 94 Hoover DR.

CITY, STATE, ZIP CODE: Jone Stown PA 17038

AREA CODE & TELEPHONE NO.: 717-865-7586

CONSIGNEE (RECEIVER/DESTINATION) NAME: Cavel Canada Export Inc.

STREET ADDRESS: 517 Rang St Julie est.

CITY, STATE, ZIP CODE: St. Andre Avellin Canada

AREA CODE & TELEPHONE NO.:

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- [x] Pregnant mares are not likely to foal (give birth) during the trip.
- [x] Horses are able to bear weight on all 4 limbs.
- [ ] Foals are older than 6 months of age.
- [x] Horses are not blind in both eyes.
- [x] Horses are able to walk unassisted.

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	[redacted]	3980					X			X						X		
2	USFA	3981				X				X						X		
3		3982	X							X				X				
4		3983	X							X				X				
5		3984					X			X				X				
6		3985	X						X							X		
7		3986					X			X						X		
8		3987					X			X				X				
9		3988					X			X				X				
10		3989	X							X				X				
11		3990	X										X	X				
12		3991	X										X	X				
13		3992					X			X				X				
14		3993					X			X				X				
15	V	3994	X							X				X				

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

SIGNATURE (b)(6),

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6),

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. 2010-05-26

DATE 5 05

TIME 11:30

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM APPROVED OMB NO. 0579-0160

EDA-1180400071

TIME HORSES LOADED ON CONVEYANCE: 12 AM

DATE: 11/3/10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Jonestown PA

VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6),

NAME OF AUCTION/MARKET:

CONSIGNOR (OWNER/SHIPPER) NAME: Brian Moore

STREET ADDRESS: 94 Hoover Drive

CITY, STATE, ZIP CODE: Jonestown PA 17038

AREA CODE & TELEPHONE NO.: 717-865-7586

CONSIGNEE (RECEIVER/DESTINATION) NAME: Chevel Canada Export Inc.

STREET ADDRESS: 517 Rang St. Juliaest

CITY, STATE, ZIP CODE: St. Andre Avellin Canada

AREA CODE & TELEPHONE NO.:

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- [x] Pregnant mares are not likely to foal (give birth) during the trip.
- [x] Horses are able to bear weight on all 4 limbs.
- [x] Foals are older than 6 months of age.
- [x] Horses are not blind in both eyes.
- [x] Horses are able to walk unassisted.

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USEZ	6141						X		X				X				
2		6142	X							X				X				
3		6143	X							X				X				
4		6144	X							X				X				
5		6145					X			X				X				
6		6146	X						X					X				
7		6147						X		X						X		
8		6148					X			X				X				
9		6149				X							X	X				
10		6150	X						X					X				
11		6151	X						X							X		
12		6152			X					X				X				
13		6153				X							X			X		
14		6154	X										X			X		
15		6155					X			X						X		

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

SIGNATU (b)(6),

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6),

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. #505

DATE 03/11/2010

TIME 11:00 A.M.

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

Page 2 of 2 L060763

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

OWNER/SHIPPER CERTIFICATE FITNESS TO TRAVEL TO A SLAUGHTER FACILITY (CONTINUATION SHEET)

(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM APPROVED OMB NO. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USEZ	6336					X						X			X		
17		6337					X						X			X		
18		6338					X				X					X		
19		6339					X				X					X		
20		6340						X		X				X				
21		6341	X										X			X		
22		6342					X			X				X				
23		6343	X							X				X				
24		6344	X							X				X				
25		6345						X		X						X		
26		6346				X							X			X		
27		6347					X		X					X				
28		6348					X			X						X		
29		6349	X							X				X				
30		6350					X			X				X				
31																		
32																		
33																		
34																		
35																		
36																		
37																		
38																		
39																		
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45																		

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6),

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM APPROVED OMB NO. 0579-0160

FORM VS 1-8040017G

TIME HORSES LOADED ON CONVEYANCE: 11:00

DATE: 11/30/11

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Jonestown PA

VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6),

NAME OF AUCTION/MARKET: —

CONSIGNOR (OWNER/SHIPPER) NAME: Brian Moore

CONSIGNEE (RECEIVER/DESTINATION) NAME: Cavel Canada Export Inc.

STREET ADDRESS: 94 Hoover Drive

STREET ADDRESS: 517 Rang St Julia est.

CITY, STATE, ZIP CODE: Jonestown PA 17038

CITY, STATE, ZIP CODE: St. Andre Avellin Canada

AREA CODE & TELEPHONE NO.: 717-865-7586

AREA CODE & TELEPHONE NO.: —

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- [x] Pregnant mares are not likely to foal (give birth) during the trip.
- [x] Foals are older than 6 months of age.
- [x] Horses are able to bear weight on all 4 limbs.
- [x] Horses are not blind in both eyes.
- [x] Horses are able to walk unassisted.

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USEZ	6651	X										X			X		
2		6652	X										X	X				
3		6653	X										X	X				
4		6654	X										X			X		
5		6655	X										X			X		
6		6656	X										X	X				
7		6657	X						X					X				
8		6658	X										X			X		
9		6659					X		X							X		
10		6660	X						X							X		
11		6661					X		X							X		
12		6662	X						X					X				
13		6663					X		X					X				
14		6664	X							X						X		
15		6665	X										X			X		

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

SIGNATU (b)(6),

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6),

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. #505

DATE 01/12/2010

TIME 13h00

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

PART 4 - INSPECTOR

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY
(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 4 PM
DATE: 12/7/10
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Jonestown PA

VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6),
NAME OF AUCTION/MARKET:

CONSIGNOR (OWNER/SHIPPER) NAME: Brian Moore
CONSIGNEE (RECEIVER/DESTINATION) NAME: Cavel Canada Export Inc.

STREET ADDRESS: 94 Moover Drive
STREET ADDRESS: 517 Rang St Julie est.

CITY, STATE, ZIP CODE: Jonestown PA 17038
CITY, STATE, ZIP CODE: St. Andre Avellin Canada

AREA CODE & TELEPHONE NO.: 717-865-7300
AREA CODE & TELEPHONE NO.:

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- [x] Pregnant mares are not likely to foal (give birth) during the trip.
- [x] Foals are older than 6 months of age.
- [x] Horses are able to bear weight on all 4 limbs.
- [x] Horses are not blind in both eyes.
- [x] Horses are able to walk unassisted.

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USEZ	6801	X						X					X				
2		6802	X						X					X				
3		6803					X		X					X				
4		6804				X							X			X		
5		6805					X				X					X		
6		6806					X				X					X		
7		6807					X				X					X		
8		6808					X				X					X		
9		6809	X										X			X		
10		6810	X										X	X				
11		6811	X								X					X		
12		6812	X							X				X				
13		6813	X							X				X				
14		6814	X										X			X		
15		6815					X				X			X				

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

SIGNATUR (b)(6),

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6),

CANADIAN FOOD INSPECTION AGENCY (CFIA)
EST. 505
DATE 08/12/2010
TIME 1300

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)
EST.
DATE
TIME

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FOIA# 804000175

FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 6:00 AM

DATE:

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Jonestown PA

VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6),

NAME OF AUCTION/MARKET:

CONSIGNOR (OWNER/SHIPPER) NAME: Brown Horse

STREET ADDRESS: 74 Hoover Drive

CITY, STATE, ZIP CODE: Jonestown PA 17038

AREA CODE & TELEPHONE NO.: 717-865-7586

CONSIGNEE (RECEIVER/DESTINATION) NAME: Cavel Canada Export Inc

STREET ADDRESS: 517 Rang St. Julie Est

CITY, STATE, ZIP CODE: St. Andre Avellin Canada

AREA CODE & TELEPHONE NO.:

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- [x] Pregnant mares are not likely to foal (give birth) during the trip.
- [x] Horses are able to bear weight on all 4 limbs.
- [x] Foals are older than 6 months of age.
- [x] Horses are not blind in both eyes.
- [x] Horses are able to walk unassisted.

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USEZ	6771				X							X	X				
2		6772					X		X					X				
3		6773	X							X				X				
4		6774	X						X							X		
5		6775					X				X					X		
6		6776	X										X			X		
7		6777					X				X					X		
8		6778					X			X				X				
9		6779	X							X				X				
10		6780						X					X			X		
11		6781					X			X				X				
12		6782					X			X				X				
13		6783	X						X					X				
14		6784					X		X					X				
15		6785					X			X				X				

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

SIGNATURE (b)(6),

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6),

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST #505

DATE 08/12/2010

TIME 1400

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

OWNER/SHIPPER CERTIFICATE FITNESS TO TRAVEL TO A SLAUGHTER FACILITY (CONTINUATION SHEET)

(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM APPROVED OMB NO. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USEZ	6966					X		X						X			
17		6967	X							X				X				
18		6968					X			X				X				
19		6969	X						X	X				X				
20		6970	X						X					X				
21		6971	X							X				X				
22		6972				X				X				X				
23		6973				X				X				X				
24		6974				X				X				X				
25		6975				X				X				X				
26		6976	X							X				X				
27		6977	X							X						X		
28		6978	X						X					X				
29		6979	X										X	X				
30		6980					X				X			X				
31																		
32																		
33																		
34																		
35																		
36																		
37																		
38																		
39																		
40																		
41																		
42																		
43																		
44																		
45																		

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6),

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 12:00

DATE: 1-4-09

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE:

(b)(6),

NAME OF AUCTION/MARKET:

CONSIGNOR (OWNER/SHIPPER) NAME: Brian Moore

STREET ADDRESS: 94 Hoover Drive

CITY, STATE, ZIP CODE: Jonestown PA 17038

AREA CODE & TELEPHONE NO.: 717-865-7586

CONSIGNEE (RECEIVER/DESTINATION) NAME: CAVEI Canada Export Inc

STREET ADDRESS: 517 Range St. Julie est.

CITY, STATE, ZIP CODE: St. Andre Avellin

AREA CODE & TELEPHONE NO.:

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- [x] Pregnant mares are not likely to foal (give birth) during the trip.
- [x] Foals are older than 6 months of age.
- [x] Horses are able to bear weight on all 4 limbs.
- [x] Horses are not blind in both eyes.
- [x] Horses are able to walk unassisted.

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USFA	2758	X										X			X		
2		2759	X							X						X		
3		2760	X										X			X		
4		2761	X										X			X		
5		2762	X							X				X				
6		2763	X							X						X		
7		2764	X							X						X		
8		2765	X							X				X				
9		2766	X										X			X		
10		2767	X										X	X				
11		2768					X				X					X		
12		2769	X							X				X				
13		2770	X										X			X		
14		2771	X										X	X				
15		2772	X										X	X				

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

SIGNAT (b)(6),

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6),

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. H 505

DATE January 6th, 2010

TIME 1:00 pm

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 12:00

DATE: 1-8-09

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Jonestown PA

(b)(6),

NAME OF AUCTION/MARKET:

CONSIGNOR (OWNER/SHIPPER) NAME: Brian Moore

CONSIGNEE (RECEIVER/DESTINATION) NAME: CAVEL CANADA Export Inc.

STREET ADDRESS: 94 Hoover Drive

STREET ADDRESS: 517 Rang St. Julie est.

CITY, STATE, ZIP CODE: Jonestown PA 17038

CITY, STATE, ZIP CODE: St. Andre Avellin

AREA CODE & TELEPHONE NO.: 717-865-7586

AREA CODE & TELEPHONE NO.:

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- [x] Pregnant mares are not likely to foal (give birth) during the trip.
- [x] Foals are older than 6 months of age.
- [x] Horses are able to bear weight on all 4 limbs.
- [x] Horses are not blind in both eyes.
- [x] Horses are able to walk unassisted.

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	CFA	2818	X						X					X				
2		2819					X			X						X		
3		2820	X						X					X				
4		2821	X							X				X				
5		2822						X		X						X		
6		2823	X							X				X				
7		2824	X							X						X		
8		2825					X			X						X		
9		2826	X							X				X				
10		2827	X							X						X		
11		2828			X					X				X				
12		2829						X		X						X		
13		2830						X		X				X				
14		2831						X		X						X		
15		2832	X							X						X		

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

SIGNATUI (b)(6),

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge:)

(b)(6),

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. 505

DATE 2010-01-08

TIME 12:30

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

L06n882

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

ICA 11-804000179

FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 12:00 — DATE: 1-13-10	CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE:
VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6),	NAME OF AUCTION/MARKET:
CONSIGNOR (OWNER/SHIPPER) NAME: Brian Moore	CONSIGNEE (RECEIVER/DESTINATION) NAME: CAVel Canada Export Inc.
STREET ADDRESS: 94 Hoover Drive	STREET ADDRESS: 517 Rang St. Julie est.
CITY, STATE, ZIP CODE: Jonestown PA 17038	CITY, STATE, ZIP CODE: St Andre Avellin
AREA CODE & TELEPHONE NO.: 717-865-7586	AREA CODE & TELEPHONE NO.:

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- [x] Pregnant mares are not likely to foal (give birth) during the trip.
- [x] Foals are older than 6 months of age.
- [x] Horses are able to bear weight on all 4 limbs.
- [x] Horses are not blind in both eyes.
- [x] Horses are able to walk unassisted.

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USFA	2848					X			X				X				
2		2849	X							X						X		
3		2850	X							X						X		
4		2851					X				X					X		
5		2852					X						X			X		
6		2853	X							X				X				
7		2854			X						X					X		
8		2855	X							X						X		
9		2856				X				X						X		
10		2857					X			X				X				
11		2858					X			X				X				
12		2859					X			X				X				
13		2860					X			X				X				
14		2861	X										X			X		
15		2862					X			X						X		

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

SIGNATU (b)(6),

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6),

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. 505

DATE 13-01-2010

TIME 12:00

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in Ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM APPROVED OMB NO. 0579-0160

FDA-2010-N-0400180

TIME HORSES LOADED ON CONVEYANCE: 1:00 AM

DATE: 1-20-10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Jonestown PA

VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6),

NAME OF AUCTION/MARKET:

CONSIGNOR (OWNER/SHIPPER) NAME: Brian Moore

STREET ADDRESS: 94 Hoover Drive

CITY, STATE, ZIP CODE: Jonestown PA 17038

AREA CODE & TELEPHONE NO.: 717 865-7586

CONSIGNEE (RECEIVER/DESTINATION) NAME: CAVEL CANADA Export Inc.

STREET ADDRESS: 517 Rang St. Julie-est.

CITY, STATE, ZIP CODE: St. Andre Avellin CANADA

AREA CODE & TELEPHONE NO.:

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- [x] Pregnant mares are not likely to foal (give birth) during the trip.
- [x] Foals are older than 6 months of age.
- [x] Horses are able to bear weight on all 4 limbs.
- [ ] Horses are not blind in both eyes.
- [x] Horses are able to walk unassisted.

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USFA	2908	X						X							X		
2		2909					X		X					X				
3		2910	X						X					X				
4		2911						X		X						X		
5		2912					X			X				X				
6		2913					X			X				X				
7		2914	X							X				X				
8		2915						X		X						X		
9		2916						X		X						X		
10		2917						X		X						X		
11		2918					X			X				X				
12		2919				X				X				X				
13		2920				X				X				X				
14		2921				X				X				X				
15		2922						X		X				X				

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

SIGNA (b)(6),

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6),

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. 805

DATE 20-01-2010

TIME 13:00

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM APPROVED OMB NO. 0579-0160

FOA# 1804000181

TIME HORSES LOADED ON CONVEYANCE: 1:00 Am

DATE: 1-27-10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Jonestown PA

VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6),

NAME OF AUCTION/MARKET: —

CONSIGNOR (OWNER/SHIPPER) NAME: Brian Moore

CONSIGNEE (RECEIVER/DESTINATION) NAME: Cavel Canada Export Inc

STREET ADDRESS: 94 Hoover Drive

STREET ADDRESS: 517 Rang St, Julie est.

CITY, STATE, ZIP CODE: Jonestown PA 17038

CITY, STATE, ZIP CODE: St Andre Avellin Canada

AREA CODE & TELEPHONE NO.: 717-865-7586

AREA CODE & TELEPHONE NO.: —

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- [x] Pregnant mares are not likely to foal (give birth) during the trip.
- [x] Horses are able to bear weight on all 4 limbs.
- [x] Foals are older than 6 months of age.
- [x] Horses are not blind in both eyes.
- [x] Horses are able to walk unassisted.

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USFA	2968					X		X					X				
2		2969	X						X							X		
3		2970	X						X					X				
4		2971	X						X					X				
5		2972	X						X							X		
6		2973					X			X						X		
7		2974	X							X						X		
8		2975					X			X						X		
9		2976						X		X				X				
10		2977					X			X						X		
11		2978	X							X						X		
12		2979	X							X				X				
13		2980	X							X				X				
14		2981	X							X				X				
15		2982						X		X						X		

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

SIGNATU (b)(6),

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6),

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. 505

DATE 27-01-2010

TIME 12h30

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 1:00 Am

DATE: 1-22-09

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Johnestown PA

VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6),

NAME OF AUCTION/MARKET:

CONSIGNOR (OWNER/SHIPPER) NAME: Brian Moore

STREET ADDRESS: 94 Hoover Drive

CITY, STATE, ZIP CODE: Jonestown PA 17038

AREA CODE & TELEPHONE NO.: 717-865-7586

CONSIGNEE (RECEIVER/DESTINATION) NAME: CAVel CANada Export Inc.

STREET ADDRESS: 517 Rang St, Julie est

CITY, STATE, ZIP CODE: St Andre Avellin CaNada

AREA CODE & TELEPHONE NO.:

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- [x] Pregnant mares are not likely to foal (give birth) during the trip.
- [x] Foals are older than 6 months of age.
- [x] Horses are able to bear weight on all 4 limbs.
- [x] Horses are not blind in both eyes.
- [x] Horses are able to walk unassisted.

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	05FA	2938					X						X			X		
2	✓	2939					X			X				X				
3	✓	2940				X				X				X				
4		2941						X		X				X				
5		2942				X		X		X				X				
6	✓	2943	X										X			X		
7	✓	2944					X				X			X				
8	✓	2945					X						X			X		one eye
9	✓	2946	X							X				X				
10	✓	2947					X			X				X				
11	✓	2948	X										X			X		
12	✓	2949	X										X	X				
13		2950	X							X				X				
14	✓	2951	X							X				X				
15	✓	2952					X				X					X		foot Leg

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

SIGNATURE

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. 505

DATE 22 01 2016

TIME 18:35

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FOIA11-304000183

FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 12 AM

DATE: 52810

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Jonestown PA

(b)(6),

NAME OF AUCTION/MARKET:

CONSIGNOR (OWNER/SHIPPER) NAME: Brian Moore

CONSIGNEE (RECEIVER/DESTINATION) NAME: Cavel Canada Export Inc.

STREET ADDRESS: 94 Hoover Dr.

STREET ADDRESS: 517 Rang St. Julie Est.

CITY, STATE, ZIP CODE: Jonestown PA 17038

CITY, STATE, ZIP CODE: St. Andre - Avellin Canada

AREA CODE & TELEPHONE NO.: 717-865-7586

AREA CODE & TELEPHONE NO.:

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- [X] Pregnant mares are not likely to foal (give birth) during the trip.
- [X] Horses are able to bear weight on all 4 limbs.
- [X] Foals are older than 6 months of age.
- [X] Horses are not blind in both eyes.
- [X] Horses are able to walk unassisted.

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USFA	4010	X							X						X		
2		4011					X			X				X				
3		4012	X						X					X				
4		4013	X						X					X				
5		4014	X						X					X				
6		4015						X		X				X				
7		4016	X						X					X				
8		4017	X						X					X				
9		4018	X										X	X				one Eye
10		4019	X						X					X				
11		4020						X		X						X		one Eye
12		4021					X			X				X				one Eye
13		4022	X					X						X				
14		4023	X						X							X		
15		4024	X						X					X				

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

SIGNATURE (b)(6),

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6),

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. 505

DATE 2010-05-28

TIME 11:15

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FOIA 11-804000184

FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 5-31-10

DATE: 1:00 AM

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Jonestown, PA

VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6),

NAME OF AUCTION/MARKET: —

CONSIGNOR (OWNER/SHIPPER) NAME: Brian Moore

STREET ADDRESS: 94 Hoover DR.

CITY, STATE, ZIP CODE: Jonestown PA 17038

AREA CODE & TELEPHONE NO.: 717-865-7586

CONSIGNEE (RECEIVER/DESTINATION) NAME: Cavel Canada Export Inc.

STREET ADDRESS: 517 Rang st. Julie Est.

CITY, STATE, ZIP CODE: St Andre-Avellin, Canda

AREA CODE & TELEPHONE NO.: —

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- [x] Pregnant mares are not likely to foal (give birth) during the trip.
- [x] Horses are able to bear weight on all 4 limbs.
- [x] Foals are older than 6 months of age.
- [x] Horses are not blind in both eyes.
- [x] Horses are able to walk unassisted.

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USFA	4040				X				X						X		
2		4041	X							X				X				
3		4042				X				X				X				
4		4043				X				X				X				
5		4044	X							X				X				
6		4045					X			X				X				
7		4046	X							X				X				
8		4047			X								X			X		
9		4048			X					X				X				
10		4049						X		X				X				
11		4050					X		X					X				
12		4051	X						X							X		
13		4052	X						X					X				
14		4053	X							X						X		
15		4054	X						X					X				

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

SIGNATURE (b)(6),

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6),

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. #505

DATE June 1st, 2010

TIME 7:45 AM.

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

Page 6 of 7 86

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM APPROVED OMB NO. 0579-0160

FDA11-804000185

TIME HORSES LOADED ON CONVEYANCE: 11:00 PM

DATE: 6/8/10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Jonestown PA

VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6),

NAME OF AUCTION/MARKET: —

CONSIGNOR (OWNER/SHIPPER) NAME: Brian Moore

CONSIGNEE (RECEIVER/DESTINATION) NAME: Cavel Canada Export Inc.

STREET ADDRESS: 94 Hoover DR.

STREET ADDRESS: 517 Rang St. Julie est.

CITY, STATE, ZIP CODE: Jonestown PA 17038

CITY, STATE, ZIP CODE: St. Andre - Avellin

AREA CODE & TELEPHONE NO.: 717-865-7586

AREA CODE & TELEPHONE NO.: —

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- [x] Pregnant mares are not likely to foal (give birth) during the trip.
- [x] Foals are older than 6 months of age.
- [x] Horses are able to bear weight on all 4 limbs.
- [x] Horses are not blind in both eyes.
- [x] Horses are able to walk unassisted.

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USFA	4160					X		X							X		
2		4161					X		X					X				
3		4162				X				X						X		
4		4163	X							X						X		
5		4164	X							X				X				
6		4165					X				X					X		
7		4166						X		X						X		
8		4167	X							X				X				
9		4168	X							X				X				
10		4169	X							X				X				
11		4170						X		X						X		
12		4171	X							X				X				
13		4172	X							X				X				
14		4173					X						X	X				
15		4174	X										X	X				

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

SIGNA (b)(6),

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6),

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. 505

DATE 9 Juin 2010

TIME 11:30

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM APPROVED OMB NO. 0579-0160

Form 1 804000186

TIME HORSES LOADED ON CONVEYANCE: 3:15 PM

DATE: 6/15/10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Jonestown PA

VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6),

NAME OF AUCTION/MARKET:

CONSIGNOR (OWNER/SHIPPER) NAME: Brian Moore

CONSIGNEE (RECEIVER/DESTINATION) NAME: Cavel LaNoda Export Inc.

STREET ADDRESS: 94 Hoover Drive

STREET ADDRESS: 517 Rang St. Julia est.

CITY, STATE, ZIP CODE: Jonestown PA 17038

CITY, STATE, ZIP CODE: St Andre Avellin

AREA CODE & TELEPHONE NO.: 717-865-7586

AREA CODE & TELEPHONE NO.:

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- [x] Pregnant mares are not likely to foal (give birth) during the trip.
- [x] Foals are older than 6 months of age.
- [x] Horses are able to bear weight on all 4 limbs.
- [x] Horses are not blind in both eyes.
- [x] Horses are able to walk unassisted.

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USFA	4250						X			X					X		
2		4251				X				X				X				
3		4252				X				X				X				
4		4253					X			X				X				
5		4254						X		X						X		One Eye
6		4255				X				X				X				
7		4256				X				X				X				
8		4257	X						X					X				
9		4258	X						X							X		
10		4259	X						X					X				
11		4260	X										X	X				
12		4261	X							X				X				
13		4262				X				X						X		
14		4263					X			X				X				
15		4264	X							X						X		

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

SIGNATU (b)(6),

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6),

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. 505

DATE 16 Juin 2010

TIME 11:40

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 3 [redacted]m

DATE: 6 [redacted] 10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Jonestown PA

[redacted] LICENSE NO. AND DRIVER'S NAME: (b)(6),

NAME OF AUCTION/MARKET:

CONSIGNOR (OWNER/SHIPPER) NAME: Brian Moore

CONSIGNEE (RECEIVER/DESTINATION) NAME: Avel Canada Export Inc

STREET ADDRESS: 94 Hoover Drive

STREET ADDRESS: 517 Rang St. Julie est.

CITY, STATE, ZIP CODE: Jonestown PA 17038

CITY, STATE, ZIP CODE: St. Andre Avellin Canada

AREA CODE & TELEPHONE NO.: 717-865-7586

AREA CODE & TELEPHONE NO.:

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- [x] Pregnant mares are not likely to foal (give birth) during the trip.
- [x] Horses are able to bear weight on all 4 limbs.
- [x] Foals are older than 6 months of age.
- [x] Horses are not blind in both eyes.
- [x] Horses are able to walk unassisted.

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
	USCA	4070					X				X					X		
2		4071					X						X	X				mule!
3		4072	X					X					X	X				
4		4073					X						X			X		
5		4074	X										X			X		
6		4075	X										X	X				
7		4076						X		X						X		
8		4077	X										X	X				
9		4078	X										X			X		
10		4079	X										X	X				
11		4080			X								X			X		
12		4081	X										X			X		
13		4082	X										X			X		
14		4083			X								X			X		
15		4084	X										X			X		

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

SIGNATUF (b)(6),

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6),

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. SOS

DATE 2 June 2010

TIME 11:30

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

Canada

674791

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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FOIA11-804000188

FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 12AM

DATE: 6/11/10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Jonestown PA

VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6),

NAME OF AUCTION/MARKET: —

CONSIGNOR (OWNER/SHIPPER) NAME: Brian Moore

CONSIGNEE (RECEIVER/DESTINATION) NAME: Cavel Canada Export Inc.

STREET ADDRESS: 94 Moore R Drive

STREET ADDRESS: 517 Rang St. Julie est.

CITY, STATE, ZIP CODE: Jonestown PA 17038

CITY, STATE, ZIP CODE: St. Andre Avellin

AREA CODE & TELEPHONE NO.: 717-865-7586

AREA CODE & TELEPHONE NO.: —

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- [x] Pregnant mares are not likely to foal (give birth) during the trip.
- [x] Horses are able to bear weight on all 4 limbs.
- [x] Foals are older than 6 months of age.
- [x] Horses are not blind in both eyes.
- [x] Horses are able to walk unassisted.

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USFA	4220				X				X				X				
2		4221				X				X				X				one eye
3		4222	X						X							X		
4		4223	X						X					X				
5		4224				X				X					X			
6		4225			X				X					X				
7		4226			X				X					X				one e/e
8		4227					X			X						X		
9		4228					X			X				X				
10		4229				X				X				X				
11		4230				X				X				X				
12		4231	X										X			X		
13		4232						X			X					X		one Eye
14		4233					X				X					X		
15		4234	X						X					X				

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

SIGNATUR (b)(6),

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6),

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. 505

DATE 2010-06-11

TIME 12:00

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 12 AM
DATE: 6/18/10
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Jonestown PA
VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6),
NAME OF AUCTION/MARKET: —
CONSIGNOR (OWNER/SHIPPER) NAME: Brian Menne / /
CONSIGNEE (RECEIVER/DESTINATION) NAME: Cavel Canada Export Inc
STREET ADDRESS: 94 Heaver DR
STREET ADDRESS: 517 Rang St. Julie Est.
CITY, STATE, ZIP CODE: Jonestown PA 17038
CITY, STATE, ZIP CODE: St. Adele - Avillon - Canada
AREA CODE & TELEPHONE NO.: 717-865-7586
AREA CODE & TELEPHONE NO.: —

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- [x] Pregnant mares are not likely to foal (give birth) during the trip.
- [x] Foals are older than 6 months of age.
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- [x] Horses are not blind in both eyes.
- [x] Horses are able to walk unassisted.

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USFA	4280			X						X			X				
2		4281	X										X	X				
3		4282				X				X						X		
4		4283	X							X				X				
5		4284	X							X						X		
6		4285					X				X					X		
7		4286				X				X				X				
8		4287	X							X				X				
9		4288				X				X				X				
10		4289	X							X				X				
11		4290	X							X				X				
12		4291	X							X						X		
13		4292	X							X				X				
14		4293						X		X				X				
15		4294					X			X					X			

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

SIGNATU (b)(6),

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SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6),

CANADIAN FOOD INSPECTION AGENCY (CFIA)
EST. SOS
DATE 18-06-2010
TIME 11:35

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)
EST.
DATE
TIME

2061341

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FOIA 11804000190

FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 1:00 Am

DATE: 6-25-10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Jonestown PA

VEH[redacted] NO. AND DRIVER'S NAME: (b)(6),

NAME OF AUCTION/MARKET:

CONSIGNOR (OWNER/SHIPPER) NAME: Brian Moore

CONSIGNEE (RECEIVER/DESTINATION) NAME: Avel Canada Export Inc

STREET ADDRESS: 94 Hoover Drive

STREET ADDRESS: 517 Rang St, Julie est.

CITY, STATE, ZIP CODE: Jonestown PA17038

CITY, STATE, ZIP CODE: St Andre Avellin Canada

AREA CODE & TELEPHONE NO.: 717-865 7506

AREA CODE & TELEPHONE NO.:

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- [x] Pregnant mares are not likely to foal (give birth) during the trip.
- [x] Foals are older than 6 months of age.
- [x] Horses are able to bear weight on all 4 limbs.
- [x] Horses are not blind in both eyes.
- [x] Horses are able to walk unassisted.

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USFA	4340	X						X						X			
2		4341	X						X							X		
3		4342					X			X				X				
4		4343					X			X						X		
5		4344					X		X							X		
6		4345						X					X			X		
7		4346	X							X						X		
8		4347	X							X						X		
9		4348					X		X					X				
10		4349	X							X						X		
11		4350					X			X						X		
12		4351					X			X						X		
13		4352					X			X						X		
14		4353	X							X						X		
15		4354	X							X						X		

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

SIGNAT[redacted] (b)(6),

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6),

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. 505

DATE 25/6/2010

TIME 14:00

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

6024116

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

OMB Control 0400-0191

FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 1:00 Am

DATE: 6-28-10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Jonestown PA

VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6),

NAME OF AUCTION/MARKET: —

CONSIGNOR (OWNER/SHIPPER) NAME: Brian Moore

CONSIGNEE (RECEIVER/DESTINATION) NAME: Cavel Canada Export Inc.

STREET ADDRESS: 94 Hoover Drive

STREET ADDRESS: 517 Rang St. Joliette

CITY, STATE, ZIP CODE: Jonestown PA 17038

CITY, STATE, ZIP CODE: St Andre Avellin Canada

AREA CODE & TELEPHONE NO.: 717-865-7586

AREA CODE & TELEPHONE NO.: —

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- [x] Pregnant mares are not likely to foal (give birth) during the trip.
- [x] Horses are able to bear weight on all 4 limbs.
- [x] Foals are older than 6 months of age.
- [x] Horses are not blind in both eyes.
- [x] Horses are able to walk unassisted.

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USFA	4370					X			X				X				
2		4371	X						X							X		
3		4372				X				X				X				
4		4373	X										X	X				
5		4374					X		X							X		
6		4375					X		X							X		
7		4376				X				X				X				
8		4377	X						X							X		
9		4378	X							X						X		
10		4379	X							X						X		
11		4380	X							X				X				
12		4381						X					X			X		
13		4382				X				X				X				
14		4383	X						X							X		
15		4384	X							X				X				

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

SIGNA (b)(6),

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6),

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. 505

DATE 28-6-2010

TIME 12:00

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

PART 1 - INSPECTOR

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 12:30 AM

DATE: 6/29/10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Jonestown, PA

VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6),

NAME OF AUCTION/MARKET: —

CONSIGNOR (OWNER/SHIPPER) NAME: Brian Moore

STREET ADDRESS: 94 Hoover DR.

CITY, STATE, ZIP CODE: Jonestown, PA 17038

AREA CODE & TELEPHONE NO.: 717-865-7586

CONSIGNEE (RECEIVER/DESTINATION) NAME: Cavel Canada Export Inc.

STREET ADDRESS: 517 Rang St Julie Est

CITY, STATE, ZIP CODE: St. Andre-Avellin

AREA CODE & TELEPHONE NO.: —

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- [x] Pregnant mares are not likely to foal (give birth) during the trip.
- [x] Horses are able to bear weight on all 4 limbs.
- [x] Foals are older than 6 months of age.
- [ ] Horses are not blind in both eyes.
- [x] Horses are able to walk unassisted.

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USDA	4400						X			X			X				
2		4401	X							X				X				
3		4402	X							X						X		1 eye
4		4403	X										X	X				
5		4404					X			X				X				
6		4405	X										X			X		
7		4406	X										X			X		
8		4407	X										X			X		
9		4408					X						X	X				
10		4409	X										X			X		
11		4410	X								X			X				
12		4411					X				X			X				
13		4412	X										X			X		
14		4413	X										X			X		
15		4414	X										X			X		

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

SIGNATURE (b)(6),

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6),

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. 505

DATE 29/06/2010

TIME 11:30

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 12:45 AM

DATE: 7/7/10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Jonestown PA

(b)(6),

NAME OF AUCTION/MARKET:

CONSIGNOR (OWNER/SHIPPER) NAME: Brian Moore

CONSIGNEE (RECEIVER/DESTINATION) NAME: CAVEL CANADA EXPORT INC.

STREET ADDRESS: 94 Hoover Drive

STREET ADDRESS: 517 Rang St. Julia est

CITY, STATE, ZIP CODE: Jonestown PA 17038

CITY, STATE, ZIP CODE: St. Andre Avellin CANADA

AREA CODE & TELEPHONE NO.: 717-865-7586

AREA CODE & TELEPHONE NO.:

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- [x] Pregnant mares are not likely to foal (give birth) during the trip.
- [x] Horses are able to bear weight on all 4 limbs.
- [x] Foals are older than 6 months of age.
- [x] Horses are not blind in both eyes.
- [x] Horses are able to walk unassisted.

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USFA	4490	X							X					X			
2		4491	X						X					X				
3		4492	X						X					X				
4		4493					X		X					X				
5		4494	X							X				X				1 Eye
6		4495					X			X				X				
7		4496					X			X						X		
8		4497					X		X					X				
9		4498	X						X					X				
10		4499	X										X	X				
11		4500	X						X					X				
12		4501			X								X	X				
13		4502	X										X			X		
14		4503					X			X				X				
15		4504	X										X			X		

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

SIGNATURE (b)(6),

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6),

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. 505

DATE 7 Juillet 2010

TIME 11:40

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

2060603

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM APPROVED OMB NO. 0579-0160

PDIAS1804000194

TIME HORSES LOADED ON CONVEYANCE: 1:00 Am	DATE: 2-19-10
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Jonestown PA	
VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6),	NAME OF AUCTION/MARKET:
CONSIGNOR (OWNER/SHIPPER) NAME: Brian Moore	CONSIGNEE (RECEIVER/DESTINATION) NAME: Lavel Canada Export Inc.
STREET ADDRESS: 94 Hoover Drive	STREET ADDRESS: 517 Rang St. Julie
CITY, STATE, ZIP CODE: Jonestown PA 17038	CITY, STATE, ZIP CODE: St. Andre Avellin Canada
AREA CODE & TELEPHONE NO.: 717-865-7586	AREA CODE & TELEPHONE NO.:

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- [x] Pregnant mares are not likely to foal (give birth) during the trip.
- [x] Foals are older than 6 months of age.
- [x] Horses are able to bear weight on all 4 limbs.
- [x] Horses are not blind in both eyes.
- [x] Horses are able to walk unassisted.

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USFA	4910				X				X				X				
2		4911	X										X	X				
3		4912					X			X				X				
4		4913	X						X					X				
5		4914				X				X				X				
6		4915			X					X				X				
7		4916					X			X				X				
8		4917	X						X							X		
9		4918	X							X						X		
10		4919						X		X				X				
11		4920				X				X				X				
12		4921	X						X					X				
13		4922						X		X						X		
14		4923	X							X				X				
15		4924					X			X				X				

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

SIGNATUR (b)(6),

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6),

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. SOS

DATE 20 avril 2010

TIME 15:00

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM APPROVED OMB NO. 0579-0160

BOARD-804000195

TIME HORSES LOADED ON CONVEYANCE: 1:00 AM

DATE: 8/23/10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Jonestown PA

VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6),

NAME OF AUCTION/MARKET: —

CONSIGNOR (OWNER/SHIPPER) NAME: Brian Moore

STREET ADDRESS: 94 Hoover Drive

CITY, STATE, ZIP CODE: Jonestown PA 17038

AREA CODE & TELEPHONE NO.: 717-865-7586

CONSIGNEE (RECEIVER/DESTINATION) NAME: Avel Canada Export, Inc.

STREET ADDRESS: 517 Rang St Julie

CITY, STATE, ZIP CODE: St Andre – Avellin Canada

AREA CODE & TELEPHONE NO.:

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- ☑ Pregnant mares are not likely to foal (give birth) during the trip.
- ☑ Foals are older than 6 months of age.
- ☑ Horses are able to bear weight on all 4 limbs.
- ☑ Horses are not blind in both eyes.
- ☑ Horses are able to walk unassisted.

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USFA	4940	X										X	X				
2		4941	X						X							X		
3		4942					X			X				X				
4		4943				X				X				X				
5		4944	X						X							X		
6		4945	X							X				X				
7		4946	X										X			X		
8		4947					X						X			X		
9		4948						X		X				X				
10		4949	X						X							X		
11		4950	X						X					X				
12		4951	X										X			X		
13		4952				X				X				X				
14		4953	X						X							X		
15		4954	X						X					X				

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

SIGNATURE (b)(6),

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6),

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. 505

DATE 23 août 2010

TIME 13:00

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

PART 1 - INSPECTOR

1060611

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

PLANT 80400196 FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 1:00 am

DATE: 9-7-10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Jonestown PA

VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6),

NAME OF AUCTION/MARKET: —

CONSIGNOR (OWNER/SHIPPER) NAME: Brian Moore

STREET ADDRESS: 94 Hoover Drive

CITY, STATE, ZIP CODE: Jonestown PA 17038

AREA CODE & TELEPHONE NO.: 717-865-7586

CONSIGNEE (RECEIVER/DESTINATION) NAME: Cavel Canada Export Inc

STREET ADDRESS: 517 Rang St Julie est.

CITY, STATE, ZIP CODE: St. Andre Avellin Canada

AREA CODE & TELEPHONE NO.: —

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- [x] Pregnant mares are not likely to foal (give birth) during the trip.
- [x] Foals are older than 6 months of age.
- [x] Horses are able to bear weight on all 4 limbs.
- [x] Horses are not blind in both eyes.
- [x] Horses are able to walk unassisted.

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USFA	5210					X				X					X		one c/c
2		5211						X		X				X				
3		5212					X			X				X				
4		5213	X										X			X		
5		5214	X										X			X		
6		5215					X			X						X		
7		5216	X										X	X				
8		5217					X		X					X				
9		5218	X										X	X				
10		5219				X							X	X				
11		5220						X		X				X				
12		5221				X			X					X				
13		5222	X						X							X		
14		5223	X							X				X				
15		5224					X		X					X				

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

SIGNATU (b)(6),

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6),

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. 905

DATE 7 Sept. 2010

TIME 14:00

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 1AM
DATE: 9/8/10
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Jonestown PA

VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6),
NAME OF AUCTION/MARKET:

CONSIGNOR (OWNER/SHIPPER) NAME: Brian Moore
CONSIGNEE (RECEIVER/DESTINATION) NAME: Uvel A Nada Export Inc.

STREET ADDRESS: 94 Hoover Drive
STREET ADDRESS: 517 Rang St. Julia est,

CITY, STATE, ZIP CODE: Jonestown PA 17038
CITY, STATE, ZIP CODE: St Andre Avellin CANada

AREA CODE & TELEPHONE NO.: 717-865-7506
AREA CODE & TELEPHONE NO.:

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- [x] Pregnant mares are not likely to foal (give birth) during the trip.
- [x] Horses are able to bear weight on all 4 limbs.
- [x] Foals are older than 6 months of age.
- [x] Horses are not blind in both eyes.
- [x] Horses are able to walk unassisted.

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USFA	5240					X						X			X		
2		5241				X							X	X				
3		5242				X							X			X		
4		5243	X							X						X		
5		5244					X			X						X		
6		5245				X							X	X				
7		5246	X							X				X				
8		5247	X							X				X				
9		5248				X							X			X		
10		5249				X							X			X		
11		5250					X			X				X				
12		5251					X			X				X				
13		5252	X							X						X		
14		5253					X			X						X		
15		5254	X							X						X		

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

SIGNATURE (b)(6),

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6),

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. 505
DATE 8 Sept. 2010
TIME 11:30

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.
DATE
TIME

Page 1 of 2 L06061

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY
(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

OMB 0579-0160 FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 1:00 Am	DATE: 9-9-10
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Jonestown PA	
VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6),	NAME OF AUCTION/MARKET: —
CONSIGNOR (OWNER/SHIPPER) NAME: Brian Moore	CONSIGNEE (RECEIVER/DESTINATION) NAME: Gavel Canada Export Inc
STREET ADDRESS: 94 Hoover Drive	STREET ADDRESS: 517 Rang St. Julie Est
CITY, STATE, ZIP CODE: Jonestown PA 17038	CITY, STATE, ZIP CODE: St Andre Avellin Canada
AREA CODE & TELEPHONE NO.: 717-865-7586	AREA CODE & TELEPHONE NO.: —

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- [x] Pregnant mares are not likely to foal (give birth) during the trip.
- [x] Horses are able to bear weight on all 4 limbs.
- [x] Foals are older than 6 months of age.
- [x] Horses are not blind in both eyes.
- [ ] Horses are able to walk unassisted.

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USA	5270	X						X						X			
2		5271					X			X				X				
3		5272					X			X				X				
4		5273	X						X							X		
5		5274	X						X					X				
6		5275	X							X				X				
7		5276					X			X						X		
8		5277					X			X				X				
9		5278					X			X						X		
10		5279	X						X					X				
11		5280						X					X			X		
12		5281					X			X				X				
13		5282				X							X	X				
14		5283					X			X				X				
15		5284					X			X						X		

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

SIGNATURE (b)(6),

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6),

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. 505

DATE 9 Sept. 2010

TIME 12:45

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 12AM
DATE: 9/10/10
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Jonestown PA

VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6),
NAME OF AUCTION/MARKET:

CONSIGNOR (OWNER/SHIPPER) NAME: Brian Moore
CONSIGNEE (RECEIVER/DESTINATION) NAME: Cavel Canada Export Inc

STREET ADDRESS: 94 Hoover Drive
STREET ADDRESS: 517 Rang St. Julia est

CITY, STATE, ZIP CODE: Jonestown PA 17038
CITY, STATE, ZIP CODE: St. Andre Avellin CANADA

AREA CODE & TELEPHONE NO.: 717-865-7586
AREA CODE & TELEPHONE NO.:

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- [x] Pregnant mares are not likely to foal (give birth) during the trip.
- [x] Horses are able to bear weight on all 4 limbs.
- [x] Foals are older than 6 months of age.
- [x] Horses are not blind in both eyes.
- [x] Horses are able to walk unassisted.

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USFA	5300	X										X	X				
2		5301	X										X			X		
3		5302	X										X			X		one eye
4		5303	X										X	X				
5		5304	X										X			X		
6		5305	X										X			X		
7		5306	X										X			X		
8		5307	X										X			X		
9		5308	X										X			X		
10		5309					X						X			X		
11		5310	X							X				X				
12		5311	X										X			X		
13		5312	X										X			X		
14		5313	X										X			X		
15		5314	X										X			X		

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

SIGNATURE: (b)(6),

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6),

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. 585
DATE 10 Sept. 2010
TIME 11:25

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.
DATE
TIME

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 1:00 AM

DATE: 9-15-10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Jonestown PA

(b)(6),

NAME OF AUCTION/MARKET:

CONSIGNOR (OWNER/SHIPPER) NAME: Brian Moore

CONSIGNEE (RECEIVER/DESTINATION) NAME: Avel Canada Export Inc.

STREET ADDRESS: 94 Hoover Drive

STREET ADDRESS: 517 Rang St. Julie est

CITY, STATE, ZIP CODE: Jonestown PA 17038

CITY, STATE, ZIP CODE: St Andre Avellin Canada

AREA CODE & TELEPHONE NO.: 717-865-7566

AREA CODE & TELEPHONE NO.:

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- [x] Pregnant mares are not likely to foal (give birth) during the trip.
- [x] Horses are able to bear weight on all 4 limbs.
- [x] Foals are older than 6 months of age.
- [x] Horses are not blind in both eyes.
- [x] Horses are able to walk unassisted.

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USEZ	5360	X						X					X				
2		5361	X						X					X				
3		5362					X		X					X				
4		5363					X			X				X				
5		5364	X						X					X				
6		5365					X		X					X				
7		5366	X						X					X				
8		5367				X								X				
9		5368	X						X					X				
10		5369	X						X					X				
11		5370						X					X			X		
12		5371	X						X							X		
13		5372	X							X				X				
14		5373					X		X					X				
15		5374	X						X					X				

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

SIGNATU (b)(6),

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6),

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. 505

DATE 15 Sept 2010

TIME 11:30

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 1 AM 905

DATE: 9/15/10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Sonestown PA

VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6),

NAME OF AUCTION/MARKET:

CONSIGNOR (OWNER/SHIPPER) NAME: Brian Moore

STREET ADDRESS: 94 Hoover Drive

CITY, STATE, ZIP CODE: Sonestown PA 17038

AREA CODE & TELEPHONE NO.: 717-965-7596

CONSIGNEE (RECEIVER/DESTINATION) NAME: Cavel Canada Export Inc.

STREET ADDRESS: 517 Rang St Julie est.

CITY, STATE, ZIP CODE: St Andre Avellin Canada

AREA CODE & TELEPHONE NO.:

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- [x] Pregnant mares are not likely to foal (give birth) during the trip.
- [ ] Foals are older than 6 months of age.
- [x] Horses are able to bear weight on all 4 limbs.
- [x] Horses are not blind in both eyes.
- [x] Horses are able to walk unassisted.

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USEZ	5390	X						X							X		
2		5391	X						X							X		
3		5392	X						X							X		
4		5393				X							X			X		
5		5394				X							X	X				
6		5395	X										X			X		
7		5396					X						X			X		
8		5397					X			X				X				
9		5398						X		X				X				
10		5399	X						X							X		
11		5400					X			X				X				
12		5401	X							X				X				
13		5402	X							X						X		
14		5403	X							X				X				
15		5404	X							X						X		

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

SIGNATURE: (b)(6),

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6),

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. 585

DATE 15 Sept 2010

TIME 11:30

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

PDA1804000202

FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 1 AM

DATE: 9/17/10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Jonestown PA

VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6),

NAME OF AUCTION/MARKET: —

CONSIGNOR (OWNER/SHIPPER) NAME: Brian Moore

CONSIGNEE (RECEIVER/DESTINATION) NAME: Cavel Canada Export Inc

STREET ADDRESS: 94 Hoover Drive

STREET ADDRESS: 517 Rang St. Julia est.

CITY, STATE, ZIP CODE: Jonestown PA 17038

CITY, STATE, ZIP CODE: St. Andre Avellin Canada

AREA CODE & TELEPHONE NO.: 717-865-7586

AREA CODE & TELEPHONE NO.: —

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- [x] Pregnant mares are not likely to foal (give birth) during the trip.
- [x] Horses are able to bear weight on all 4 limbs.
- [x] Foals are older than 6 months of age.
- [x] Horses are not blind in both eyes.
- [x] Horses are able to walk unassisted.

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USEZ	5450				X							X	X				No on Load
2		5451					X			X						X		
3		5452					X		X					X				
4		5453						X		X						X		
5		5454					X			X						X		
6		5455					X						X			X		
7		5456					X			X				X				
8		5457					X			X				X				NOT on load
9		5458	X										X			X		
10		5459						X					X	X				
11		5460	X							X						X		
12		5461					X			X						X		
13		5462	X							X						X		
14		5463					X			X						X		
15		5464				X							X			X		

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

SIGNATUR (b)(6),

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6),

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. 205

DATE 17 Sept 2010

TIME 11:30

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

PART 1 - INSPECTOR

FOIA11-804000203

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY
(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 1AM
DATE: 9/29/10
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Sonestown PA 23/28
VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6),
NAME OF AUCTION/MARKET: —

CONSIGNOR (OWNER/SHIPPER) NAME: Brian Moore
STREET ADDRESS: 94 Hoover Drive
CITY, STATE, ZIP CODE: Sonestown PA 17036
AREA CODE & TELEPHONE NO.: 717-865-7586

CONSIGNEE (RECEIVER/DESTINATION) NAME: Cavel Canada Export Inc.
STREET ADDRESS: 517 Rang St. Julie est
CITY, STATE, ZIP CODE: St Andre Avellin Canada
AREA CODE & TELEPHONE NO.: —

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- [x] Pregnant mares are not likely to foal (give birth) during the trip.
- [x] Foals are older than 6 months of age.
- [x] Horses are able to bear weight on all 4 limbs.
- [x] Horses are not blind in both eyes.
- [x] Horses are able to walk unassisted.

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	VSEZ	5630	X										X			X		
2		5631					X				X					X		
3		5632					X				X					X		
4		5633					X				X					X		
5		5634	X										X	X				
6		5635	X										X			X		
7		5636	X										X			X		
8		5637	X										X			X		
9		5638	X						X							X		
10		5639	X										X			X		
11		5640	X										X			X		
12		5641	X										X	X				
13		5642	X										X			X		
14		5643	X										X	X				
15	V	5644	X										X			X		

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

SIGNATU (b)(6),

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6),

CANADIAN FOOD INSPECTION AGENCY (CFIA)
EST. #505
DATE 29/09/2010
TIME 11h00 A.M

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)
EST.
DATE
TIME

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FOIA 1804000204

FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 12:00 Am

DATE: 9/27/10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Jonestown PA

VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6),

NAME OF AUCTION/MARKET: —

CONSIGNOR (OWNER/SHIPPER) NAME: Brian Moore

CONSIGNEE (RECEIVER/DESTINATION) NAME: Cavel Canada Export Inc

STREET ADDRESS: 94 Hoover Drive

STREET ADDRESS: 517 Rang St. Julie est.

CITY, STATE, ZIP CODE: Jonestown PA 17038

CITY, STATE, ZIP CODE: St. Andre Avellin Canada

AREA CODE & TELEPHONE NO.: 717-865-7586

AREA CODE & TELEPHONE NO.: —

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- [x] Pregnant mares are not likely to foal (give birth) during the trip.
- [x] Horses are able to bear weight on all 4 limbs.
- [x] Foals are older than 6 months of age.
- [x] Horses are not blind in both eyes.
- [x] Horses are able to walk unassisted.

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USEZ	5600						X					X			X		one eye
2		5601					X			X				X				
3		5602					X			X				X				
4		5603					X			X				X				
5		5604					X						X	X				
6		5605					X						X			X		
7		5606	X										X			X		
8		5607	X							X				X				
9		5608					X						X			X		
10		5609	X										X	X				
11		5610	X										X			X		
12		5611	X							X				X				
13		5612					X			X				X				
14		5613	X							X						X		one eye
15		5614					X			X						X		

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

SIGNA (b)(6),

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6),

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. #505

DATE 27/09/2010

TIME 13h00

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

PART 1 - INSPECTOR

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM APPROVED OMB NO. 0579-0160

FOIA11-304000205

TIME HORSES LOADED ON CONVEYANCE: 100 AM

DATE: 9/29/10

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Jonestown PA

VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6),

NAME OF AUCTION/MARKET:

CONSIGNOR (OWNER/SHIPPER) NAME: Brian Moore

CONSIGNEE (RECEIVER/DESTINATION) NAME: Cavel Canada Export Inc.

STREET ADDRESS: 94 Hoover Drive

STREET ADDRESS: 517 Rang St Julia est.

CITY, STATE, ZIP CODE: Jonestown PA 17038

CITY, STATE, ZIP CODE: St Andre Avellin Canada

AREA CODE & TELEPHONE NO.: 717-865-7586

AREA CODE & TELEPHONE NO.:

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- [x] Pregnant mares are not likely to foal (give birth) during the trip.
- [x] Foals are older than 6 months of age.
- [x] Horses are able to bear weight on all 4 limbs.
- [x] Horses are not blind in both eyes.
- [x] Horses are able to walk unassisted.

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USEZ	5660			X					X				X				
2		5661	X						X						X			
3		5662	X						X							X		
4		5663					X		X					X				
5		5664	X						X							X		
6		5665					X			X						X		
7		5666					X			X				X				
8		5667	X						X					X				
9		5668	X										X	X				
10		5669	X										X	X				
11		5670					X		X					X				
12		5671	X										X	X				
13		5672					X		X							X		
14		5673					X			X				X				
15		5674	X							X						X		

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

SIGNATURE (b)(6),

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6),

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. #505

DATE 29/09/2010

TIME 11h30 AM

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

Page 1 of 2 Lot 06374

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

EQA5-1804000206

FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 1AM	DATE: 10/1/10
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Jonestown PA	
VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6),	NAME OF AUCTION/MARKET:
CONSIGNOR (OWNER/SHIPPER) NAME: Brian Moore	CONSIGNEE (RECEIVER/DESTINATION) NAME: Quel Canada Export Inc.
STREET ADDRESS: 94 Hoover Drive	STREET ADDRESS: 517 Rang St Julie est
CITY, STATE, ZIP CODE: Jonestown PA 17038	CITY, STATE, ZIP CODE: St Andre Avellin Canada
AREA CODE & TELEPHONE NO.: 717-865-7506	AREA CODE & TELEPHONE NO.:

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- [x] Pregnant mares are not likely to foal (give birth) during the trip.
- [x] Foals are older than 6 months of age.
- [x] Horses are able to bear weight on all 4 limbs.
- [x] Horses are not blind in both eyes.
- [x] Horses are able to walk unassisted.

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USEZ	5720					X			X				X				
2		5721					X			X						X		
3		5722					X			X				X				
4		5723	X							X						X		
5		5724				X				X				X				
6		5725	X							X				X				
7		5726	X							X				X				
8		5727				X							X			X		
9		5728				X							X	X				
10		5729					X			X				X				
11		5730					X			X				X				
12		5731	X							X						X		
13		5732					X			X				X				
14		5733					X			X						X		
15		5734				X							X	X				

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

SIGNATURE (b)(6),

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SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6),

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. #505

DATE 01/10/2010

TIME 13h30

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

Best Copy Available, BEST C

READ INSTRUCTIONS FROM VS FORM 17-140

This certificate is authorized by law (21 USC 112), while you are not required to respond, no health certificate can be validated unless the data requested is provided. See reverse side for additional information. Form Approved OM

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE
VETERINARY SERVICES

CONTINUATION SHEET FOR

UNITED STATES ORIGIN HEALTH CERTIFICATE

1. FIRST CONSIGNOR'S NAME *(last name, first name, middle initial or business name)*: Ware, Brian S

2. CERTIFICATE NO. FROM VS FORM 17-140: L060733

16. CONSIGNEE'S NAME: Cool Canada Export Inc.

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

17. FARM ORIGIN
owner's name *(Last name, two initials, & business name)*
owner's street address
owner's city/town, state code & zip code

MODIFIED ACCREDITED AREA (TB) ____

18. INDIVIDUAL IDENTIFICATION

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
[illegible]	[illegible]	[illegible]	[illegible]								

____ CERTIFIED BRUCELLOSIS FREE AREA

5. The animals, at the time of inspection, were found healthy and in a physical condition fit to be transported.

6. 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.

7. During the previous twenty-one (21) days, the animals in this shipment have not been in the states of Texas, New Mexico, or Arizona.

8. Fit to be transported means that, on the day of inspection, no animal has an infirmity, illness, injury or any other condition that could be aggravated when the animal is being transported, causing the animal to suffer.

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 APPROV

Best Copy Available

FOIA11-804000208

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. [illegible] business name) Mus Cows

2. CERTI[illegible] L060735

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)
1/1/2011	Jonestown PA	42	94 Flower Dr	Jonestown

12. CONSIGNOR'S STATE	13. STATE CODE	14. ZIP CODE
Pennsylvania	42	17038

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
[illegible] Exporting Ltd [illegible] Avellin	Canada	Canada

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	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
[illegible]	5	M												
8361	12	N												
8362	12	N												
8363	12	N												
8364	7	F												
8365	12	M												
8366	12	F												
8367	12	F												
8368	12	N												
8369	12	F												
8370	15	F												
8371	12	N												
8372	15	F												
8373	12	N												
8374	12	F												
8375	12	F												
8376	12	F												
8377	12	N												

1. The animals were inspected by James S. Holt within 30 days prior to export and found to be healthy and free from evidence of communicable disease.

2. The animals were to the best of the knowledge and belief of James S. Holt, not exposed to any communicable disease within 60 days preceding the date of inspection.

Either:

3. The animal has resided in the United States or Canada since birth.

Or

4. The animal has met all of the import requirements of the United States of America and has resided in the United States for the past 60 days.

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 nos. from all attached VS Forms 17-140A)
5/03/11	Holt, James S	☐ 2 Federal ☐ 1 State ☒ 3 Accredited	30 Mus

24. NAME OF ENDORSING FEDERAL VET (Type, print, or stamp)	25. SIGNATURE OF ISSUING VETERINARIAN
HD Brown Jr DVM	[illegible]

VS FORM 17-140 (MAR 98) Previous edition may be used.

FOIA11-804000209

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 1:00

DATE: 1-4-11

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Jonestown PA

(b)(6),

NAME OF AUCTION/MARKET: —

CONSIGNOR (OWNER/SHIPPER) NAME: Brian S. Moore

STREET ADDRESS: 94 Hoover DR.

CITY, STATE, ZIP CODE: Jonestown, PA 17038

AREA CODE & TELEPHONE NO.: 717-865-7586

CONSIGNEE (RECEIVER/DESTINATION) NAME: Cavel Canada Export Inc.

STREET ADDRESS: 517 Rang St. Julia

CITY, STATE, ZIP CODE: St. Andrea-Avellin Canada

AREA CODE & TELEPHONE NO.: —

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- [X] Pregnant mares are not likely to foal (give birth) during the trip.
- [X] Horses are able to bear weight on all 4 limbs.
- [X] Foals are older than 6 months of age.
- [X] Horses are not blind in both eyes.
- [X] Horses are able to walk unassisted.

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USA2	6981					X				X					X		
2		6982					X				X			X				
3		6983	X							X				X				
4		6984				X				X				X				
5		6985	X										X			X		
6		6986					X			X				X				
7		6987					X			X				X				
8		6988	X										X			X		
9		6989	X						X					X				
10		6990					X						X			X		
11		6991	X										X			X		
12		6992	X										X			X		
13		6993	X							X						X		
14		6994	X							X				X				
15		6995	X							X						X		

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

SIGNATURE (b)(6),

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6),

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. 505

DATE 04/01/2011

TIME 12:30

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

VS FORM 10-13 (AUG 2004) Previous editions are obsolete

1060783

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

OWNER/SHIPPER CERTIFICATE FITNESS TO TRAVEL TO A SLAUGHTER FACILITY (CONTINUATION SHEET)

(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM APPROVED OMB NO. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USE	6996	X							X				X				
17		6997	X							X				X				
18		6998	X							X				X				
19		6999	X										X			X		
20		7000	X										X	X				
21		7001	X							X				X				
22		7002						X		X				X				
23		7003	X							X				X				
24		7004	X							X				X				
25		7005	X										X			X		
26		7006	X										X			X		
27		7007	X							X						X		
28		7008	X						X					X				
29		7009	X						X					X				
30		7010					X		X							X		
31																		
32																		
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SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6),

VS FORM 10-13A
(SEP 2002)

L060783

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 1230AM

DATE: 1/4/11

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Jenstown PA

NAME OF AUCTION/MARKET: —

(b)(6),

CONSIGNOR/OWNER/SHIPPER NAME: Brian S. Mare

STREET ADDRESS: 94 Hoover DR.

CITY, STATE, ZIP CODE: Jenestown, PA 17038

AREA CODE & TELEPHONE NO.: 717-865-7586

CONSIGNEE (RECEIVER/DESTINATION) NAME: Cavel Canada Export Inc.

STREET ADDRESS: 517 Rang St. Julia Est

CITY, STATE, ZIP CODE: St. Andre Avellin, Canada

AREA CODE & TELEPHONE NO.: —

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- [x] Pregnant mares are not likely to foal (give birth) during the trip.
- [x] Foals are older than 6 months of age.
- [x] Horses are able to bear weight on all 4 limbs.
- [x] Horses are not blind in both eyes.
- [x] Horses are able to walk unassisted.

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USE2	7011	X										X	X				
2		7012	X							X				X				
3		7013	X										X	X				
4		7014	X						X						X			
5		7015					X				X			X				
6		7016					X			X				X				
7		7017					X				X					X		
8		7018	X										X			X		
9		7019	X										X	X				
10		7020	X							X				X				
11		7021					X						X			X		
12		7022	X							X				X				
13		7023	X										X	X				
14		7024	X										X			X		
15		7025	X										X			X		

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

SIGNATURE (b)(6),

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SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6),

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. #505

DATE 04/01/2011

TIME 12:30

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

1060782

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

OWNER/SHIPPER CERTIFICATE FITNESS TO TRAVEL TO A SLAUGHTER FACILITY (CONTINUATION SHEET)

(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM APPROVED OMB NO. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USE	7026	X										X			X		
17		7027	X										X			X		
18		7028	X							X				X				
19		7029	X						X					X				
20		7030	X							X						X		
21		7031	X										X			X		
22		7032	X							X				X				
23		7033	X										X			X		
24		7034					X			X				X				
25		7035	X						X					X				
26		7036	X							X						X		
27		7037	X						X					X				
28		7038				X				X						X		
29		7039				X				X						X		
30		7040	X										X	X				
31																		
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I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 10 PM

DATE: 1/5/11

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Jonestown, PA

(b)(6),

NAME OF AUCTION/MARKET: —

CONSIGNOR (OWNER/SHIPPER) NAME: Brian Moore

STREET ADDRESS: 94 Hoover DR.

CITY, STATE, ZIP CODE: Jonestown, PA 17038

AREA CODE & TELEPHONE NO.: 717-865-7586

CONSIGNEE (RECEIVER/DESTINATION) NAME: Cavel Canada Export Inc.

STREET ADDRESS: 517 Rang St. Julie Est.

CITY, STATE, ZIP CODE: St. Andre - Avellin Canada

AREA CODE & TELEPHONE NO.: —

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- [x] Pregnant mares are not likely to foal (give birth) during the trip.
- [x] Horses are able to bear weight on all 4 limbs.
- [x] Foals are older than 6 months of age.
- [x] Horses are not blind in both eyes.
- [x] Horses are able to walk unassisted.

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USEC	7071	X										X			X		
2		7072	X										X			X		
3		7073					X						X	X				
4		7074						X			X			X				
5		7075	X										X			X		
6		7076	X										X			X		
7		7077	X										X			X		
8		7078	X						X					X				
9		7079	X										X			X		
10		7080					X			X				X				
11		7081	X										X	X				
12		7082	X										X	X				1 Eye
13		7083					X				X					X		
14		7084					X				X				X			not loaded
15		7085	X										X			X		

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

SIGNATURE (b)(6),

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6),

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. #505

DATE 06/01/2011

TIME 10H15 A.M.

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY
(CONTINUATION SHEET)

(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM APPROVED OMB NO. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USE2	7086					X				X			X				
17		7087					X		X					X				
18		7088					X		X					X				
19		7089					X		X					X				
20		7090	X						X					X				
21		7091	X										X	X				
22		7092	X										X	X				
23		7093	X										X	X				
24		7094					X				X			X				
25		7095					X				X					X		
26		7096					X			X						X		
27		7097					X			X				X				
28		7098	X							X				X				
29		7099	X						X							X		
30		7100	X										X			X		
31																		
32																		
33																		
34																		
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SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6),

VS FORM 10-13A
(SEP 2002)

L060792

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 1200

DATE: 1-6-11

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Jonestown PA

VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6),

NAME OF AUCTION/MARKET: —

CONSIGNOR (OWNER/SHIPPER) NAME: Brian Moore

STREET ADDRESS: 94 Hoover Dr.

CITY, STATE, ZIP CODE: Jonestown, PA 17038

AREA CODE & TELEPHONE NO.: 717-865-7586

CONSIGNEE (RECEIVER/DESTINATION) NAME: Cavel Canada Export Inc.

STREET ADDRESS: 517 Rang St. Julie Est.

CITY, STATE, ZIP CODE: St Andre Avellin Canada

AREA CODE & TELEPHONE NO.: —

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- [x] Pregnant mares are not likely to foal (give birth) during the trip.
- [x] Horses are able to bear weight on all 4 limbs.
- [x] Foals are older than 6 months of age.
- [x] Horses are not blind in both eyes.
- [x] Horses are able to walk unassisted.

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USEC	7041	X							X				X				
2		7042	X										X	X				
3		7043	X							X						X		
4		7044	X										X			X		
5		7045	X										X			X		
6		7046	X										X			X		
7		7047	X							X						X		
8		7048					X				X					X		
9		7049					X				X					X		
10		7050					X				X					X		
11		7051	X										X			X		
12		7052					X						X	X				
13		7053	X										X			X		
14		7054	X										X			X		
15		7055	X							X						X		

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

SIGNATURE (b)(6),

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.) (b)(6),

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. #505

DATE 06/01/2011

TIME 10:30 A.M

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY
(CONTINUATION SHEET)

(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM APPROVED OMB NO. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Taitoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USA7	7056	X										X			X		
17		7057	X						X							X		
18		7058					X		X							X		
19		7059				X				X				X				
20		7060	X										X	X				
21		7061	X										X			X		
22		7062	X										X			X		
23		7063					X				X			X				
24		7064					X				X			X				
25		7065	X										X			X		
26		7066					X						X			X		
27		7067					X						X			X		
28		7068	X						X									
29		7069					X				X		[redacted]	X				
30		7070	X						X						X			Not Lead
31																		
32																		
33																		
34																		
35																		
36																		
37																		
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Best Copy Available, NOT A FOIA DELETION

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SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6),

VS FORM 10-13A
(SEP 2002)

L060781

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 12AM

DATE: 1/12/11

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Jonestown PA

VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6),

NAME OF AUCTION/MARKET:

CONSIGNOR (OWNER/SHIPPER) NAME: Brian Moore

CONSIGNEE (RECEIVER/DESTINATION) NAME: CAVEL CANada Export Inc.

STREET ADDRESS: 94 Hoover Drive

STREET ADDRESS: 517 Rang St. Julie est.

CITY, STATE, ZIP CODE: Jonestown PA 17030

CITY, STATE, ZIP CODE: St. Andre Avellin CANada

AREA CODE & TELEPHONE NO.: 717 865 7586

AREA CODE & TELEPHONE NO.:

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- [x] Pregnant mares are not likely to foal (give birth) during the trip.
- [x] Horses are able to bear weight on all 4 limbs.
- [x] Foals are older than 6 months of age.
- [x] Horses are not blind in both eyes.
- [x] Horses are able to walk unassisted.

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	OSEZ	7131	X						X							X		
2		7132					X		X							X		
3		7133					X		X							X		
4		7134	X						X							X		
5		7135					X		X					X				
6		7136	X						X					X				
7		7137	X						X					X				
8		7138	X						X							X		
9		7139				X				X						X		
10		7140				X				X				X				
11		7141	X						X					X				
12		7142						X		X						X		
13		7143					X			X				X				
14		7144	X										X			X		
15		7145						X					X	X				

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

SIGNATURE: (b)(6),

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6),

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. #5705

DATE 12/01/2011

TIME 12h30 P.M.

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

OWNER/SHIPPER CERTIFICATE FITNESS TO TRAVEL TO A SLAUGHTER FACILITY (CONTINUATION SHEET)

(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM APPROVED OMB NO. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USEZ	7146	X							X				X				
17		7147	X										X	X				
18		7148						X		X				X				
19		7149	X										X	X				
20		7150	X						X							X		
21		7151	X										X			X		
22		7152					X				X				X			
23		7153	X						X					X				
24		7154				X				X						X		
25		7155	X						X					X				
26		7156	X						X					X				
27		7157	X							X				X				
28		7158	X										X			X		
29		7159	X						X							X		
30		7160					X						X	X				
31																		
32																		
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34																		
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SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6),

VS FOI
(SEP 2002)

Page 2 of 2 2060790

FOIA11-804000219

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 12:30

DATE: 1-12-11

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Jonestown PA

NAME OF AUCTION/MARKET: (b)(6),

CONSIGNOR (OWNER/SHIPPER) NAME: Brian Moore

STREET ADDRESS: 94 Hoover Drive

CITY, STATE, ZIP CODE: Jonestown PA 17038

AREA CODE & TELEPHONE NO.: 717-865-7586

CONSIGNEE (RECEIVER/DESTINATION) NAME: CAVel CAnada Export Inc.

STREET ADDRESS: 517 Rang St. Julia est.

CITY, STATE, ZIP CODE: St Andre Avellin CAnada

AREA CODE & TELEPHONE NO.:

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- [x] Pregnant mares are not likely to foal (give birth) during the trip.
- [x] Foals are older than 6 months of age.
- [x] Horses are able to bear weight on all 4 limbs.
- [x] Horses are not blind in both eyes.
- [x] Horses are able to walk unassisted.

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USEZ	7101	X						X							X		
2		7102	X						X						X			
3		7103	X							X						X		
4		7104	X							X				X				
5		7105					X			X				X				
6		7106	X										X	X				
7		7107	X							X						X		
8		7108	X							X				X				
9		7109					X			X				X				
10		7110					X			X				X				
11		7111	X										X	X				
12		7112						X		X				X				
13		7113						X		X						X		
14		7114	X										X			X		
15		7115						X		X				X				

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

SIGNATU (b)(6),

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SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6),

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. 505

DATE 12/01/2011

TIME 13h00

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

OWNER/SHIPPER CERTIFICATE FITNESS TO TRAVEL TO A SLAUGHTER FACILITY (CONTINUATION SHEET)

(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM APPROVED OMB NO. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USEZ	7116						X		X				X				
17		7117						X		X				X				
18		7118					X						X	X				
19		7119					X			X				X				
20		7120	X						X					X				
21		7121	X										X	X				
22		7122	X							X						X		
23		7123	X										X			X		
24		7124	X										X	X				
25		7125						X		X				X				
26		7126					X						X			X		
27		7127	X							X						X		
28		7128	X								X					X		
29		7129	X							X				X				
30		7130					X				X					X		
31																		
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I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6),

VS
(SEP 2002)

Page 2 of 2
2060791

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 1n PM

DATE: 11/3/11

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Jonestown PA

(b)(6),

NAME OF AUCTION/MARKET:

CONSIGNOR (OWNER/SHIPPER) NAME: Brian Moore

CONSIGNEE (RECEIVER/DESTINATION) NAME: Cavel Canada Export Inc.

STREET ADDRESS: 94 Hoover Drive

STREET ADDRESS: 517 Rang St. Julia est.

CITY, STATE, ZIP CODE: Jonestown PA 17038

CITY, STATE, ZIP CODE: St Andre Avellin Canada

AREA CODE & TELEPHONE NO.: 717 865-7586

AREA CODE & TELEPHONE NO.:

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- [x] Pregnant mares are not likely to foal (give birth) during the trip.
- [x] Horses are able to bear weight on all 4 limbs.
- [x] Foals are older than 6 months of age.
- [x] Horses are not blind in both eyes.
- [x] Horses are able to walk unassisted.

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USEZ	7191	X							X				X				
2		7192	X										X	X				
3		7193						X		X						X		1 Eye
4		7194				X				X						X		
5		7195					X						X			X		
6		7196	X										X	X				
7		7197	X										X			X		
8		7198					X			X						X		
9		7199					X			X				X				
10		7200					X				X			X				
11		7201	X						X							X		
12		7202	X						X							X		
13		7203					X				X			X				
14		7204						X			X			X				
15		7205					X				X					X		

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

SIGNATUR (b)(6),

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6),

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. #505

DATE 14/01/2010

TIME 10h00 A.M.

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

OWNER/SHIPPER CERTIFICATE FITNESS TO TRAVEL TO A SLAUGHTER FACILITY (CONTINUATION SHEET)

(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM APPROVED OMB NO. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USEZ	7206					X			X						X		
17		7207					X			X						X		
18		7208	X										X			X		
19		7209					X			X						X		
20		7210	X										X			X		
21		7211	X										X			X		
22		7212	X										X			X		
23		7213	X							X						X		
24		7214					X						X	X				
25		7215					X				X			X				
26		7216					X			X				X				
27		7217	X							X				X				
28		7218	X							X				X				
29		7219					X			X					X			
30		7220					X				X					X		
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SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6),

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 11 30

DATE: 1-13-14

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Jonestown PA

VE[redacted] NAME: (b)(6),

NAME OF AUCTION/MARKET: ~~—~~

CONSIGNOR (OWNER/SHIPPER) NAME: Brian Moore

CONSIGNEE (RECEIVER/DESTINATION) NAME: Avel Canada Export Inc

STREET ADDRESS: 94 Hoover Drive

STREET ADDRESS: 517 Rang St. Julia est.

CITY, STATE, ZIP CODE: Jonestown PA 17038

CITY, STATE, ZIP CODE: St. Andre Avellin Canada

AREA CODE & TELEPHONE NO.: 717865 7586

AREA CODE & TELEPHONE NO.: —

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- [x] Pregnant mares are not likely to foal (give birth) during the trip.
- [x] Horses are able to bear weight on all 4 limbs.
- [x] Foals are older than 6 months of age.
- [x] Horses are not blind in both eyes.
- [x] Horses are able to walk unassisted.

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USEZ	7161	X										X			X		
2		7162					X			X						X		
3		7163					X			X						X		
4		7164	X						X						X			
5		7165	X										X			X		
6		7166	X										X			X		
7		7167	X										X			X		
8		7168					X		X							X		
9		7169					X			X						X		
10		7170	X										X			X		
11		7171					X		X							X		
12		7172	X										X			X		
13		7173	X										X			X		
14		7174	X										X			X		
15		7175	X										X	X				

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

SIGNATU[redacted] (b)(6),

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6),

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. # 505

DATE 14/01/2011

TIME 10h30

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

OWNER/SHIPPER CERTIFICATE FITNESS TO TRAVEL TO A SLAUGHTER FACILITY (CONTINUATION SHEET)

(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM APPROVED OMB NO. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	VSEZ	7176	X										X	X				
17		7177	X										X			X		
18		7178					X			X				X				
19		7179					X						X			X		
20		7180					X				X					X		
21		7181	X								X					X		
22		7182					X				X					X		
23		7183	X							X				X				
24		7184					X			X						X		
25		7185	X										X			X		
26		7186	X										X	X				NOT loaded
27		7187	X										X	X				
28		7188	X										X	X				
29		7189	X										X	X				
30		7190					X			X						X		
31																		
32																		
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SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6),

VS FORM 10-13A
(SEP 2002)

Page 2 of 2

L060789

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 11 PM

DATE: 1/1/810

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Jonestown PA

VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6),

NAME OF AUCTION/MARKET: —

CONSIGNOR (OWNER/SHIPPER) NAME: Brian Moore

CONSIGNEE (RECEIVER/DESTINATION) NAME: CAVel CA Nada Export Inc.

STREET ADDRESS: 94 Hoover Drive

STREET ADDRESS: 517 Rang St. Julie est.

CITY, STATE, ZIP CODE: Jonestown PA 17038

CITY, STATE, ZIP CODE: St Andre Avellin CANada

AREA CODE & TELEPHONE NO.: 717-865-7586

AREA CODE & TELEPHONE NO.: —

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- [x] Pregnant mares are not likely to foal (give birth) during the trip.
- [x] Horses are able to bear weight on all 4 limbs.
- [x] Foals are older than 6 months of age.
- [x] Horses are not blind in both eyes.
- [x] Horses are able to walk unassisted.

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USEZ	7221					X						X			X		
2		7222					X						X			X		
3		7223					X						X	X				
4		7224					X						X	X				
5		7225					X						X			X		
6		7226					X						X			X		
7		7227					X						X			X		
8		7228					X						X			X		
9		7229					X						X			X		
10		7230					X						X			X		
11		7231	X										X	X				
12		7232					X				X					X		
13		7233				X				X						X		
14		7234					X			X						X		
15		7235					X			X				X				

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

SIGNATU (b)(6),

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6),

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. # 505

DATE 19/01/2011

TIME 13h30

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

OWNER/SHIPPER CERTIFICATE FITNESS TO TRAVEL TO A SLAUGHTER FACILITY (CONTINUATION SHEET)

(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM APPROVED OMB NO. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	VSEZ	7236	X										X	X				
17		7237					X		X							X		
18		7238					X		X							X		
19		7239	X						X					X				
20		7240					X		X					X				
21		7241						X		X				X				
22		7242					X						X			X		not on load
23		7243	X						X					X				
24		7244	X										X			X		
25		7245					X			X						X		
26		7246					X			X				X				
27		7247	X							X				X				
28		7248					X			X				X				
29		7249					X		X					X				
30		7250				X							X			X		
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SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6),

VS FORM 10-13A
(SEP 2002)

page 2 of 2
2060788

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 10:30 PM

DATE: 1/20/2011

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Jonestown PA

VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6),

NAME OF AUCTION/MARKET:

CONSIGNOR (OWNER/SHIPPER) NAME: Brian Moore

CONSIGNEE (RECEIVER/DESTINATION) NAME: Avel Canada Export Inc

STREET ADDRESS: 94 Hoover Drive

STREET ADDRESS: 517 Rang St, Julie est

CITY, STATE, ZIP CODE: Jonestown PA 17038

CITY, STATE, ZIP CODE: St Andre Avellin Canada

AREA CODE & TELEPHONE NO.: 717-865-7586

AREA CODE & TELEPHONE NO.:

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- [x] Pregnant mares are not likely to foal (give birth) during the trip.
- [x] Horses are able to bear weight on all 4 limbs.
- [x] Foals are older than 6 months of age.
- [x] Horses are not blind in both eyes.
- [x] Horses are able to walk unassisted.

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	VEZ	7251					X						X	X				
2		7252					X						X	X				
3		7253	X										X			X		
4		7254	X										X			X		
5		7255	X										X	X				
6		7256					X						X	X				
7		7257					X						X	X				
8		7258	X										X	X				
9		7259					X						X			X		
10		7260	X										X			X		
11		7261					X						X	X				
12		7262	X						X					X				
13		7263	X							X				X				
14		7264						X		X						X		
15		7265					X		X					X				

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

SIGNATURE (b)(6),

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6),

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. #505

DATE 21/01/2011

TIME 8h00

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

Previous editions are obslete

Page 1 of 2 01-07-04

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

OWNER/SHIPPER CERTIFICATE FITNESS TO TRAVEL TO A SLAUGHTER FACILITY (CONTINUATION SHEET)

(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM APPROVED OMB NO. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USEZ	7266	X						X					X				
17		7267						X		X						X		
18		7268	X							X						X		
19		7269				X							X	X				
20		7270				X							X	X				
21		7271					X			X				X				
22		7272						X		X				X				
23		7273	X							X						X		
24		7274	X										X			X		
25		7275	X										X			X		
26		7276	X							X				X				
27		7277	X							X				X				
28		7278					X			X						X		
29		7279				X							X	X				
30		7280	X							X				X				
31																		
32																		
33																		
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SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6),

VS FORM 10-13A
(SEP 2002)

page 2 of 2
2060794

FOIA11-804000229

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 1:00 AM

DATE: 1/26/11

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Jonestown, PA

(b)(6),

NAME OF AUCTION/MARKET: —

CONSIGNOR/OWNER: Brian S. Moore

CONSIGNEE (RECEIVER/DESTINATION) NAME: Cavel Canada Export Inc.

STREET ADDRESS: 94 Hoover DR.

STREET ADDRESS: 517 Bang St. Julia Est.

CITY, STATE, ZIP CODE: Jonestown, PA 17038

CITY, STATE, ZIP CODE: St. Andre-Avellin, Canada

AREA CODE & TELEPHONE NO.: 717-865-7586

AREA CODE & TELEPHONE NO.:

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- [X] Pregnant mares are not likely to foal (give birth) during the trip.
- [X] Horses are able to bear weight on all 4 limbs.
- [X] Foals are older than 6 months of age.
- [X] Horses are not blind in both eyes.
- [X] Horses are able to walk unassisted.

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USE2	7311	X										X	X				
2		7312	X							X				X				
3		7313	X										X			X		
4		7314					X			X				X				
5		7315						X		X				X				
6		7316	X							X						X		
7		7317	X							X				X				
8		7318					X			X				X				
9		7319					X				X			X				
10		7320	X						X							X		
11		7321	X						X					X				
12		7322	X						X					X				
13		7323	X						X					X				
14		7324	X						X					X				
15		7325					X		X					X				

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

SIGNATURE (b)(6),

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6),

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. # 505

DATE 26/01/2011

TIME 13h30

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

VS FORM 10-14 (MUX 6W/T)

Previous editions are obslete

L060793

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

OWNER/SHIPPER CERTIFICATE FITNESS TO TRAVEL TO A SLAUGHTER FACILITY (CONTINUATION SHEET)

(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM APPROVED OMB NO. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USE	7326	X						X							X		
17		7327					X		X							X		
18		7328					X		X							X		
19		7329	X						X					X				
20		7330	X						X					X				
21		7331					X		X					X				
22		7332					X		X							X		
23		7333					X		X					X				
24		7334	X						X							X		
25		7335					X			X				X				
26		7336					X			X				X				
27		7337	X							X						X		
28		7338	X										X	X				
29		7339	X						X					X				
30		7340						X		X				X				
31																		
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SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6),

VS FORM 10-13A
(SEP 2002)

L060793

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FOIA11-804000231

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 0200AM

DATE: 1/24/11

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Jonestown PA

NAME OF AUCTION/MARKET: N/A

(b)(6),

CONSIGNOR (OWNER/SHIPPER): Brian S. Moore

STREET ADDRESS: 94 Hoover Dr.

CITY, STATE, ZIP CODE: Jonestown, PA 17038

AREA CODE & TELEPHONE NO.: 717-865-7586

CONSIGNEE (RECEIVER/DESTINATION) NAME: Cavel Canada Export Inc.

STREET ADDRESS: 517 Bang St. Julia Est.

CITY, STATE, ZIP CODE: St. Andre-Avellin Canada

AREA CODE & TELEPHONE NO.:

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- [x] Pregnant mares are not likely to foal (give birth) during the trip.
- [x] Foals are older than 6 months of age.
- [x] Horses are able to bear weight on all 4 limbs.
- [x] Horses are not blind in both eyes.
- [x] Horses are able to walk unassisted.

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USE2	7281	X						X					X				
2		7282	X						X					X				Noon load
3		7283					X		X					X				
4		7284	X						X							X		
5		7285						X		X						X		
6		7286					X			X				X				
7		7287					X						X			X		
8		7288					X						X			X		
9		7289	X										X			X		
10		7290	X										X			X		
11		7291	X										X			X		
12		7292	X										X	X				
13		7293	X							X						X		
14		7294					X				X					X		
15		7295	X										X			X		

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

SIGNAT (b)(6),

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6),

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. #505

DATE 26/01/2011

TIME 13h00

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

Previous editions are obsolete

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

OWNER/SHIPPER CERTIFICATE FITNESS TO TRAVEL TO A SLAUGHTER FACILITY (CONTINUATION SHEET)

(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM APPROVED OMB NO. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USE2	7296	X										X	X				
17		7297	X							X				X				
18		7298	X										X	X				
19		7299					X				X					X		
20		7300	X										X			X		
21		7301	X										X			X		
22		7302	X							X				X				
23		7303	X										X			X		
24		7304					X				X			X				
25		7305				X				X				X				
26		7306					X			X				X				
27		7307	X										X			X		
28		7308	X										X	X				
29		7309					X						X			X		
30		7310					X		X							X		
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SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6),

FOIA11-804000233

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

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OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY
(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 10:00 PM

DATE: Aug 3-11

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Jonestown PA

(b)(6),

NAME OF AUCTION/MARKET:

CONSIGNOR (OWNER/SHIPPER) NAME: Brian Moore

CONSIGNEE (RECEIVER/DESTINATION) NAME: Avel Canada Export Inc

STREET ADDRESS: 99 Hoover Drive

STREET ADDRESS: 517 Rang St. Julie Est

CITY, STATE, ZIP CODE: Jonestown PA 17038

CITY, STATE, ZIP CODE: St. Andre Avellin CANADA

AREA CODE & TELEPHONE NO.: 717-865-7586

AREA CODE & TELEPHONE NO.:

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- [x] Pregnant mares are not likely to foal (give birth) during the trip.
- [x] Foals are older than 6 months of age.
- [x] Horses are able to bear weight on all 4 limbs.
- [x] Horses are not blind in both eyes.
- [ ] Horses are able to walk unassisted.

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	VSEZ	7401					X			X				X				
2		7402			X								X	X				
3		7403	X										X			X		
4		7404					X			X				X				
5		7405					X				X					X		
6		7406					X			X						X		
7		7407					X			X						X		
8		7408					X		X					X				
9		7409				X				X				X				
10		7410	X										X			X		
11		7411	X						X					X				
12		7412	X						X					X				
13		7413					X				X					X		
14		7414					X				X					X		
15		7415	X						X							X		

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

SIGNATU (b)(6),

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6),

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. # 505

DATE 04/02/2011

TIME 12h30

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

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U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

OWNER/SHIPPER CERTIFICATE FITNESS TO TRAVEL TO A SLAUGHTER FACILITY (CONTINUATION SHEET)

(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM APPROVED OMB NO. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USEZ	7416					X			X				X				
17		7417	X							X						X		
18		7418	X							X						X		
19		7419	X										X			X		
20		7420	X						X					X				
21		7421	X							X						X		
22		7422	X						X					X				
23		7423					X			X						X		
24		7424					X			X						X		
25		7425					X		X					X				
26		7426	X						X					X				
27		7427	X										X	X				
28		7428	X										X			X		
29		7429					X				X					X		
30		7430					X			X						X		
31																		
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SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6),

VS FORM 10-13A
(SEP 2002)

PAGE 2 OF 2

LC 6 0747

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 12:00 AM 9-2-11

DATE:

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Jonestown PA

(b)(6),

NAME OF AUCTION/MARKET:

CONSIGNOR (OWNER/SHIPPER) NAME: Brian Moore

CONSIGNEE (RECEIVER/DESTINATION) NAME: Avel Canada Export Inc.

STREET ADDRESS: 94 Hoover Drive

STREET ADDRESS: 517 Rang St. Julia est.

CITY, STATE, ZIP CODE: Jonestown PA 17038

CITY, STATE, ZIP CODE: St. Andre Avellin Quebec

AREA CODE & TELEPHONE NO.: 717-865-7566

AREA CODE & TELEPHONE NO.:

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- [x] Pregnant mares are not likely to foal (give birth) during the trip.
- [x] Foals are older than 6 months of age.
- [x] Horses are able to bear weight on all 4 limbs.
- [x] Horses are not blind in both eyes.
- [x] Horses are able to walk unassisted.

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USEZ	7431	X										X	X				
2		7432	X										X	X				
3		7433					X						X	X				
4		7434					X						X	X				
5		7435					X						X	X				
6		7436					X						X	X				
7		7437					X				X					X		
8		7438					X				X			X				
9		7439					X				X					X		
10		7440	X							X				X				
11		7441	X							X				X				
12		7442	X							X				X				
13		7443					X				X					X		
14		7444	X							X				X				
15		7445	X							X				X				

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

SIGNATURE (b)(6),

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SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6),

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. # 505

DATE 09/02/2011

TIME 14h00

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

OWNER/SHIPPER CERTIFICATE FITNESS TO TRAVEL TO A SLAUGHTER FACILITY (CONTINUATION SHEET)

(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM APPROVED OMB NO. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16		7446	X										X	X				
17		7447	X										X	X				
18		7448	X										X			X		
19		7449	X										X			X		
20		7450	X										X			X		
21		7451	X										X	X				
22		7452					X						X			X		
23		7453	X						X					X				
24		7454					X		X					X				
25		7455					X			X						X		
26		7456	X										X			X		
27		7457	X						X					X				
28		7458	X						X					X				
29		7459	X							X						X		
30		7460	X										X			X		
31																		
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SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6),

VS FORM 10-13A
(SEP 2002)

Page 2 of 2
2060796

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 1130 PM

DATE: 1/8/11

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Jonestown PA

VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6),

NAME OF AUCTION/MARKET: —

CONSIGNOR (OWNER/SHIPPER) NAME: Brian Moore

CONSIGNEE (RECEIVER/DESTINATION) NAME: CAVEL CANada Export Inc

STREET ADDRESS: 94 Hoover Drive

STREET ADDRESS: 517 Rang St. Julia est.

CITY, STATE, ZIP CODE: Jonestown PA 17038

CITY, STATE, ZIP CODE: St Andre Avellin CANada

AREA CODE & TELEPHONE NO.: 717-865-7586

AREA CODE & TELEPHONE NO.: —

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- [x] Pregnant mares are not likely to foal (give birth) during the trip.
- [x] Horses are able to bear weight on all 4 limbs.
- [x] Foals are older than 6 months of age.
- [x] Horses are not blind in both eyes.
- [x] Horses are able to walk unassisted.

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USEZ	7461					X						X	X				
2		7462	X										X	X				
3		7463					X						X			X		
4		7464					X						X			X		
5		7465					X						X	X				
6		7466					X						X	X				
7		7467					X						X	X				
8		7468						X		X						X		
9		7469	X						X							X		
10		7470	X										X			X		
11		7471	X							X				X				
12		7472	X							X				X				
13		7473					X				X			X				
14		7474					X			X					X			
15		7475					X			X				X				

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

SIGNATUR (b)(6),

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6),

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. #505

DATE 09/02/2011

TIME 13h45

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

OWNER/SHIPPER CERTIFICATE FITNESS TO TRAVEL TO A SLAUGHTER FACILITY (CONTINUATION SHEET)

(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM APPROVED OMB NO. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	VSEZ	7476	X						X							X		
17		7477					X		X							X		
18		7478	X							X				X				
19		7479					X			X				X				
20		7480	X										X			X		
21		7481	X										X			X		
22		7482	X							X						X		
23		7483	X										X			X		
24		7484					X			X				X				
25		7485	X										X			X		
26		7486	X							X				X				
27		7487					X			X				X				
28		7488	X										X	X				
29		7489					X						X			X		
30		7490					X						X	X				
31																		
32																		
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SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6),

VS FORM 10-13A
(SEP 2002)

Page 2 of 2
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FOIA11-804000239

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 11:00 PM

DATE: 15-2-11

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Jonestown PA

(b)(6),

NAME OF AUCTION/MARKET: —

CONSIGNOR (OWNER/SHIPPER) NAME: Brian Moore

CONSIGNEE (RECEIVER/DESTINATION) NAME: Cavel Canada Export Inc.

STREET ADDRESS: 94 Hoover Drive

STREET ADDRESS: 517 Rang St Julie Est.

CITY, STATE, ZIP CODE: Jonestown PA 17038

CITY, STATE, ZIP CODE: St Andre Avellin Canada

AREA CODE & TELEPHONE NO.: 717-865-7586

AREA CODE & TELEPHONE NO.: —

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- [x] Pregnant mares are not likely to foal (give birth) during the trip.
- [x] Foals are older than 6 months of age.
- [x] Horses are able to bear weight on all 4 limbs.
- [x] Horses are not blind in both eyes.
- [x] Horses are able to walk unassisted.

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	VEZ	7491				X				X						X		
2		7492						X		X						X		
3		7493	X							X						X		
4		7494	X						X							X		
5		7495					X			X					X			
6		7496						X		X				X				
7		7497	X						X					X				
8		7498	X						X					X				
9		7499					X			X				X				
10		7500				X				X				X				
11		7501	X										X			X		
12		7502				X							X	X				
13		7503					X			X				X				
14		7504					X			X				X				
15		7505	X						X					X				

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

SIGNAT (b)(6),

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6),

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. # 505

DATE 16/02/2011

TIME 16h00 P.M

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

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U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

OWNER/SHIPPER CERTIFICATE FITNESS TO TRAVEL TO A SLAUGHTER FACILITY (CONTINUATION SHEET)

(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM APPROVED OMB NO. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	VSEZ	7506				X				X				X				
17		7507	X						X							X		
18		7508	X						X					X				
19		7509	X						X					X				
20		7510	X										X			X		
21		7511	X							X						X		No lead
22		7512	X						X					X				
23		7513	X										X			X		
24		7514					X						X	X				
25		7515					X				X			X				
26		7516					X				X					X		
27		7517	X										X			X		
28		7518	X										X			X		
29		7519	X										X			X		
30		7520					X				X			X				
31																		
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SIGNATURE OF OWNER/SHIPPER (I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6),

VS FORM 10-13A
(SEP 2002)

Page 2 of 2
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FOIA11-804000241

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 10.30 PM

DATE: 21511

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Jonestown PA

VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6),

NAME OF AUCTION/MARKET: —

CONSIGNOR (OWNER/SHIPPER) NAME: Brian Moore

CONSIGNEE (RECEIVER/DESTINATION) NAME: Ave Canada Export Inc

STREET ADDRESS: 94 Hoover Drive

STREET ADDRESS: 517 Rang St Julie est

CITY, STATE, ZIP CODE: Jonestown PA 17038

CITY, STATE, ZIP CODE: St Andre Avellin Canada

AREA CODE & TELEPHONE NO.: 717-865-7586

AREA CODE & TELEPHONE NO.: —

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- [x] Pregnant mares are not likely to foal (give birth) during the trip.
- [x] Horses are able to bear weight on all 4 limbs.
- [x] Foals are older than 6 months of age.
- [x] Horses are not blind in both eyes.
- [x] Horses are able to walk unassisted.

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USEZ	7521						X					X			X		not on
2		7522					X				X			X				
3		7523	X										X			X		
4		7524					X				X					X		
5		7525	X							X						X		
6		7526					X			X						X		
7		7527				X				X						X		
8		7528				X				X				X				
9		7529						X		X				X				
10		7530						X		X				X				
11		7531	X							X				X				
12		7532					X			X				X				
13		7533				X				X				X				
14		7534	X							X				X				
15		7535				X				X				X				

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

SIGNATURE (b)(6),

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6),

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. #505

DATE 16/02/2011

TIME 11h45 A.M

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

OWNER/SHIPPER CERTIFICATE FITNESS TO TRAVEL TO A SLAUGHTER FACILITY (CONTINUATION SHEET)

(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM APPROVED OMB NO. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USE2	7536	X							X						X		
17		7537	X							X				X				
18		7538	X										X			X		
19		7539	X										X			X		
20		7540	X										X	X				
21		7541					X						X			X		
22		7542	X										X	X				
23		7543	X						X					X				
24		7544	X						X					X				
25		7545	X						X					X				
26		7546	X						X					X				
27		7547	X						X					X				
28		7548	X							X				X				
29		7549	X										X			X		
30		7550	X										X			X		
31																		
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SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6),

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 9:00 PM	DATE: Mar 12-4
CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Sonestown PA	
VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6),	NAME OF AUCTION/MARKET: —
CONSIGNOR (OWNER/SHIPPER) NAME: Brian Moore	CONSIGNEE (RECEIVER/DESTINATION) NAME: CAVEL CANADA Export FACI
STREET ADDRESS: 94 Hoover Drive	STREET ADDRESS: 517 Rang St. Julie est.
CITY, STATE, ZIP CODE: Sonestown PA 17038	CITY, STATE, ZIP CODE: St Andre Avellin Canada
AREA CODE & TELEPHONE NO.: 717-865-7580	AREA CODE & TELEPHONE NO.: —

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- [x] Pregnant mares are not likely to foal (give birth) during the trip.
- [x] Foals are older than 6 months of age.
- [x] Horses are able to bear weight on all 4 limbs.
- [ ] Horses are not blind in both eyes.
- [x] Horses are able to walk unassisted.

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	VSEZ	7850				X							X			X		
2		7851				X							X	X				
3		7852	X							X				X			not on	
4		7853	X							X				X				
5		7854	X							X				X				
6		7855	X							X						X		
7		7856					X			X					X			
8		7857					X			X					X			
9		7858				X							X			X		
10		7859						X		X				X				
11		7860	X							X				X				
12		7861	X							X				X				
13		7862				X				X				X				
14		7863	X							X				X				
15		7864				X							X	X	a	X		

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

SIGNATURE (b)(6),

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6),

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST.

DATE

TIME

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

OWNER/SHIPPER CERTIFICATE FITNESS TO TRAVEL TO A SLAUGHTER FACILITY (CONTINUATION SHEET)

(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM APPROVED OMB NO. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USEZ	7865					X						X			X		
17		7866					X				X					X		
18		7867					X				X			X				
19		7868	X										X	X				
20		7869	X								X			X				
21		7870					X						X			X		
22		7871	X										X			X		
23		7872	X										X	X				
24		7873	X						X					X				
25		7874	X						X					X				not on
26		7875	X						X							X		
27		7876	X						X							X		
28		7877	X							X						X		
29		7878	X							X				X				
30		7879	X							X				X				
31																		
32																		
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SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6),

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 10 PM

DATE: 2/22/11

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Jonestown PA

VEHICLE LICENSE NO. AND DRIVER'S NAME: (b)(6),

NAME OF AUCTION/MARKET:

CONSIGNOR (OWNER/SHIPPER) NAME: Brian Moore

CONSIGNEE (RECEIVER/DESTINATION) NAME: Avel Canada Export Inc.

STREET ADDRESS: 94 Hoover Drive

STREET ADDRESS: 517 Rang st Julia est.

CITY, STATE, ZIP CODE: Jonestown PA 17038

CITY, STATE, ZIP CODE: St Andre Avellin Canada

AREA CODE & TELEPHONE NO.: 717-865-7586

AREA CODE & TELEPHONE NO.:

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- [x] Pregnant mares are not likely to foal (give birth) during the trip.
- [x] Foals are older than 6 months of age.
- [x] Horses are able to bear weight on all 4 limbs.
- [x] Horses are not blind in both eyes.
- [x] Horses are able to walk unassisted.

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USEZ	7581					X		X					X				
2		7582	X						X					X				
3		7583	X							X						X		
4		7584					X			X				X				
5		7585	X							X						X		
6		7586	X						X					X				
7		7587					X		X					X				
8		7588	X							X						X		
9		7589					X			X						X		
10		7590	X							X						X		
11		7591					X				X					X		
12		7592					X				X			X				
13		7593					X			X				X				
14		7594	X						X					X				
15		7595	X						X					X				

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

SIGNATI (b)(6),

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6),

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. #505

DATE 23/02/2011

TIME 8h30 A.M.

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

OWNER/SHIPPER CERTIFICATE FITNESS TO TRAVEL TO A SLAUGHTER FACILITY (CONTINUATION SHEET)

(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM APPROVED OMB NO. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USEZ	7596					X			X				X				
17		7597					X			X				X				
18		7598	X						X							X		
19		7599					X			X				X				
20		7600	X							X				X				
21		7601	X						X							X		
22		7602	X										X			X		
23		7603					X						X			X		
24		7604	X										X			X		
25		7605	X										X			X		
26		7606	X										X	X				
27		7607	X										X	X				
28		7608	X										X	X				
29		7609					X						X	X				
30		7610	X										X	X				
31																		
32																		
33																		
34																		
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SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6),

VS FORM 10-13A
(SEP 2002)

Page 2 of 2
2060701

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 10:30 PM

DATE: 22-2-11

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Jonestown PA

(b)(6),

NAME OF AUCTION/MARKET:

CONSIGNOR (OWNER/SHIPPER) NAME: Brian Moore

CONSIGNEE (RECEIVER/DESTINATION) NAME: Cavel Canada Export Inc.

STREET ADDRESS: 94 Hoover Drive

STREET ADDRESS: 517 Rang St Julia est.

CITY, STATE, ZIP CODE: Jonestown PA 17038

CITY, STATE, ZIP CODE: St Andre Avellin Canada

AREA CODE & TELEPHONE NO.: 717-865-7586

AREA CODE & TELEPHONE NO.:

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- [x] Pregnant mares are not likely to foal (give birth) during the trip.
- [x] Horses are able to bear weight on all 4 limbs.
- [x] Foals are older than 6 months of age.
- [x] Horses are not blind in both eyes.
- [x] Horses are able to walk unassisted.

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USEZ	7551	X						X							X		
2		7552	X						X							X		
3		7553	X						X					X				
4		7554					X			X				X				
5		7555	X						X					X				
6		7556	X						X						X			
7		7557	X						X						X			
8		7558					X			X				X				
9		7559	X										X			X		
10		7560	X						X					X				
11		7561	X										X	X				
12		7562	X										X	X				
13		7563	X										X			X		
14		7564	X										X			X		
15		7565	X						X					X				

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

SIGNATUR (b)(6),

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6),

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. #505

DATE 23/02/2011

TIME 10h00 A.M.

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

OWNER/SHIPPER CERTIFICATE FITNESS TO TRAVEL TO A SLAUGHTER FACILITY (CONTINUATION SHEET)

(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM APPROVED OMB NO. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USEZ	7566						X		X				X				
17		7567	X							X				X				
18		7568					X			X						X		
19		7569					X						X	X				
20		7570					X				X					X		
21		7571	X							X				X				
22		7572	X						X					X				
23		7573	X						X					X				
24		7574						X			X					X		
25		7575					X				X					X		
26		7576					X			X						X		
27		7577	X							X				X				
28		7578	X							X				X				
29		7579					X						X	X				
30		7580	X						X					X				
31																		
32																		
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SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6),

VS FORM 10-13A
(SEP 2002)

Page 2 of 2

2060 702

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U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 8 PM

DATE: 2-24-11

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Jonestown, PA

NAME OF AUCTION/MARKET: (b)(6),

CONSIGNOR (OWNER/SHIPPER) NAME: Brian Moore

STREET ADDRESS: 94 Hoover DR.

CITY, STATE, ZIP CODE: Jonestown, PA 17038

AREA CODE & TELEPHONE NO.: 717-865-7586

CONSIGNEE (RECEIVER/DESTINATION) NAME: Canada Export Inc.

STREET ADDRESS: 517 Rang St Julia Est

CITY, STATE, ZIP CODE: St. Andre-Avellin Canada

AREA CODE & TELEPHONE NO.:

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- [x] Pregnant mares are not likely to foal (give birth) during the trip.
- [x] Horses are able to bear weight on all 4 limbs.
- [x] Foals are older than 6 months of age.
- [x] Horses are not blind in both eyes.
- [x] Horses are able to walk unassisted.

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USEC	7611				X				X				X				
2		7612	X										X			X		
3		7613	X								X					X		
4		7614			X						X					X		
5		7615					X				X			X				
6		7616	X								X			X				not on load
7		7617					X				X			X				1 Eye
8		7618	X										X			X		
9		7619	X										X			X		
10		7620					X						X			X		
11		7621					X						X			X		
12		7622	X										X			X		
13		7623	X										X	X				
14		7624	X										X			X		
15		7625			X						X			X				

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

SIGNATURE: (b)(6),

I HEREBY AUTHORIZE THE CFIA TO DISCLOSE THIS DOCUMENT AND THE INFORMATION IN IT AS COMPLETED BY THE CFIA OR DGIF TO THE USDA. FALSIFICATION OF THIS FORM OR KNOWINGLY USING A FALSIFIED FORM IS A CRIMINAL OFFENSE AND MAY RESULT IN A FINE OF NOT MORE THAN $10,000 OR IMPRISONMENT FOR NOT MORE THAN 5 YEARS OR BOTH (18 U.S.C. SECTION 1001).

SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the bes

(b)(6),

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. #505

DATE 25/02/2011

TIME 8h00 A.M

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

OWNER/SHIPPER CERTIFICATE FITNESS TO TRAVEL TO A SLAUGHTER FACILITY (CONTINUATION SHEET)

(Please type or print in ink)

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0160. The time required to complete this information collection is estimated to average 5 min. per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

FORM APPROVED OMB NO. 0579-0160

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include precondition
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
16	USEZ	7626	X										X			X		
17		7627	X								X					X		
18		7628					X		X							X		
19		7629	X							X						X		
20		7630			X					X						X		
21		7631					X			X				X				
22		7632					X						X			X		
23		7633					X				X			X				
24		7634	X										X			X		
25		7625	X							X						X		
26		7626	X						X					X				
27		7627	X						X					X				
28		7628					X			X				X				
29		7629	X						X					X				
30																		
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SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6),

VS FORM 10-13A
(SEP 2002)

Page 2 of 2
L060705

U.S. DEPARTMENT OF AGRICULTURE
ANIMAL AND PLANT HEALTH INSPECTION SERVICE

OWNER/SHIPPER CERTIFICATE
FITNESS TO TRAVEL TO A SLAUGHTER FACILITY

(Please type or print in ink)

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FORM APPROVED OMB NO. 0579-0160

TIME HORSES LOADED ON CONVEYANCE: 10.00 PM

DATE: 2/1/11

CITY AND STATE WHERE HORSES WERE LOADED ON CONVEYANCE: Jonestown PA

(b)(6),

NAME OF AUCTION/MARKET:

CONSIGNOR (OWNER/SHIPPER) NAME: Brian Moore

CONSIGNEE (RECEIVER/DESTINATION) NAME: CAVEL CANada Export Inc

STREET ADDRESS: 94 Hoover Drive

STREET ADDRESS: 517 Rang St Julie est

CITY, STATE, ZIP CODE: Jonestown PA 17038

CITY, STATE, ZIP CODE: St Angelire Avellin CANada

AREA CODE & TELEPHONE NO.: 717-865-7566

AREA CODE & TELEPHONE NO.:

CHECK THE BOX THAT INDICATES THE FOLLOWING IS TRUE FOR ALL THE HORSES ON THIS CERTIFICATE

- ☑ Pregnant mares are not likely to foal (give birth) during the trip.
- ☑ Horses are able to bear weight on all 4 limbs.
- ☑ Foals are older than 6 months of age.
- ☑ Horses are not blind in both eyes.
- ☑ Horses are able to walk unassisted.

	TAG PREFIX	Tag NO.	COLOR DESCRIPTION						BREED/TYPE					SEX			BRANDS Tattoos, etc.	REMARKS Include existing conditions
			Bay	Grey	Blk.	Pinto	Chestn	Other	TB	QT	Draft	Pony	Other	Mare	Stal	Geld		
1	USEZ	7371	X										X			X		
2		7372					X						X	X				
3		7373					X				X			X				
4		7374					X				X					X		
5		7375					X				X					X		
6		7376				X				X				X				
7		7377	X										X			X		
8		7378	X										X			X		
9		7379					X			X				X				
10		7380				X				X				X				
11		7381	X										X			X		
12		7382	X										X	X				
13		7383					X				X					X		
14		7384	X										X			X		
15		7385					X						X			X		

HORSES HAVE HAD ACCESS TO FOOD, WATER, AND REST FOR A MINIMUM OF 6 CONSECUTIVE HOURS IMMEDIATELY BEFORE LOADING INTO CONVEYANCE.

SIGNAT (b)(6),

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SIGNATURE OF OWNER/SHIPPER(I certify that the information contained in this form is true and correct to the best of my knowledge.)

(b)(6),

CANADIAN FOOD INSPECTION AGENCY (CFIA)

EST. #505

DATE 02/02/2011

TIME 15h00 P.M

DIRECCION GENERAL DE INSPECCION EN FRONTERAS (DGIF)

EST.

DATE

TIME